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

ink to the printed name and address.)

20 ____ CLAIM FOR WELFARE EXEMPTION (ANNUAL FILING)

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15. Organization Name and Mailing Address: (Make necessary corrections in



Glenn Zook Solano County Assessor/Recorder 675 Texas Street Suite 2700 Fairfield, CA 94533-6338 (707) 784-6210 http://www.solanocounty.com/depts/ar assessor@solanocounty.gov

Property L	ocation:
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	This organization	owns	rents/leases	the real property at this location:
[

	Property No.:	Class:
Last year your organization received the Welfare Exemption for all or p receiving the exemption for the property you own at this location, you i form is required for each location. The Assessor may contact you fo	must complete, sign and r	anization owns at the location listed above. To continue eturn this claim form to the Assessor. A separate 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 C	rganizational Clearance C	ertificate, check here
C. Check, if changed within the last year: Mailing Address	Organization Name	
D. Does your organization have a valid Organizational Clearance Certing If yes, enter OCC No and date issued	ficate (OCC) issued by the	State Board of Equalization? 🔲 Yes 📄 No
E. Have you amended the organization's formative documents (i.e., ar last year? Yes No If yes, please mail a copy of the amendm Box 942879, Sacramento, CA 94279-0064. Please include your OCC r documents were amended, please forward a copy of this page to the B <i>Read the information on the reverse side before completing.</i> All guest	ent to the State Bo <mark>ar</mark> d of E number. Note to Assessor's oard of Equalization.	qualization, County-Assessed Properties Division, P.O. s Office: If the organization is dissolved or the formative
attachment or complete the referenced form. Contact the Assessor Identify the property that your organization owns at this location:	if any forms referenced be	
Real property (land/buildings/improvements) Personal YES NO Since January 1, last year:	property 🗌 Taxable	Possessory Interest
 Have any of the activities or use on any portion of the pr of the change in activities or use. 	operty that received an exe	mption last year changed? If yes, attach an explanation
2. Is any portion of this property being used for exempt pu		
3. Is any portion of this property vacant or unused? If yes ,		Area (sq.ft.)
 4. Is any portion of this property used as a retail outlet or formal rehabilitation program may be exempt if BOE-26 	for other fundraising purp 7-R is filed with this claim.	oses? (Note: Thrift stores which are part of a planned,
5. Is any portion of the property used for living quarters? If		
Transitional / emergency shelter		
Low-income housing (check one)		
Owned by a non-profit organization or eligible	limited liability company, <u>s</u>	ubmit BOE-267-L
Owned by a limited partnership, <u>submit BOE-2</u>		
government under, but not limited to, sections 202	, <mark>23</mark> 1, 236, or 811 of the Fe	s are provided or the property is financed by the federal deral Public Laws.
Living quarters associated with a rehabilitation pro		g the occupant's position or role in the organization,
with a statement indicating that housing continues 6. Do other persons or organizations use any of this prope	to be used for the organization	ition's exempt purpose. (See "Housing" on reverse.)
a list describing what is used, the name of the user, th previously provided to the Assessor.	e amount received by clai	mant (if any) and a copy of the lease agreement if not
7. Did this or any portion of this property generate taxab Revenue Code? If yes , see <i>"Unrelated Business Taxab</i>	le Income" on the reverse	
8. Have the organization's income and/or expenses increative recent and the prior year's complete financial statement		
9. Is there any equipment or property at this location that and a description of the property. This property may be	is leased or rented to the c taxable as it is not owned l	laimant? If yes, provide the owner's name and address by the claimant.
NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)		DAYTIME TELEPHONE ()
I certify (or declare) under penalty of perjury under the laws of th		
any accompanying statements or documents, is true	e, correct and complete to	DATE
EMAIL ADDRESS		· · · · · · · · · · · · · · · · · · ·
ASSESSOR'S USE ONLY Approved: ALL	PART Denied R	eason(s) for Denial:
THIS DOCUMENT IS SU	BJECT TO PUBLIC	NSPECTION

BOE-267-A (P2) REV. 23 (05-22)

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	SE ONLY		
		ASSESSED VA	LUES		
ITEM	тоти	LASSESSED VALUE OF:			
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL
ITEM	EXE	MPTION ALLOWED	1		1
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL
f another exemption, such as	the church, religious, e	etc., was allowed this year o	n a portion of the property des	ribed in the claim, ind	icate the type and
amount of the exemption		\$			
amount of the exemption:	(type)	φ(amount)			
		B	/		
			(Assessor or desig	nee)	(date)