EF-267-A-R23-0522-07000133-1

BOE-267-A (P1) REV. 23 (05-22)

20 ____ CLAIM FOR WELFARE EXEMPTION (ANNUAL FILING)

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.

Organization Name and Mailing Address: (Make necessary corrections in



Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

This organization owns metableases: the real property at this location. Property No. Class:	ink to the printed name and address.)	Property Location:						
Last year your organization received the Welfare Exemption for all or part of the property your organization owns at the location listed above. To continue receiving the exemption for the property you own at this location, you must complete, sign and return this claim form to the Assessor. A separate claim form is required for each location. The Assessor my contact you for additional information. A if you no longer seek an exemption at this location, check here sign and return this form to the Assessor. Date Vacated B if your organization is dissolved and therefore no longer needs an Organization Programation of the Assessor. Date Vacated C Check, if changed within the last year. Mailing Address. Organization Name D ose your organization have a valid Organizational Clearance Certificate (CCC) issued by the State Board of Equalization? Yes No If yes, enter OCC No. Programation or mail of the same of the program of		This organization owns rents/leases the real property at this location						
Last year your organization received the Welfare Exemption for all or part of the property your organization owns at the location listed above. To continue receiving the exemption for the property you own at this location, you must complete, sign and return this claim form to the Assessor. A separate claim form is required for each location. The Assessor may contact you for additional information. A if you no longer seek an exemption at this location, check here sign and return this form to the Assessor. Date Vacated:								
Last year your organization received the Welfare Exemption for all or part of the property your organization owns at the location listed above. To continue receiving the exemption for the property you own at this location, you must complete, sign and return this claim form to the Assessor. A separate claim form is required for each location. The Assessor may contact you for additional information. A if you no longer seek an exemption at this location, check here sign and return this form to the Assessor. Date Vacated:								
Last year your organization received the Welfare Exemption for all or part of the property your organization owns at the location listed above. To continue receiving the exemption for the property you own at this location, you must complete, sign and return this claim form to the Assessor. A separate claim form is required for each location. The Assessor may contact you for additional information. A if you no longer seek an exemption at this location, check here sign and return this form to the Assessor. Date Vacated:								
receiving the exemption for the property you own at this location, you must complete, sign and return this dam form to the Assessor. A separate claim form is required for each location. The Assessor may contact you for additional information. A. If you no longer seek an exemption at this location, check here sign and return this form to the Assessor. Date Vacated:		Property No.: Class:						
A. If you no longer seek an exemption at this location, check here sign and return this form to the Assessor. Date Vacated: B. If your organization is dissolved and therefore no longer needs an Organizational Clearance Certificate, check here C. Check, if changed within the last year: Mailing Address Organization Name D. Does your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Equalization? Yes No If yes, neter OCC No. and date issued E. Have you amended the organization's formative documents (i.e., articles of incorporation, constitution, trust instrument, articles of organization is since last year? Yes No If yes, please mail a copy of the amendment to the State Board of Equalization. County-Assessed Properties Division, P.O. Box 942879, Sacramento, CA 94279-0054 Please include your OCC number. Note to Assessor's Officer If the organization is dissolved or the formative documents were amended, please forward a copy of this page to the Board of Equalization. Read the Information on the reverses side before completing. All questions must be answered. If the answer to any question is "YES," explain in an attachment or complete the referenced form. Contact the Assessor if any forms referenced below are needed to complete this application. Identify the property that your organization or side in the case of the property organization on the reverse side before complete. All questions must be answered below are needed to complete this application. Identify the property that your organization or side in the property organization or property Taxable Possessory Interest. Taxable	receiving the exemption for the property you own at this location, you must con	mplete, sign and return this claim form to the Assessor. A separate claim						
