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 ink to the printed name and address.*)

501 Low Gap Road, Room 102 Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

Property Location:

This organization received the Welfare Exemption for all or part of the property Neuror and address.)  This organization received the Welfare Exemption for all or part of the property you receiving the exemption for the property you own at this location, you must complete, sign at form is required for each location. The Assessor may contact you for additional information A. If you no longer seek an exemption at this location, check here sign and return this form is required for each location. The Assessor and context you for additional information B. If your organization have a valid Organization, check here sign and return this form at year? maining Address Organization Narr D. Does your organization have a valid Organizational Clearance Certificate (OCC) issued by if yes, enter OCC No and date issued	organization owns d return this claim to the Assessor. Certificate, check he State Board of onstitution, trust in f Equalization, Co or's Office: If the o below are needed ble Possessory In exemption last yea	form to the Assessor. A separate Date Vacated: here Equalization? Yes No strument, articles of organization) unty-Assessed Properties Division rganization is dissolved or the form any question is "YES," explain to complete this application. terest r changed? If yes, attach an explar nner last year? Area (sq.ft.)
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any accompanying statements or documents, is true, correct and complete		nowledge and belief.
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### **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 is answered **yes**, 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. (This question is not applicable where the exempt activity **is providing housing**.)

## USE OF THE PROPERTY BY OTHER ORGANIZATIONS

If question 8 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 9 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.

		ASSESSED VA	LUES		
ITEM	тот/	AL ASSESSED VALUE OF:			
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL
ITEM	EXEMPTION ALLOWED				·
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL
another exemption, such as	the church, religious, e	etc., was allowed this year o	n a portion of the property desc	ribed in the claim, ind	dicate the typ
mount of the exemption:	-	-			
	(type)	φ(amount)			
		Ву			(date)
			(Assessor or design	(Assessor or designee)	