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.")

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| LEGAL NAME OF ORGANIZATION |  |
|----------------------------|--|
|                            |  |

. . . . . . .

| MAILING ADDRESS (number and street)   |                                  |  |                     |  |  |
|---|----------------------------------|--|---------------------|--|--|
| CITY, STATE, ZIP CODE   |                                  |  |                     |  |  |
| WEBSITE ADDRESS (if any)  |                                  | CORPORATE OR LLC ID N  | IO. <i>(if any)</i> | FEIN/EIN   |  |
| CHECK ANY OF THE FOLLOWING ITEMS THAT HAVE BEE  |                                  |  |                     | ORGANIZATION NAME<br>organization, etc.)                               |  |
| ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC) NO<br>Provide a copy of the certificate issued by the State E<br>(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?<br>Yes No If No, see the instructions page for information regarding obtaining an OCC |                     |  |  |
| PRIOR YEAR FILINGS<br>Has the organization filed for the welfare exemption o  | n any property in this count     | y in prior years? 🔲 Yes [  | ☐ No If Yes, s      | state latest year filed:   |  |
| 1. IDENTIFICATION OF PROPERTY<br>a. ADDRESS OF PROPERTY (number and street, including s   | suite/unit number if applicable) |  |                     |  |  |
| CITY  |                                  | AS   | SESSOR'S PAF        | CEL/ASSESSMENT NUMBER(S)   |  |
| b. Is this a new location this year? 🔲 Yes 🗌 No   | c. When was the p                | property put to exempt use   | (MM/DD/YYY          | Y)?  |  |
| d. Property owned by the claimant for which claimant  | seeks exemption (check ap        | plicable boxes):   |                     |  |  |
| ☐ Real Property:  | 🗆 Pe                             | ersonal Property   | 🔲 Taxal             | ole Possessory Interest  |  |
| ☐ Land ☐ Buildings and Improvem   | ents 🛛 New Cons                  | struction in Progress  |                     |  |  |
| <ol> <li>REAL PROPERTY. If claiming an exemption on real a. Date property acquired (MM/DD/YYYY):</li> </ol>   | eal property, provide:           |  |                     |  |  |
| b. Land. Area in acres or square feet:  | c. Building and Improver         | nents. Building number o   | r name, numbe       | er of floors:  |  |
| d. Use. Describe primary and incidental use of the  | e property:                      |  |                     |  |  |
| e. Real property leased, rented, or used by others (<br>Is any portion of the real property identified unde<br>claimant?  |                                  |  | some person o       | r organization other than the  |  |
| ☐ Yes ☐ No If <b>Yes</b> , please submit BOE-2  | 267-O.                           |  |                     |  |  |
| <b>3. PERSONAL PROPERTY.</b> If claiming an exemptio a. Description (type) of the property:   | n on personal property, prov     | vide:  |                     |  |  |
| b. <b>Use</b> . Describe primary and incidental use of the  | property:                        |  |                     |  |  |
| c. Personal property owned by the claimant that is I<br>Is any portion of the personal property identified  | under Section 1 used or ope      | erated by another party?   | ,                   |  |  |
| Yes No If <b>Yes</b> , attach a description of the or agreement.  | he property, its use, the ham    | e of the user, the amount r  | eceived by you      | i (ii any), and a copy of the lease                                    |  |
| d. Equipment leased or rented from another person<br>Is any portion of the equipment or other property<br>organization?   | 0                                | ,  | ed, or consigne     | ed from another person or  |  |
| Yes No If <b>Yes</b> , attach a list of the equip<br>Property so listed is not subject<br>tax exempt organization, the p  | t to the exemption, and will     | be assessed by the Asses   |                     | you lease/rent the property from<br>by a taxable entity. If owned by a |  |
| 4. TAXABLE POSSESSORY INTEREST. If claiming an exer   | nption on a taxable possess      | ory interest, attach a copy  | of the current      | lease agreement and provide:   |  |
| a. Name of the public owner (local, state, or federa  | l agency) of the land, buildin   | ngs, and/or improvements:  |                     |  |  |
| 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