C. Check, if changed within the tast year: Mailing Address Organization Name D. Does your organization have a valid Organizational Clearance Cardical (CCC) issued by the State Board of Equalization? Yes No fives, enter CCC No. and date issued E. Have you amended the organizations formative accuments (ite, articles of incorporation, constitution, trust instrument, articles of organization) since last year? Yes No if types, please main a copy of the amongment of the State Board of Equalization. Constitution of the Complete of the Complete of the Complete of the Board of Equalization. Read the Information on the reverse side before completing. All questions must be answered. If the organization is dissolved or the formative documents were amended, please forward a copy of this page to the Board of Equalization. Read the Information on the reverse side before completing. All questions must be answered. If the answer to any question is "YES," explain in an attachment or complete the referenced form. Contact the Assessor if any forms referenced below are needed to complete this application. Identify the property functivativities/improvements) Personal property Taxable Passessory Interest								
C. Check, if changed within the tast year: Mailing Address Organization Name D. Does your organization have a valid Organizational Clearance Cardical (CCC) issued by the State Board of Equalization? Yes No fives, enter CCC No. and date issued E. Have you amended the organizations formative accuments (ite, articles of incorporation, constitution, trust instrument, articles of organization) since last year? Yes No if types, please main a copy of the amongment of the State Board of Equalization. Constitution of the Complete of the Complete of the Complete of the Board of Equalization. Read the Information on the reverse side before completing. All questions must be answered. If the organization is dissolved or the formative documents were amended, please forward a copy of this page to the Board of Equalization. Read the Information on the reverse side before completing. All questions must be answered. If the answer to any question is "YES," explain in an attachment or complete the referenced form. Contact the Assessor if any forms referenced below are needed to complete this application. Identify the property functivativities/improvements) Personal property Taxable Passessory Interest	B. If your organization is dissolved and therefore no longer needs an Organizati	ional Clearance Certificate, check here						
D. Does your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Equalization? Yes No if yes, enter OCC No. and date issued E- Have you amended the organization's formative documents (ite., articles of incorporation, constitution, trust instrument, articles of organization) since last year? Yes No if yes, please mail a copy of the amendment to the State Board of Equalization. County-Assessed Properties Division, P.O. Box 942879, Sacramento, CA9 94279-0084, Please include your CCC rumber. Note to Assessor's Office. If the organization is dissolved or the formative documents were amended, please forward a copy of this page to the Board of Equalization. General true of the organization on the reverses side before completing. All questions must be answered. If the answer to any question is "YES," explain in an attachment or complete the referenced form. Contact the Assessor if any forms referenced below are needed to complete this application. Identify the property (hard your congraization own at this location: Real property (hard your congraization own at this location: Personal property Taxable Passessory Interest Since January 1, last year: In Have any of the activities or use on any portion of the property search property Taxable Passessory Interest In Have any of the activities or use on any portion of the property search property Taxable Passessory Interest In Have any of the activities or use of this property seed as a retail outlet or for other flundraising purposes? (Note: Thrift stores which are part of a planned, formal rehabilitation program may be exempt if BOE_267-R is filed with this claim.) Since January 1								
If yes, enter OCC No								
E Have you amended the organization's formative documents (iiii), articles of incorporation, constitution, trust instrument, articles of organization) since last year? New No if yea, please mile a copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, PO Box 942879, Sacramento, CA 94279-0064. Please include your OCC number. Note to Assessor's Office: If the organization is dissolved or the formative documents were amended, please forward a copy of this page to the Board of Equalization. Read the information on the reverse side before completing. All questions must be answered. If the answer to any question is "YES," explain in an attachment or complete the referenced form. Contact the Assessor if any forms referenced below are needed to complete this application. Identify the property that your organization owns at this location. I least year: Real property (land/buldings/improvements) Personal property Taxable Possessory Interest Real property (land/buldings/improvements) Personal property Taxable Possessory Interest Nince January 1, last year: 1. Have any of the activities or use on any portion of the property that received an examption last year changed? If yes, attach an explanation of the change in activities or use. 2. Is any portion of this property used for exempt purposes that was not being used in that manner last year? 3. Is any portion of this property used as a retail outlet or for other fundraising purposes? (Note: Thrift stores which are part of a planned, formal rehabilitation program may be exempt if DE-267-R is filled with this claim.) 5. Is any portion of the property used for living quarters? If yes, check one: Transitional / emergency shelter Cowned by a inmitted partnership, submit BOE-267-L miless care of services are provided or the property is financed by the federal government under, but not limited io, sections 202, 231, 236, or 811 of the Federal Public Laws. Living quarters associated with a rehabilitation pro		CC) issued by the State Board of Equalization?						
