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

# 20 CLAIM FOR WELFARE EXEMPTION (ANNUAL FILING) To receive the full exemption, a claimant must complete and

Called States

Bob Buckner Colusa County Assessor 547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

| organization Name and Mailing Address: (Make necessary corrections in<br>the to the printed name and address.)   | Property Location:  |  |  |
|--|---|--|--|
|  | This organization owns rents/leases the real property at this loc   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  | Property No.: Class:  |  |  |
| ast year your organization received the Welfare Exemption for all or part of   | the property your organization owns at the location listed above. To con  |  |  |
| eceiving the exemption for the property you own at this location, you <b>must</b> or <b>mus</b> or <b>must</b> or <b>mus</b> or <b>must</b> o | complete, sign and return this claim form to the Assessor. A separate c   |  |  |
| A. If you no longer seek an exemption at this location, check here $\Box$ , sign a   |   |  |  |
| <ol> <li>If your organization is dissolved and therefore no longer needs an Organiz</li> </ol>   |   |  |  |
|  |   |  |  |
|  | Organization Name   |  |  |
| D. Does your organization have a valid <i>Organizational Clearance Certificate</i> f <b>yes</b> , enter OCC No and date issued   | (OCC) issued by the State Board of Equalization? Yes No   |  |  |
| E. Have you amended the organization's formative documents (i.e., articles   |   |  |  |
| ast year? Yes No If <b>yes</b> , please mail a copy of the amendment to  | the State Board of Equalization, County-Assessed Properties Division,   |  |  |
| Box 942879, Sacramento, CA 94279-0064. Please include your OCC numbe<br>locuments were amended, please forward a copy of this page to the Board of   |   |  |  |
| Read the information on the reverse side before completing. All questions r  |   |  |  |
| ttachment or complete the referenced form. Contact the Assessor if any   |   |  |  |
| lentify the property that your organization <b>owns</b> at this location:           Real property (land/buildings/improvements)         Personal property  | arty Tayabla Baaaaaa yulatayaat   |  |  |
| <b>'ES NO</b> Since January 1, last year:  | erty Taxable Possessory Interest  |  |  |
| <ul> <li>1. Have any of the activities or use on any portion of the property<br/>of the change in activities or use.</li> </ul>  | / that received an exemption last year changed? If yes, attach an explan  |  |  |
| 2. Is any portion of this property being used for exempt purposes  | s that was not being used in that manner last year?   |  |  |
| 3. Is any portion of this property vacant or unused? If <b>yes</b> , since   | e (date) Area (sq.ft.)  |  |  |
| <ul> <li>4. Is any portion of this property used as a retail outlet or for of<br/>formal rehabilitation program may be exempt if BOE-267-R is</li> </ul>   | ther fundraising purposes? ( <b>Note</b> : Thrift stores which are part of a plar<br>filed with this claim.)  |  |  |
| 5. Is any portion of the property used for living quarters? If yes, o  | check one:  |  |  |
| Transitional / emergency shelter   |   |  |  |
| Low-income housing (check one)   |   |  |  |
| <ul> <li>Owned by a non-profit organization or eligible limited</li> <li>Owned by a limited partnership, submit BOE-267-L1</li> </ul>  |   |  |  |
|  | nless care or services are provided or the property is financed by the fe   |  |  |
| government under, but not limited to, sections 202, 231,   | 236, or 811 of the Federal Public Laws.   |  |  |
| Living quarters associated with a rehabilitation program,  |   |  |  |
| Other - If you claim exemption for this portion, submit do with a statement indicating that housing continues to be  | cumentation including the occupant's position or role in the organizatior<br>used for the organization's exempt purpose. (See "Housing" on reverse          |  |  |
| 6. Do other persons or organizations use any of this property? If  | <b>yes</b> , <u>submit BOE-267-O</u> if real property is used; for personal property a ount received by claimant (if any) and a copy of the lease agreement |  |  |
| a list describing what is used, the name of the user, the amo<br>previously provided to the Assessor.  | ount received by claimant (if any) and a copy of the lease agreement  |  |  |
| <ul> <li>7. Did this or any portion of this property generate taxable "un<br/>Revenue Code? If yes, see "Unrelated Business Taxable Inc.</li> </ul>  | related business taxable income," as defined in section 512 of the Int  |  |  |
|  | by more than 25 percent since last year? If <b>yes,</b> attach a copy of your ng with an explanation of increase.   |  |  |
|  | sed or rented to the claimant? If <b>yes,</b> provide the owner's name and add  |  |  |
| AME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)   | DAYTIME TELEPHONE   |  |  |
|  |   |  |  |
| I certify (or declare) under penalty of perjury under the laws of the Stat<br>any accompanying statements or documents, is true, corr  |   |  |  |
| IGNATURE OF CLAIMANT TITLE   | DATE  |  |  |
| MAIL ADDRESS   |   |  |  |
|  |   |  |  |
|  | RT Denied Reason(s) for Denial:   |  |  |
| ASSESSOR'S USE ONLY Approved: ALL PAR  |   |  |  |
| ASSESSOR'S USE ONLY Approved: ALL PAR  |   |  |  |

## 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 USE ONLY          |                          |                              |                                 |                           |                   |  |  |
|------------------------------|--------------------------|------------------------------|---------------------------------|---------------------------|-------------------|--|--|
|                              |                          | ASSESSED VA                  | LUES                            |                           |                   |  |  |
| ITEM                         | ΤΟΤΑ                     | L 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, e | tc., was allowed this year o | n a portion of the property des | cribed in the claim, indi | cate the type and |  |  |
| amount of the exemption.     |                          | \$                           |                                 |                           |                   |  |  |
| amount of the exemption:     | (type)                   | (amount)                     |                                 |                           |                   |  |  |
|                              |                          | B                            |                                 |                           |                   |  |  |
|                              |                          |                              | (Assessor or desig              | inee)                     | (date)            |  |  |