CLAIM FOR WELFARE EXEMPTION (FIRST FILING)

(For new locations and/or in-lieu of preprinted claim form BOE-267-A)



Shanna White **County Clerk-Recorder-Assessor** P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

This	claim	is	filed	for	fiscal	vear	20	- 20	

LEGAL NAME OF ORGANIZATION		3.")				
MAILING ADDRESS (number and street)						
CITY, STATE, ZIP CODE						
WEBSITE ADDRESS (if any)		CORPORATE OR LLC ID NO. (if any) FEIN/EIN				
CHECK ANY OF THE FOLLOWING ITEMS THAT HAVE B				RGANIZATION NAME		
ORGANIZATION'S FORMATIVE DOCUMENT (an a				•		
ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC)		If you do not have an OCC, have you filed a claim for an OCC with the Board?				
Provide a copy of the certificate issued by the Stat (Board) and a copy of the Finding Sheet issued by PRIOR YEAR FILINGS	Yes No If No, see the instructions page for information regarding obtaining an OCC					
Has the organization filed for the welfare exemption	n on any property in this count	ty in prior years? 🔲 Yes [No If Yes, st	ate latest year filed:		
1. IDENTIFICATION OF PROPERTY	· · · ·	<u> </u>				
a. ADDRESS OF PROPERTY (number and street, including	ng suite/unit number if applicable)					
CITY			ASSESSOR'S P	ARCEL/ASSESSMENT NUMBER		
b. Is this a new location this year? Yes N	o c. When was the	property put to exempt use	(MM/DD/YYYY	<i>'</i>)?		
d. Property owned by the claimant for which claima	nt seeks exemption (check ap	plicable boxes):				
Real Property:		ersonal Property	🗍 Taxab	e Possessory Interest		
Land Duildings and Improv			_			
2. REAL PROPERTY. If claiming an exemption of						
a. Date property acquired (MM/DD/YYYY):	rical property, provide.					
b. Land. Area in acres or square feet:	c. Building and Improve	ments. Building number o	r name, numbei	of floors:		
d. Use. Describe primary and incidental use of	the property:					
e. Real property leased, rented, or used by othe Is any portion of the real property identified ur claimant?			some person or	organization other than the		
Yes No If Yes, please submit BOI						
3. PERSONAL PROPERTY. If claiming an exemp a. Description (type) of the property:	tion on personal property, pro	vide:				
b. Use. Describe primary and incidental use of	he property:					
 c. Personal property owned by the claimant that Is any portion of the personal property identified □ Yes □ No If Yes, attach a description of 	ed under Section 1 used or op	erated by another party?		(if any), and a copy of the lease		
or agreement.						
d. Equipment leased or rented from another pers Is any portion of the equipment or other prope organization?			ed, or consigned	I from another person or		
Yes No If Yes , attach a list of the equence of the equencies of the equation of the equa		be assessed by the Asses		bu lease/rent the property from a taxable entity. If owned by a		
4. TAXABLE POSSESSORY INTEREST. If claimin a. Name of the public owner (local, state, or fed	g an exemption on a taxable po	ssessory interest, attach a c		nt lease agreement and provide:		
	0 ,,					

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



267-R1	4-1016-53000651-2				
	(P2) REV. 14 (10-16)				
	OF PROPERTY ation of a store, thrift shop, or	other facility (since January 1 of the pr	or vear)		
(1) Is		fied under Section 1 used to operate a		at sells goods to members of the	
□ Y	′es □ No If Yes , (A) list the	hours per week the business is operate	d and (B) describe the type of goo	ds sold:	
		o as part of a planned, formal rehabilitat	on program?		
<u> </u>	es Do If Yes, submit BOI	E-267-R.			
Is any	es 🗆 No If Yes, describe	prior year) under Section 1 used for living quarters that portion. Submit documentation that organization. If living quarters are asso	t the housing is incidental to and r	easonably necessary for the exempt	
	Income Housing v portion of the property identified	d under Section 1 used as low-income h	ousina?		
		3OE-267-L if owned by a nonprofit orga	Ū	r; submit BOE-267-L1 if owned by a	
	ly or handicapped Housing				
Is any	portion of the property identified	under Section 1 used as a facility for th	e elderly or handicapped?		
□ Y	including but n	3OE-267-H, unless care or services are ot limited to, sections 202, 231, 236, or 8 re/services provided.			
6. UNR	ELATED BUSINESS TAXABLE	INCOME			
		sought used for activities that produce in C), and that is subject to the tax imposed		taxable income," as defined in sectior	
	res 🗌 No 🛛 If Yes , attach ea	ach of the following:			
	applicable, a description of th 3. A statement listing the specifi 4. A statement setting forth the	amount of time devoted to the organizat e portion of the property on which those c activities which produce the unrelated amount of income of the organization t nount of total income of the organizatior	activities are conducted. business taxable income. nat is attributable to activities in th	e state and is exempt from income c	
7. EXP/	ANSION				
Do ye	ou contemplate any capital inves	ment in the property within the next yea	?? □ Yes □ No If Yes , ex	plain:	
8. FINA	NCIAL STATEMENTS				
		rating statement (income and expenses , for the calendar or fiscal year precedir		abilities), which relate exclusively to	
9. OTH	ER - EXEMPT ACTIVITY AND U	SE			
Pleas	se check all boxes that are applic	able:			
	The property is used for the actu	al operation of the exempt activity.			
	The property is not used or operated by the owner or by any other person or organization so as to benefit any officer, trustee, director, shareholder member, employee, contributor, or bondholder of the owner or operator, or any other person, through the distribution of profits, payment or excessive charges or compensations, or the more advantageous pursuit of the business or profession.				
	The property is not used by the	owners, operators, or members for frate nary religious, hospital, scientific, or cha	rnal or lodge purposes, or for soc	ial club purposes except where such	
	Whom shoul	d we contact during normal busi	ness hours for additional info	ormation?	
NAME				TITLE	
DAYTIME	TELEPHONE	EMAILADDRESS			
()				
		CERTIFICA	ΓΙΟΝ		
l certify		erjury under the laws of the State of C ents or documents, is true, correct, ar			
SIGNATUR	RE OF CLAIMANT	,,			
NAME OF	PERSON MAKING CLAIM		DATE		



INSTRUCTIONS FOR CLAIM FOR WELFARE EXEMPTION (FIRST FILING)

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 interest¹ 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 214² 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.

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



¹ 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 7. EXPANSION

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

Section 8. 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 9. OTHER – EXEMPT ACTIVITY AND USE

Check the appropriate boxes to indicate the requested information.

