BOE-267 (P1) REV. 15 (05-21) **CLAIM FOR WELFARE EXEMPTION (FIRST FILING)** (For new locations and/or in-lieu of preprinted claim form BOE-267-A) **This claim is filed for fiscal year 20** \_\_\_\_\_ - 20 \_\_\_\_\_.

(Example: a claimant filing a timely claim in January 2017 would enter "2017-2018.")

LEGAL NAME OF ORGANIZATION

or agreement.         d. Equipment leased or rented from another person or organization (since January 1 of the prior year)         Is any portion of the equipment or other property at the location identified under Section 1 leased, rented, or consigned from another person or organization?         □ Yes       No       If Yes, attach a list of the equipment and other property, description of property, and name of whom you lease/rent the property from Property so listed is not subject to the exemption, and will be assessed by the Assessor if owned by a taxable entity. If owned by a tax exempt organization, the property may be eligible for the welfare exemption.         4. TAXABLE POSSESSORY INTEREST.       If claiming an exemption on a taxable possessory interest, attach a copy of the current lease agreement and provide:         a. Name of the public owner (local, state, or federal agency) of the land, buildings, and/or improvements:	MAILING ADDRESS (number and street)			
CHECK ANY OF THE FOLLOWING TEMS THAT HAVE BEEN CHANGED WITHIN THE LAST YEAR.       MALING ADDRESS         ORGANIZATION'S FORMATIVE DOCUMENT (an amendment to articles of incorporation, constitution, trust instrument, or articles of organization, etc.)       ORGANIZATION'S FORMATIVE DOCUMENT (an amendment to articles of incorporation, constitution, trust instrument, or articles of organization, etc.)         ORGANIZATION'S FORMATIVE DOCUMENT (an amendment to articles of incorporation, constitution, trust instrument, or articles of organization, etc.)       If you do not have an OCC, have you life a daim for an OCC with the Board?         ORGANIZATION'S FORMATIVE DOCUMENT (and the Board of Equalization (brown of the cartificate issued by the Board of Equalization (brown of the cartificate issued by the Board of Equalization (brown of the cartificate issued by the Board of Equalization (brown of the cartificate issued by the Board of Equalization (brown of the cartificate issued by the Board of Equalization (brown of the cartificate issued by the Board of Equalization (brown of the cartificate issued by the Board of Equalization (brown of the cartificate issued by the Board of Equalization (brown of the cartificate issued by the Board of Equalization (brown of the cartificate issued by the Board of Equalization (brown of the cartificate issued by the Board of Equalization (brown of the cartificate issued by the Board of Equalization (brown of the cartificate issued by the Board of Equalization (brown of the cartificate issued by the Board of Equalization (brown of the cartificate issued by the Board of the property:         0. Is this a new location this year?       (brown of the cartificate issued by the Board of the property):       If the Board of the cartificate issued by others (brown of the cartificate issued by other soles apropert	CITY, STATE, ZIP CODE			
Control of the set of the property in the set of the property in this county in prior year?     Construction of the set of property in the set of the p	WEBSITE ADDRESS (if any)	CORPORATE OR LLC	ID NO. (if any)	FEIN/EIN
Provide a copy of the cortificate issued by the State Board of Equalization       If Wo_see the instructions page for information regarding disaming an OCC         PRIOR YEAR FILINGS       If Wo_see the instructions page for information regarding disaming an OCC         PRIOR YEAR FILINGS       If Wo_see the instructions page for information regarding disaming an OCC         PRIOR YEAR FILINGS       Assession of the weifare exemption on any property in this county in prior years?       Yes       No       If Yes, state latest year filed:				
Has the organization filed for the vertice exemption on any property in this county in prior years? \\ Yes \\ No \  f Yes, state latest year filed: \\ 1. IDENTIFICATION OF PROPERTY a ADDRESS OF PROPERTY (number and steel, including suite hill number if applicable) CITY ASESSOR'S PARCEL/ASSESSMENT NUMBER(S) b. Is this a new location this year? \\ Yes \\ No \\ C. When was the property put to exempt use (MM/DDIYYYY)? d. Property owned by the claimant for which claimant seeks exemption (check applicable boxes). CITY CITY CITY CITY CITY CITY CITY CITY	Provide a copy of the certificate issued by the State Board of Equalization	Yes I No If No	, see the instructions p	
a. ADDRESS OF PROPERTY (number and steet, including suite/unit number if applicable)  CITY  ASSESSOR'S PARCEL/ASSESSMENT NUMBER(S) b. is this a new location this year? Yes No C When was the property put to exempt use (MM/DD/YYYY)?  d. Property owned by the claimant for which claimant seeks exemption (check applicable boxes) C Herroperty. C Herroperty. C Herroperty. C Herroperty. C Herroperty acquired (MM/DD/YYYY)?  b. Land C Heal Property. C Herroperty acquired (MM/DD/YYYY)? C Herroperty acquired (MM/DD/YYY)? C He		ity in prior years? 🔲 Ye	es 🗌 No If Yes, sta	ate latest year filed:
<ul> <li>b. Is this a new location this year?Yes No c. When was the property put to exempt use (MM/DD/YYYY)?</li> <li>d. Property owned by the clamant for which claimant seeks exemption (check applicable boxes):</li> <li> Land Buildings and improvements New Construction in Progress</li> <li>2. REAL PROPERTY. If claiming an exemption on real property, provide: <ul> <li>a. Date property acquired (MM/DD/YYY):</li> <li>b. Land. Area in acres or square feet:</li></ul></li></ul>				4
d. Property owned by the claimant for which claimant seeks exemption (check applicable boxes):       Image: Transition of the personal Property       Taxable Possessory Interest         Image: Land       Buildings and Improvements       Image: Personal Property       Taxable Possessory Interest         2. REAL PROPERTY.       If claiming an exemption on real property, provide:       a. Date property acquired (MM/DD/YYYY):       b. Land. Area in acres or square feet:       c. Building and Improvements. Building number of name, number of floors:         d. Use.       Describe primary and incidental use of the property:       c. Building and Improvements. Building number of name, number of floors:         d. Use.       Describe primary and incidental use of the property:       c.         e. Real property leased, rented, or used by others (Since January 1 of the prior year).       Is any portion of the real property identified under Section 1 used or operated part-time or full-time by some person or organization other than the claimant?         mescription (type) of the property.       Juse.       Description (type) of the property.         b. Use.       Description (type) of the property.       Juse of the property owned by the claimant that is leased, rented, or used by others (since January 1 of the prior year)         is any portion of the personal property identified under Section 1 used or operated by another party?       C. Personal property owned by the claimant that is leased, rented, or used by others (since January 1 of the prior year)         is any portion of the personal pr	CITY		ASSESSOR'S PARC	EL/ASSESSMENT NUMBER(S)
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	4. TAXABLE POSSESSORY INTEREST. If claiming an exemption on a taxable posses	sory interest, attach a c	opy of the current le	ease agreement and provide:
	a. Name of the public owner (local, state, or federal agency) of the land, build	lings, and/or improveme	ents:	
b. Description of the type of property that is leased from the public owner:	b. Description of the type of property that is leased from the public owner:			

