BOE-267-A (P1) REV. 24 (05-24)

20 CLAIM FOR WELFARE **EXEMPTION (ANNUAL FILING)**



Tom J. Slavich **San Benito County Assessor**

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www.cosb.us/government/assessor

the A	ssess izatio	s <i>or t</i> n Na	ne full exemption, a claimant must complete and file this form with r by February 15. Name and Mailing Address: (Make necessary corrections in ink to the printed tress.) This organization owns rents/leases the real property contains.	at this location:						
			Property No.: Class:							
recei	ving t	he e	ur organization received the Welfare Exemption for all or part of the property your organization owns at the location listed above exemption for the property you own at this location, you must complete, sign and return this claim form to the Assessor. A se uired for each location. The Assessor may contact you for additional information.	. To continue parate claim						
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										
D. Do If ye s E. Ha last y Box 9	C. Check, if changed within the last year:									
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: Real property (land/buildings/improvements) Personal property Taxable Possessory Interest YES NO Since January 1, last year:										
		1.	1. Have any of the activities or use on any portion of the property that received an exemption last year changed? If yes, attach as of the change in activities or use.	n explanation						
			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.)							
Ш	Ш	4.	 Is any portion of this property used as a retail outlet or for other fundraising purposes? (Note: Thrift stores which are part of formal rehabilitation program may be exempt if BOE-267-R is filed with this claim.) 	of a planned,						
	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 organization, with a statement indicating that housing continues to be used for the organization's exempt purp (See "Housing" on reverse.)							
			6. Do other persons or organizations use any of this property? If yes, submit BOE-267-O if real property is used; for personal practice a list describing what is used, the name of the user, the amount received by claimant (if any) and a copy of the lease agree previously provided to the Assessor.	eement if not						
Ш	Ш	7.	7. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 o Revenue Code? If yes, see "Unrelated Business Taxable Income" on the reverse.	the Internal						
		8.	8. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes , attach a copy recent and the prior year's complete financial statements along with an explanation of increase.	of your most						
		9.	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 a description of the property. This property may be taxable as it is not owned by the claimant.	and address						
NAME	OF PE	RSOI	CONTACT FOR ADDITIONAL INFORMATION (please print) DAYTIME TELEPHONE ()							
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.										
SIGNA	TURE	OF C	CLAIMANT TITLE DATE							
EMAIL ADDRESS										
ASSESSOR'S USE ONLY Approved: ALL PART Denied Reason(s) for Denial:										
Approved. Li ALL Li FARTI Li Deffied Reason(s) foi Deffial.										

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 Certi icate* (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									
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL				
ITEM	EXEMP	MPTION 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)								



EF-267-A-R24-0524-35000077