Box 94279, Sacramento, CA 94279-0064. Please include your OCC number. Note to Assessor's Office: If the organization is dissolved or the formative documents were amended, please forward a copy of this page to the Board of Equalization. Read the information on the reverse side before completing. All questions must be answered. If the answer to any question is "YES," explain in an attachment or complete the referenced form. Contact the Assessor if any forms referenced below are needed to complete this application. Identify the property that your organization owns at this location: Read property (land/buildings/improvements) Personal property Read property (land/buildings/improvements)		incorporation, constitution, trust instrument, articles of organization) since						
documents were amended, please forward a copy of this page to the Board of Equalization. Read the information on the reviews saylise before completing. All questions must be answered. If the answer to any question is "YES," explain in an attachment or complete the referenced form. Contact the Assassor if any forms referenced below are needed to complete this application. Identify the property that your organization owns at this location: Real property (land/buildings/improvements) Personal property Taxable Possessory Interest	last year? Yes No If yes, please mail a copy of the amendment to the	e State Board of Equalization, County-Assessed Properties Division, P.O.						
Read the Information on the reveses side before completing. All questions must be answered. If the answer to any question is "YES," explain in an attachment or complete the referenced form. Contact the Assassor if any forms referenced below are needed to complete this application. Identify the property that your organization owns at this location. Real property (land/buildings-improvements) Personal property Taxable Possessory Interest								
attachment or complete the referenced form. Contact the Assessor if any forms referenced below are needed to complete this application. Identify the property (land/buildings/improvements) Real property (land/buildings/improvements) Personal property Taxable Possessory Interest	71	·						
Real property (land/buildings/improvements)	attachment or complete the referenced form. Contact the Assessor if any for							
Since January 1, last year: Have any of the activities or use on any portion of the property that received an exemption last year changed? If yes, attach an explanation of the change in activities or use on the change in activities or use. January of the activities or use on any portion of the property being used for exempt purposes that was not being used in that manner last year? January of the property being used for exempt purposes that was not being used in that manner last year? January of the property used as a retail outlet or for other fundraising purposes? (Note: Thrift stores which are part of a planned, formal rehabilitation program may be exempt if BoG-267-R is filed with this claim.) January of the property used for living quarters? If yes, check one: Transitional / emergency shelter Low-income housing (check one) Owned by a non-profit organization or eligible limited liability company, submit BoE-267-L Owned by a limited partnership, submit BoE-267-L1 Housing for senior or handicapped, submit BoE-267-H unless care or services are provided or the property is financed by the federal government under, but not limited by, sections 202, 231, 236, or 811 of the Federal Public Laws. Living quarters associated with a rehabilitation program, submit BoE-267-R Did the refederal Public Laws. Living quarters associated with a rehabilitation program, submit BoE-267-R Did this property is used; for personal property attach a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agreement if not previously provided to the Assessor. Did this or any portion of this property generate taxable funcement of the reverse. Bevenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. Bevenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. Bevenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. Bevenue Code? If yes, see "Unrelated Business Taxable Income" on								
1. Have any of the activities or use on any portion of the property that received an exemption last year changed? If yes, attach an explanation of the change in activities or use. 2. Is any portion of this property being used for exempt purposes that was not being used in that manner last year? 3. Is any portion of this property used or exempt purposes that was not being used in that manner last year? 4. Is any portion of this property used as a retail outlet or for other fundraising purposes? (Note: Thrift stores which are part of a planned, formal rehabilitation program may be exempt if 80E-267-R. Is filed with this claim.) 5. Is any portion of the property used for living quarters? If yes, check one:		Taxable Possessory Interest						