c. Use. Describe primary and incidental use of the property:



Kathy Scriven Sutter County Assessor 1160 Civic Center Blvd., Suite D Yuba City, CA 95993 Phone Number: (530) 822-7160 Fax Number: (530) 822-7198 Email: assessor@co.sutter.ca.us



267-R15-0521-5100 BOE-267 (P2) REV. 15 (0		
5. USE OF PROPERT		
•		or year) ore, thrift shop, or other facility that sells goods to members of the
🗌 Yes 🔲 No	If <b>Yes</b> , (A) list the hours per week the business is operated	and (B) describe the type of goods sold:
.,	used as a thrift shop as part of a planned, formal rehabilitation If <b>Yes</b> , submit BOE-267-R.	on program?
	ince January 1 of prior year)	
	property identified under Section 1 used for living quarters	(other than low-income or elderly or handicapped housing)? the housing is incidental to and reasonably necessary for the exempt iated with a rehabilitation program, submit BOE-267-R.
c. Low-Income Hous	ing	
Is any portion of the		using? zation or limited liability company; submit BOE-267-L1 if owned by a
d. Elderly or Handica	limited partnership.	
•	property identified under Section 1 used as a facility for the	elderly or handicapped?
🗌 Yes 🔲 No		rovided or the property is financed by the federal government under, I1 of the Federal Public Laws. Submit documentation on the type of
6. UNRELATED BUS	NESS TAXABLE INCOME	
	hich exemption is sought used for activities that produce in Revenue Code (IRC), and that is subject to the tax imposed	come that is "unrelated business taxable income," as defined in sectio by section 511 of the IRC?
🗌 Yes 🔲 No	If <b>Yes</b> , attach each of the following:	
<ol> <li>A statemer applicable,</li> <li>A statemer</li> <li>A statemer</li> </ol>	a description of the portion of the property on which those It listing the specific activities which produce the unrelated t	n's income producing and non-income producing activities, and, whe activities are conducted. usiness taxable income. at is attributable to activities in the state and is exempt from income
7. EXPANSION Do you contemplate	e any capital investment in the property within the next year	? 🗌 Yes 🔲 No If <b>Yes</b> , explain:
		and balance sheet (assets and liabilities), which relate exclusively to
9. OTHER - EXEMPT		
	xes that are applicable:	
The property	is used for the actual operation of the exempt activity.	
member, emp		r organization so as to benefit any officer, trustee, director, shareholder , or any other person, through the distribution of profits, payment o of the business or profession.
	is not used by the owners, operators, or members for frate incidental to a primary religious, hospital, scientific, or chari	nal or lodge purposes, or for social club purposes except where such table purpose.
	Whom should we contact during normal busin	ess hours for additional information?
NAME		TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS	
( )		
	CERTIFICAT	ION
	nder penalty of perjury under the laws of the State of Ca mpanying statements or documents, is true, correct, and	lifornia that the foregoing and all information hereon, including ar I complete to the best of my knowledge and belief.
SIGNATURE OF CLAIMANT		TITLE
NAME OF PERSON MAKING	CLAIM	DATE



