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

the Assessor by February 15.

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

To receive the full exemption, a claimant must complete and file this form with

Organization Name and Mailing Address: (Make necessary corrections in ink to the printed



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

Property Location:			
This organization	owns	rents/leases	the real property at this location:

name and address.)	I his organization wns rents/leases the real property at this location									
	Property No.: Class:									
Last year your organization received the Welfare Exemption for all or part of	f the property your organization owns at the location listed above. To continue									
form is required for each location. The Assessor may contact you for add										
A. If you no longer seek an exemption at this location, check here, sign	<u> </u>									
B. If your organization is dissolved and therefore no longer needs an Organi										
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										
last year? Yes No If yes, please mail a copy of the amendment to Box 942879, Sacramento, CA 94279-0064. Please include your OCC numb documents were amended, please forward a copy of this page to the Board Read the information on the reverse side before completing. All questions attachment or complete the referenced form. Contact the Assessor if any Identify the property that your organization owns at this location: Real property (land/buildings/improvements) Personal prop	must be answered. If the answer to any question is "YES," explain in any forms referenced below are needed to complete this application.									
YES NO Since January 1, last year:	t, that pasived an exemption last variable mad2 If var attack on explanation									
of the change in activities or use.	ty that received an exe <mark>mption last year changed? If yes, attach an explanation</mark>									
2. Is any portion of this property being used for exempt purpose	,									
3. Is any portion of this property yeard or unused? If yes , since	e (date) Area (sq.ft.) othe <mark>r fu</mark> ndraisin <mark>g purposes? (Note: Thrift stores which are part of a planned,</mark>									
formal rehabilitation program may be exempt if BOE-267-R is	s 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 limite	ed liability company, <u>submit BOE-267-L</u>									
Owned by a limited partnership, submit BOE-267-L	<u>.1</u>									
federal government under, but not limited to, sections										
Living quarters associated with a rehabilitation program										
	documentation including the occupant's position or role in the sing continues to be used for the organization's exempt purpose.									
	If yes, <u>submit BOE-267-O</u> if real property is used; for personal property attach nount received by claimant (if any) and a copy of the lease agreement if not									
	nrelated business taxable income," as defined in section 512 of the Internal									
	by more 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 lea and a description of the property. This property may be taxab	ased or rented to the claimant? If yes , provide the owner's name and address									
NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)	DAYTIME TELEPHONE									
	()									
	ate of California that the foregoing and all information hereon, including rrect and complete to the best of my knowledge and belief.									
SIGNATURE OF CLAIMANT TITLE										
EMAIL ADDRESS										
ASSESSOR'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 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	TOTAL									
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL					
ITEM										
	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-R24-0524-50000077