of the change in activities or use. 2. Is any portion of this property being used for exempt purposes that was not being used in that manner last year? 3. Is any portion of this property vacant or unused? If yes, since (date) Area (sq.ft.) 4. Is any portion of this property vacant or unused? If yes, since (date) Area (sq.ft.) 4. Is any portion of this property used as a retail outlet or for other fundraising purposes? (Note: Thrift stores which are part of a planned, formal rehabilitation program may be exempt if BOE-267-R is filed with this claim.) 5. Is any portion of the property used for living quarters? If yes, check one: Transitional / emergency shelter Low-income housing (check one) Owned by a non-profit organization or eligible limited liability company, submit BOE-267-L Owned by a limited partnership, submit BOE-267-I unless care or services are provided or the property is financed by the federal government under, but not limited by sections 202, 231, 236, or 811 of the Federal Public Laws. Living quarters associated with a rehabilitation program, submit BOE-267-R Other - If you claim exemption for this protion, submit documentation including the occupant's position or role in the organization, with a statement indicating that housing confinues to be used for the organization's exempt purpose. (See "Housing" on reverse.) 6. Do other persons or organizations use any of this property? If yes, submit BOE-267-0 (freal property is used; for personal property attach a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agreement if not previously provided to the Assessor. 7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. 8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent an		uat received an exemption last year changed? If yes, attach an explanation						
3. Is any portion of this property vacant or unused? If yes, since (date)		ariosorou ari oromptorraat your orangou. Il you, attach ari oripianatori						
4. Is any portion of this property used as a retail outlet or for other fundraising purposes? (Note: Thrift stores which are part of a planned, formal rehabilitation program may be exempt if BOE-267-R is filed with this claim.) 5. Is any portion of the property used for living quarters? If yes, check one: Transitional / emergency shelter Low-income housing (check one) Owned by a non-profit organization or eligible limited liability company, submit BOE-267-L Owned by a limited partnership, submit BOE-267-L1 Housing for senior or handicapped, submit BOE-267-L1 Housing for senior or handicapped, submit BOE-267-L1 Housing for senior or handicapped, submit BOE-267-L1 Living quarters associated with a rehabilitation program, submit BOE-267-R Other - If you claim exemption for this portion, submit documentation including the occupant's position or role in the organization, with a statement indicating that housing continues to be used for the organization's exempt purpose. (See "Housing" on reverse. O ther - If you claim exemption for this portion, submit BOE-267-Q if real property is used; for personal property at ach a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agreement if not previously provided to the Assessor. 7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. 8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase. 9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's name and address and a description of the property. This property may be taxable as it is not owned by the claimant. NAME OF PERSON TO CONTA		,						
formal rehabilitation program may be exempt if BOE-267-R is filled with this claim.) S Is any portion of the property used for living quarters? If yes, check one: Transitional / emergency shelter Low-income housing (check one) Owned by a non-profit organization or eligible limited liability company, submit BOE-267-L Owned by a limited partnership, submit BOE-267-L Housing for senior or handicapped, submit BOE-267-L unless care of services are provided or the property is financed by the federal government under, but not limited to, sections 202, 231, 236, or 811 of the Federal Public Laws. Living quarters associated with a rehabilitation program, submit BOE-267-R Other - If you claim exemption for this portion, submit documentation including the occupant's position or role in the organization, with a statement indicating that housing continues to be used for the organization's exempt purpose. (See "Housing" on reverse.) G. Do other persons or organizations use any of this property? If yes, submit BOE-267-Q if real property is used; for personal property attach a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agreement if not previously provided to the Assessor. T. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. S. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase. S. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase. DAYTIM								
5. Is any portion of the property used for living quarters? If yes, check one: Transitional / emergency shelter Low-income housing (check one) Owned by a non-profit organization or eligible limited liability company, submit BOE-267-L Owned by a limited partnership, submit BOE-267-L1 Housing for senior or handicapped, submit BOE-267-H unless care or services are provided or the property is financed by the federal government under, but not limited to, sections 202, 231, 236, or 811 of the Federal Public Laws. Living quarters associated with a rehabilitation program, submit BOE-267-R Other - If you claim exemption for this portion, submit documentation including the occupant's position or role in the organization, with a statement indicating that housing continues to be used for the organization's exempt purpose. (See "Housing" on reverse.) 6. Do other persons or organizations use any of this property? If yes, submit BOE-267-Q If real property is used; for personal property attach a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agreement if not previously provided to the Assessor. 7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. 8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase. 9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's name and address and a description of the property. This property may be taxable as it is not owned by the claimant. NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) I certify (or declare) under penalty of perjury under the laws of the State of California th	4. Is any portion of this property used as a retail outlet or for othe	r fundraising purposes? (Note : Thrift stores which are part of a planned,						