EXEMPTION FROM PROPERTY TAXES UNDER SECTIONS 4(b) AND 5 OF ARTICLE XIII OF THE CONSTITUTION OF THE STATE OF CALIFORNIA AND SECTIONS 214, 254.5 AND 259.5 OF THE REVENUE AND TAXATION CODE (See also sections 213.7, 214.01-214.1, 215.2, 221-222.5, 225.5, 231, 236, 254-254.6, 259.5, 261, and 270-272 of the Revenue and Taxation Code)

### FILING OF CLAIM

A claim for the Welfare Exemption must be filed with the Assessor by the organization owning the property or, in the case where the real property is leased from a public owner (any local, state, or federal government agency), by the lessee organization having a taxable possessory interest<sup>1</sup> in the real property. Real property includes land and improvements. An officer or duly authorized representative of the organization filing the claim must sign the claim form. A separate claim form must be completed and filed for each property location for which exemption is being sought.

The organization filing the claim must provide information on all uses of the property, including information on use by other organizations or persons. Each claim must contain supporting documents, including financial statements.

#### ORGANIZATIONAL CLEARANCE CERTIFICATE

An organization seeking the Welfare Exemption shall file with the State Board of Equalization (Board) a claim for an Organizational Clearance Certificate (OCC). The Board reviews each claim to determine whether the organization meets the requirements of Revenue and Taxation Code section 214<sup>2</sup> and issues a certificate to claimants that meet these requirements. The Assessor may not approve a property tax exemption claim until the claimant has been issued a valid OCC. However, your organization may file a claim for exemption with the Assessor, even if the claimant has not yet received the certificate from the Board. If the claim is filed timely with the Assessor, the claim will be considered timely filed even if the claimant has not yet received the OCC from the Board.

To request an OCC, nonprofit organizations must file BOE-277 and limited liability companies must file BOE-277-LLC. These forms are available on the Board's website (www.boe.ca.gov) or by contacting the Exemptions Section at 1-916-274-3430.

# **RECORDATION REQUIREMENT**

Section 261 requires that an organization claiming the Welfare Exemption for its real property must have recorded its ownership interest as of the lien date (12:01 a.m., January 1) in the recorder's office of the county in which the property is located. A claimant which, on the lien date has a **possessory** interest in publicly owned land, owns water rights, or owns improvements on land owned by another may in lieu of recordation file a copy of the document giving rise to that possessory interest or water rights or file a written statement attesting to the separate ownership of those improvements with the Assessor. Failure to establish the fact of such recordation to the Assessor constitutes a **waiver** of the exemption.

#### TIME FOR FILING

To receive the full exemption, the claimant must **file a claim each year on or before February 15**. Only 90 percent of any tax or penalty or interest thereon may be canceled or refunded when a claim is filed between February 16 of the current year and January 1 of the following calendar year; if the application is filed thereafter, only 85 percent of any tax or penalty or interest thereon may be canceled or refunded. (For real property acquired after the January 1 lien date, to receive full exemption, the claim must be filed within 90 days from the first day of the month following the month in which the property was acquired, or by February 15 of the following calendar year, whichever occurs earlier. Refer to section 271.) The combined tax, penalty and interest may not exceed \$250.

# BOARD-PRESCRIBED FORMS REFERENCED ON THE CLAIM FORM AND IN THE INSTRUCTIONS

BOE-267-A, 20\_\_\_\_ Claim For Welfare Exemption (Annual Filing)

BOE-267-H, Welfare Exemption Supplemental Affidavit, Housing – Elderly Or Handicapped Families

BOE-267-L, Welfare Exemption Supplemental Affidavit, Housing - Lower Income Households

BOE-267-L1, Welfare Exemption Supplemental Affidavit, Low-Income Housing Property Of Limited Partnership

BOE-267-O, Welfare Exemption Supplemental Affidavit, Organizations And Persons Using Claimant's Real Property

BOE-267-R, Welfare Exemption Supplemental Affidavit, Rehabilitation - Living Quarters

BOE-277, Claim For Organizational Clearance Certificate – Welfare Exemption

BOE-277-LLC, Claim For Organizational Clearance Certificate – Welfare Exemption – Limited Liability Company

# ADDITIONAL INFORMATION

In accordance with Revenue and Taxation Code section 254.5(b)(2), the assessor may institute an audit or verification of the property's use to determine whether both the owner and user of the property meet the requirements of Revenue and Taxation Code section 214.

