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

20 ____ CLAIM FOR WELFARE EXEMPTION (ANNUAL FILING)

Stanislaus County Don H. Gaekle Stanislaus County Assessor 1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

			full exemption, a claimant must complete and Striving to be the Best vith the Assessor by February 15.							
Orgar	nizatior	n Nai	me and Mailing Address: (Make necessary corrections in	Property Location:						
ink to	the pri	nted	I name and address.)	This organization owns rents/leases the real property at this location						
				Property No.: Class:						
rece	iving t	he e	r organization received the Welfare Exemption for all or part of the p exemption for the property you own at this location, you must comp red for each location. The Assessor may contact you for additional	roperty your organization owns at the location listed above. To continue olete, sign and return this claim form to the Assessor. A separate claim I 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 Organizational Clearance Certificate, check here										
C. Check, if changed within the last year:										
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 (i.e., articles of incorporation, constitution, trust instrument, articles of organization) since										
				State Board of Equalization, County-Assessed Properties Division, P.O						
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.										
	•		operty that your organization owns at this location: operty (land/buildings/improvements)	Taxable Possessory Interest						
YES	NO		Since January 1, last year:							
		1.	Have any of the activities or use on any portion of the property that of the change in activities or use.	received an exemption last year changed? If yes, attach an explanation						
	2. Is any portion of this property being used for exempt purposes that was not being used in that manner last year?									
			Is any portion of this property vacant or unused? If yes, since (date							
			formal rehabilitation program may be exempt if BOE-267-R is filed							
	 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 liab 	ility company, submit BOE-267-L						
			Owned by a limited partnership, <u>submit BOE-267-L1</u>							
				s care o <mark>r services are</mark> provided or the property is financed by the federa or 811 <mark>of</mark> the Federal Pu <mark>bli</mark> c Laws.						
			Living quarters associated with a rehabilitation program, <u>subr</u>	nit BOE-267-R						
				ntation including the occupant's position or role in the organization, for the organization's exempt purpose. (See "Housing" on reverse.)						
		6.	Do other persons or organizations use any of this property? If yes , a list describing what is used, the name of the user, the amount	<u>submit BOE-267-0</u> if real property is used; for personal property attach received by claimant (if any) and a copy of the lease agreement if not						
		7.	previously provided to the Assessor. Did this or any portion of this property generate taxable "unrelate Revenue Code? If yes , see "Unrelated Business Taxable Income"	ed business taxable income," as defined in section 512 of the Interna						
		8.		ore than 25 percent since last year? If yes , attach a copy of your most						
		9.	Is there any equipment or property at this location that is leased o and a description of the property. This property may be taxable as	r rented to the claimant? If yes, provide the owner's name and address it is not owned by the claimant.						
NAME	OF PE	RSOI	N TO CONTACT FOR ADDITIONAL INFORMATION (please print)	DAYTIME TELEPHONE						
	l ce	rtify	(or declare) under penalty of perjury under the laws of the State of any accompanying statements or documents, is true, correct a							
	TURE	OF C	DATE							
EMAIL	ADDR	ESS		I						
	ASSF	sso	DR'S USE ONLY Approved: ALL PART	Denied Reason(s) for Denial:						
_										

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 US	E ONLY		
		ASSESSED VA	LUES		
ITEM	тот	AL ASSESSED VALUE OF:			
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL
ITEM	EXEMPTION ALLOWED				
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL
f another exemption, such as	the church, religious,	etc., was allowed this year o	n a portion of the property des	ribed in the claim, ind	licate the type ar
	-	-			
amount of the exemption:	(type)	φ(amount)			
		B			
			(Assessor or designee)		(date)