Transitional / emergency shelter Low-income housing (check one) Owned by a non-profit organization or eligible limited liability company, <u>submit BOE-267-L</u> Owned by a limited partnership, <u>submit BOE-267-H</u> unless care or services are provided or the property is financed by the federal government under, but not limited to, sections 202, 231, 236, or 811 of the Federal Public Laws. Living quarters associated with a rehabilitation program, <u>submit BOE-267-R</u> Other - If you claim exemption for this portion, <u>submit documentation</u> including the occupant's position or role in the organization, with a statement indicating that housing continues to be used for the organization's exempt purpose. (See "Housing" on reverse.) 6. Do other persons or organizations use any of this property? If yes, <u>submit BOE-267-O</u> if real property is used; for personal property attach a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agreement if not previously provided to the Assessor. 7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. 8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase. 9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's name and address and a description of the property. This property may be taxable as it is not owned by the claimant. NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best								
Low-income housing (check one)		on one.						
Owned by a non-profit organization or eligible limited liability company, <u>submit BOE-267-L</u> Owned by a limited partnership, <u>submit BOE-267-L</u> Housing for senior or handicapped, <u>submit BOE-267-H</u> unless care or services are provided or the property is financed by the federal government under, but not limited to, sections 202, 231, 236, or 811 of the Federal Public Laws. Living quarters associated with a rehabilitation program, <u>submit BOE-267-R</u> Other - If you claim exemption for this portion, submit documentation including the occupant's position or role in the organization, with a statement indicating that housing continues to be used for the organization's exempt purpose. (See "Housing" on reverse.) 6. Do other persons or organizations use any of this property? If yes, <u>submit BOE-267-O</u> if real property is used; for personal property attach a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agreement if not previously provided to the Assessor. 7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. 8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase. 9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's name and address and a description of the property. This property may be taxable as it is not owned by the claimant. NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)								
Housing for senior or handicapped, submit BOE-267-H unless care or services are provided or the property is financed by the federal government under, but not limited to, sections 202, 231, 236, or 811 of the Federal Public Laws. Living quarters associated with a rehabilitation program, submit BOE-267-R Other - If you claim exemption for this portion, submit documentation including the occupant's position or role in the organization, with a statement indicating that housing continues to be used for the organization's exempt purpose. (See "Housing" on reverse.) G. Do other persons or organizations use any of this property? If yes, submit BOE-267-Q if real property is used; for personal property attach a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agreement if not previously provided to the Assessor. 7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. 8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase. 9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's name and address and a description of the property. This property may be taxable as it is not owned by the claimant. NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT TITLE DATE DAT		ability company, <u>submit BOE-267-L</u>						
government under, but not limited to, sections 202, 231, 236, or 811 of the Federal Public Laws. Living quarters associated with a rehabilitation program, submit BOE-267-R Other - If you claim exemption for this portion, submit documentation including the occupant's position or role in the organization, with a statement indicating that housing continues to be used for the organization's exempt purpose. (See "Housing" on reverse.) 6. Do other persons or organizations use any of this property? If yes, submit BOE-267-Q if real property is used; for personal property attach a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agreement if not previously provided to the Assessor. 7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. 8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase. 9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's name and address and a description of the property. This property may be taxable as it is not owned by the claimant. NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT DATE EMAIL ADDRESS	Owned by a limited partnership, submit BOE-267-L1							