<sup>2</sup> All further statutory references are to the Revenue and Taxation Code, unless otherwise specified.



<sup>&</sup>lt;sup>1</sup> A taxable possessory interest is defined as the taxable interest held by a private possessor in publically owned real property. (See Assessors' Handbook, Section 510, Assessment of Taxable Possessory Interests (Dec. 2002), page 1.)

# **COMPLETION OF CLAIM FORM**

All questions must be answered. Failure to answer all questions and provide requested information may result in denial of your claim. Use "not applicable" where needed. The following information is provided to assist you in answering specific questions on your claim.

The fiscal year for which exemption is being sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2017 would enter "2017-2018"; a "2016-2017" entry on a claim filed in February 2017 would signify that a late claim was being filed for the preceding fiscal year.

# Section 1. IDENTIFICATION OF PROPERTY

Identify the situs location (address and city), and Assessor's Parcel/Assessment Number of the property owned for which you are seeking exemption; when the property was put to exempt use; and check the appropriate box(es) to indicate type(s) of property. Claimant is responsible for completing sections 2 through 4 depending on which box(es) are checked under section 1(d). Refer to P3 for the definition of real property and taxable possessory interest. Personal property is defined as all property except real property, such as office furniture, computers, and equipment.

Section 2. REAL PROPERTY Complete only if "Real Property" was checked under Section 1(d).

- (a) If the exemption is being claimed for real property, enter the date on which the property was acquired.
- (b) Indicate the area and the unit of measurement used (acres or square feet).
- (c) List all buildings and improvements on the land, using additional sheets if necessary.
- (d) Describe the primary use which should qualify the property for exemption and the incidental use(s) of the property since January 1 of the prior year.
- (e) If Yes, submit BOE-267-O, to provide information on every user of your real property.

# Section 3. PERSONAL PROPERTY Complete only if "Personal Property" was checked under section 1(d).

Describe the type of personal property, and the primary use and incidental use(s) of the property since January 1 of the prior year. If yes to (c) or (d), then provide requested information.

Section 4. TAXABLE POSSESSORY INTEREST Complete only if "Taxable Possessory Interest" was checked under section 1(d). Attach a copy of the current lease agreement, identify the public owner (local, state, or federal agency) of the publically owned land, buildings and/or improvements, and describe the type of property that is leased from the public owner.

# Section 5. USE OF PROPERTY

- (a)(1) If Yes, describe in sufficient detail to determine the volume of business and the hours open for business since January 1 of the prior year. If a business operation located on the listed parcel has been deliberately omitted because you do not desire the exemption on the business, so state.
- (a)(2) If Yes, submit BOE-267-R.
- (b) If Yes, describe the portion of the property used for living quarters. Submit documentation, including tenets, canons, or written policy, that indicates the organization requires housing be provided to employees and/or volunteers. Include a statement as to why such housing is incidental to and reasonably necessary for the exempt purpose of the organization and the occupant's role or position in the organization. (This question is not applicable where the exempt activity is providing housing, for example, homes for aged, youth, or mentally or physically disabled.) If living quarters are associated with a rehabilitation program, submit BOE-267-R.
- (c) If Yes, submit BOE-267-L if owned by a nonprofit organization or limited liability company; submit BOE-267-L1 if owned by a limited partnership.
- (d) If Yes, submit BOE-267-H, unless care or services are provided or the property is financed by the federal government under, including but not limited to, sections 202, 231, 236, or 811 of the Federal Public Laws. Submit documentation on the type of financing or care/services.

# Section 6. UNRELATED BUSINESS TAXABLE INCOME

If Yes, provide the documents and other information requested.

# Section 8. EXPANSION

If Yes, describe the type of investment contemplated and the reasons that make such expansion necessary.

# Section 9. FINANCIAL STATEMENTS

Submit the financial statements reflecting the operation of the subject property. The income and expenses should include only those that result from operation of the property. If compensation of personnel or other administrative expenses are pro-rated to the property, such pro-rata should be indicated. If the nature of an item of income or expense is not clear from the account name, further explanation indicating the nature of the account should be appended. Your claim will not be processed until the financial statements are received by the Assessor.

# Section 10. OTHER – EXEMPT ACTIVITY AND USE

Check the appropriate boxes to indicate the requested information.