Stani<mark>slaus</mark>

|          | 5-0521-50000380-2<br>7 (P2) REV. 15 (05-21)                             |   |  |
|----------|---|---|--|
|          | OF PROPERTY   | hen or other facility (since lanuary 1 of the p   | ier voor)  |
| (1) Is   |   | ,   | store, thrift shop, or other facility that sells goods to members of the   |
| □ Y      | Yes 🗌 No If <b>Yes</b> , (A   | A) list the hours per week the business is operate  | d and (B) describe the type of goods sold:   |
| • •      | s the property used as a<br>∕es   | thrift shop as part of a planned, formal rehabilitat<br>bmit BOE-267-R.   | ion program?   |
|          | ig Quarters (since Janu   |   |  |
| Is any   | y portion of the property<br>es I No If <b>Yes</b>                      | identified under Section 1 used for living quarters<br>, describe that portion. Submit documentation the  | (other than low-income or elderly or handicapped housing)?<br>It the housing is incidental to and reasonably necessary for the exempt<br>inciated with a rehabilitation program, submit BOE-267-R. |
|          | Income Housing  | identified under Castion 1 used as low income h   |  |
|          | Yes 🗌 No If <b>Yes</b>  | identified under Section 1 used as low-income h<br>, submit BOE-267-L if owned by a nonprofit orga<br>d partnership.  | nization or limited liability company; submit BOE-267-L1 if owned by a   |
| d. Eldei | rly or Handicapped Ho   |   |  |
| Is any   | y portion of the property   | identified under Section 1 used as a facility for th  | e elderly or handicapped?  |
| □ Y      | includ  |   | provided or the property is financed by the federal government under,<br>311 of the Federal Public Laws. Submit documentation on the type of   |
| 6. UNR   | ELATED BUSINESS TA  | XABLE INCOME  |  |
|          |   | nption is sought used for activities that produce in<br>Code (IRC), and that is subject to the tax imposed  | ncome that is "unrelated business taxable income," as defined in section<br>by section 511 of the IRC?   |
|          | Yes 🔲 No 🛛 If <b>Yes</b> ,  | attach each of the following:   |  |
|          | <ol> <li>A statement listing th</li> <li>A statement setting</li> </ol> | tion of the portion of the property on which those<br>the specific activities which produce the unrelated<br>forth the amount of income of the organization<br>and the amount of total income of the organization | business taxable income.<br>hat is attributable to activities in the state and is exempt from income   |
|          | ANSION<br>ou contemplate any cap  | tal investment in the property within the next yea  | r? ☐ Yes ☐ No If <b>Yes</b> , explain:   |
| Clain    |   | of its operating statement (income and expenses<br>Section 1, for the calendar or fiscal year precedir  | ) and balance sheet (assets and liabilities), which relate exclusively to g the claim year.  |
| 9. OTHI  | ER - EXEMPT ACTIVIT   | YAND USE  |  |
| Pleas    | se check all boxes that a   | are applicable:   |  |
|          | The property is used for  | r the actual operation of the exempt activity.  |  |
|          | member, employee, co  |   | or organization so as to benefit any officer, trustee, director, shareholder<br>or, or any other person, through the distribution of profits, payment o<br>t of the business or profession.        |
|          |   | d by the owners, operators, or members for frate<br>to a primary religious, hospital, scientific, or cha  | ernal or lodge purposes, or for social club purposes except where such<br>itable purpose.  |
|          | Who   | n should we contact during normal busi  | ness hours for additional information?   |
| NAME     |   |   | TITLE  |
|          | TELEPHONE   | EMAIL ADDRESS   |  |
| · .      | )   |   | TION   |
|          | · · · · ·   | CERTIFICA   |  |
| certify  |   |   | alifornia that the foregoing and all information hereon, including an<br>ad complete to the best of my knowledge and belief.   |
| SIGNATUR | RE OF CLAIMANT  |   | TITLE  |
| AME OF   | PERSON MAKING CLAIM   |   | DATE   |
|          |   |   |  |



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 interest<sup>1</sup> 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 214<sup>2</sup> 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.

 $^2\,{\rm All}$  further statutory references are to the Revenue and Taxation Code, unless otherwise specified.



<sup>&</sup>lt;sup>1</sup> 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.