Living quarters associated with a rehabilitation program, submit BOE-267-R Other - If you claim exemption for this portion, submit documentation including the occupant's position or role in the organization, with a statement indicating that housing continues to be used for the organization's exempt purpose. (See "Housing" on reverse.) 6. Do other persons or organizations use any of this property? If yes, submit BOE-267-Q if real property is used; for personal property attach a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agreement if not previously provided to the Assessor. 7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. 8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase. 9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's name and address and a description of the property. This property may be taxable as it is not owned by the claimant. NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT TITLE EMAIL ADDRESS LABBERT ADDRESS DATE	Housing for senior or handicapped, submit BOE-267-H unless care or services are provided or the property is financed by the federal							
with a statement indicating that housing continues to be used for the organization's exempt purpose. (See "Housing" on reverse.) 6. Do other persons or organizations use any of this property? If yes, submit BOE-267-0 if real property is used; for personal property attach a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agreement if not previously provided to the Assessor. 7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. 8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase. 9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's name and address and a description of the property. This property may be taxable as it is not owned by the claimant. NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT TITLE DATE EMAIL ADDRESS								
G. Do other persons or organizations use any of this property? If yes, submit BOE-267-O if real property is used; for personal property attach a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agreement if not previously provided to the Assessor. 7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. 8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase. 9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's name and address and a description of the property. This property may be taxable as it is not owned by the claimant. NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT ITILE DATE DATE MAIL ADDRESS	Other - If you claim exemption for this portion, submit docule with a statement indicating that housing continues to be use	mentation including the occupant's position or role in the organization, ed for the organization's exempt purpose. (See "Housing" on reverse.)						
previously provided to the Assessor. 7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. 8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase. 9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's name and address and a description of the property. This property may be taxable as it is not owned by the claimant. NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) 1 Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT TITLE DATE MAIL ADDRESS								
□ 7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. □ 8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase. □ 9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's name and address and a description of the property. This property may be taxable as it is not owned by the claimant. NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) □ DAYTIME TELEPHONE □ DAYTIME TELEPHONE □ DAYTIME TELEPHONE □ DAYTIME TELEPHONE □ DATE BMAIL ADDRESS BMAIL ADDRESS	a list describing what is used, the name of the user, the amour	nt received by claimant (if any) and a copy of the lease agreement if not						
Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse. 8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase. 9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's name and address and a description of the property. This property may be taxable as it is not owned by the claimant. NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) DAYTIME TELEPHONE ()		ated business taxable income." as defined in section 512 of the Internal						
recent and the prior year's complete financial statements along with an explanation of increase. 9. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's name and address and a description of the property. This property may be taxable as it is not owned by the claimant. NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) DAYTIME TELEPHONE ()	Revenue Code? If yes , see "Unrelated Business Taxable Incom	e" on the reverse.						
and a description of the property. This property may be taxable as it is not owned by the claimant. NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print) Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT								
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT TITLE DATE EMAIL ADDRESS								
any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT EMAIL ADDRESS DATE DATE	NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)	DAYTIME TELEPHONE						
any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT EMAIL ADDRESS DATE DATE		()						
SIGNATURE OF CLAIMANT TITLE DATE EMAIL ADDRESS								
EMAIL ADDRESS		, , ,						
	SIGNATURE OF CEANWANT	DAIL						
ASSESSOR'S USE ONLY Approved: ALL PART Denied Reason(s) for Denial:	EMAIL ADDRESS							
ASSESSOR'S USE ONLY Approved: ALL PART Denied Reason(s) for Denial:								
	ASSESSOR'S USE ONLY Approved: ALL PART	Denied Reason(s) for Denial:						

