BOE-267 (P1) REV. 15 (05-21) **CLAIM FOR WELFARE EXEMPTION (FIRST FILING)** (For new locations and/or in-lieu of preprinted claim form BOE-267-A)

This claim is filed for fiscal year 20 _____ - 20 _____.

(Example: a claimant filing a timely claim in January 2017 would enter "2017-2018.")

MERCED COUNTY MATT H. MAY, ASSESSOR

2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

LEGAL NAME OF ORGANIZATION	

.

MAILING ADDRESS (number and street)					
CITY, STATE, ZIP CODE					
WEBSITE ADDRESS (if any)		CORPORATE OR LLC	D NO. (if any)	FEIN/EIN	
CHECK ANY OF THE FOLLOWING ITEMS THAT HAVE BE				ORGANIZATION NAME organization, etc.)	
ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC) NO Provide a copy of the certificate issued by the State I (Board) and a copy of the Finding Sheet issued by the	Board of Equalization	If you do not have an OCC, have you filed a claim for an OCC with the Board? Yes No If No, see the instructions page for information regarding obtaining an OCC			
PRIOR YEAR FILINGS Has the organization filed for the welfare exemption of	on any property in this count	y in prior years? 🔲 Ye	s 🗌 No If Yes,	state latest year filed:	
1. IDENTIFICATION OF PROPERTY a. ADDRESS OF PROPERTY (number and street, including	suite/unit number if applicable)				
CITY			ASSESSOR'S PAR	RCEL/ASSESSMENT NUMBER(S)	
b. Is this a new location this year? Yes No	c. When was the p	property put to exempt u	use (MM/DD/YYY	Y)?	
 d. Property owned by the claimant for which claimant 	· · · _ ·	plicable boxes): ersonal Property	🗌 Taxa	ble Possessory Interest	
Land Buildings and Improver	nents 🛛 New Cons	struction in Progress			
2. REAL PROPERTY. If claiming an exemption on r a. Date property acquired (MM/DD/YYYY):	eal property, provide:				
b. Land. Area in acres or square feet:	c. Building and Improver	nents. Building numbe	r or name, numb	er of floors:	
d. Use. Describe primary and incidental use of the	e property:				
e. Real property leased, rented, or used by others Is any portion of the real property identified under claimant?			by some person o	or organization other than the	
Yes No If Yes , please submit BOE-					
3. PERSONAL PROPERTY. If claiming an exemption a. Description (type) of the property:	on on personal property, prov	vide:			
b. Use. Describe primary and incidental use of the	e property:				
c. Personal property owned by the claimant that is Is any portion of the personal property identified Yes No If Yes , attach a description of t	under Section 1 used or ope	erated by another party	?	u (if any), and a copy of the lease	
d. Equipment leased or rented from another persor ls any portion of the equipment or other property organization?	0 (, , , ,	ented, or consign	ed from another person or	
Yes No If Yes , attach a list of the equip Property so listed is not subject tax exempt organization, the p	ct to the exemption, and will	be assessed by the As		you lease/rent the property from. by a taxable entity. If owned by a	
4. TAXABLE POSSESSORY INTEREST. If claiming an exer	mption on a taxable possess	ory interest, attach a co	ppy of the current	lease agreement and provide:	
a. Name of the public owner (local, state, or federa	al agency) of the land, buildi	ngs, and/or improveme	nts:		
b. Description of the type of property that is leased	from the public owner:				
c. Use. Describe primary and incidental use of the	e property:				

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

	-0521-24000 P2) REV. 15 (05					
	F PROPERT		her facility (since January 1 of th	o prior voor)		
(1) Is a	ny portion of t	· · ·			ty that sells goods to members of the	
🗌 Yes	s 🗌 No	If Yes , (A) list the ho	ours per week the business is ope	erated and (B) describe the type of	goods sold:	
		ed as a thrift shop a Yes , submit BOE-2	ns part of a planned, formal rehab	ilitation program?		
—						
ls any p		If Yes, describe th	nder Section 1 used for living qua nat portion. Submit documentatior	rters (other than low-income or eld n that the housing is incidental to a associated with a rehabilitation pro	nd reasonably necessary for the exempt	
	come Housir	g	<u> </u>	•	5 /	
	·	,	nder Section 1 used as low-incon	0	apply submit POE 267 I 1 if swood by a	
	s 🗌 No	limited partnershi	,	rganization of inflited liability comp	pany; submit BOE-267-L1 if owned by a	
-		ped Housing	nder Section 1 used as a facility fo	or the elderly or handicapped?		
	s 🗆 No				anced by the federal government under,	
			imited to, sections 202, 231, 236,		. Submit documentation on the type of	
6. UNREL	ATED BUSIN	IESS TAXABLE INC	COME			
			ught used for activities that produ and that is subject to the tax imp		ess taxable income," as defined in sectior	
Ye	s 🗌 No	lf Yes , attach each	of the following:			
3.	applicable, a A statement A statement	a description of the p listing the specific a setting forth the an	portion of the property on which the activities which produce the unrelated nount of income of the organization	nose activities are conducted. ated business taxable income.	on-income producing activities, and, wher in the state and is exempt from income o s in the state.	
7. EXPAN Do you		any capital investme	ent in the property within the next	year? 🗌 Yes 🗌 No If Yes	s, explain:	
	CIAL STATEM		ting statement (income and exper	nses) and balance sheet (assets a	nd liabilities), which relate exclusively to	
			or the calendar or fiscal year prec	eding the claim year.		
_		es that are applicab				
			operation of the exempt activity.			
n] 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 of excessive charges or compensations, or the more advantageous pursuit of the business or profession.					
			vners, operators, or members for y religious, hospital, scientific, or		social club purposes except where such	
		Whom should	we contact during normal b	usiness hours for additional	information?	
NAME					TITLE	
	LEPHONE		EMAIL ADDRESS			
		L. I.	CERTIFI	CATION		
certify (c				of California that the foregoing a t, and complete to the best of my	nd all information hereon, including any / knowledge and belief.	
SIGNATURE	OF CLAIMANT	· · ·	· · ·		TITLE	
	RSON MAKING C	LAIM			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 8. EXPANSION

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

Section 9. 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 10. OTHER – EXEMPT ACTIVITY AND USE

Check the appropriate boxes to indicate the requested information.