BOE-267-A (P2) REV. 23 (05-22)

GENERAL INFORMATION

The Welfare Exemption is available only to property, real or personal, **owned** by a religious, charitable, hospital, or scientific organization and **used exclusively** for religious, charitable, hospital, or scientific purposes. It is also available on a taxable possessory interest in publically owned real property used for exempt purposes by an organization that qualifies for the welfare exemption. A public owner is a local, state or federal agency.

To be eligible for the full exemption, the claimant **must** file a claim each year on or before February 15. Only 90 percent of any tax, penalty, or interest may be canceled or refunded when a claim is filed between February 16 and December 31 of the current year. If the application is filed on or after January 1 of the next year, only 85 percent of any tax, penalty, or interest may be canceled or refunded. The tax, penalty, and interest for a given year may not exceed \$250. A separate claim must be completed and filed for each property for which exemption is sought.

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.

ORGANIZATIONAL CLEARANCE CERTIFICATE

The Assessor may not approve a property tax exemption claim until the claimant has been issued a valid *Organizational Clearance Certificate* (OCC) by the State Board of Equalization. If you are seeking exemption on this property, you must provide the organization's OCC No. and date issued. A listing of organizations with valid OCCs is available on the Board's website (www.boe.ca.gov) and can be accessed at www.boe.ca.gov/proptaxes/welfareorgeligible.htm. You may also contact the Board at 1-916-274-3430.

HOUSING

If question 5, box "Other" is checked, describe the portion of the property used for living quarters (since January 1 of the prior year). Submit (1) documentation, including tenets, canons, or written policy, that indicates the organization requires housing be provided to employees and/or volunteers, or (2) include statement why such housing is incidental to and reasonably necessary for the exempt purpose of the organization. If the documentation described in items (1) or (2) has been submitted in a previous year for this location, please submit documentation including the occupant's position or role in the organization with a statement indicating that the housing continues to be used for organization's exempt purpose.

USE OF THE PROPERTY BY OTHER ORGANIZATIONS

If question 6 is answered **yes**, and **your organization**'s real property is used by another party submit BOE-267-O. If another party only uses your personal property, then submit an attachment providing the requested information for such personal property and confirm that no real property is used by other parties. The lease does not need to be provided if furnished in a prior year.

UNRELATED BUSINESS TAXABLE INCOME

If question 7 is answered **yes**, you must attach the following to the claim:

- the organization's information and tax returns, including Form 990-T, filed with the Internal Revenue Service for its immediately preceding year;
- a statement setting forth the amount of time devoted to the organization's income-producing and to its non income-producing activities and, where applicable, a description of that portion of the property on which those activities are conducted;
- · a statement listing the specific activities and locations which produce unrelated business taxable income; and
- a statement setting forth the amount of income of the organization that is attributable to activities in this state and is exempt from income or franchise taxation and the amount of total income of the organization that is attributable to activities in this state.

ASSESSOR'S USE ONLY								
ASSESSED VALUES								
ITEM	TOTAL ASSESSED VALUE OF:							
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL			
ITEM	EXEMPTION ALLOWED							
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL			
If another exemption, such as the church, religious, etc., was allowed this year on a portion of the property described in the claim, indicate the type and								
amount of the exemption:								
	(type)	(amount)						
		By(Assessor or designee)			(date)			



EF-267-A-R23-0522-07000133