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

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	CALIFORNIA

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

 D. Does your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Equalization? Yes No f yes, enter OCC No and date issued E. Have you amended the organization's formative documents (i.e., articles of incorporation, constitution, trust instrument, articles of organization) si ast year? Yes No If yes, please mail a copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, I Box 942879, Sacramento, CA 94279-0064. Please include your OCC number. Note to Assessor's Office: If the organization is dissolved or the format documents were amended, please forward a copy of this page to the Board of Equalization. Read the information on the reverse side before completing. All questions must be answered. If the answer to any question is "YES," explain in attachment or complete the referenced form. Contact the Assessor if any forms referenced below are needed to complete this application. Chentify the property that your organization owns at this location: Real property (land/buildings/improvements) Personal property Taxable Possessory Interest 	Last year your organization received the Welfare Exemption for all or part of the proreceiving the exemption for the property you own at this location, you must complete form is required for each location. The Assessor may contact you for additional in A. If you no longer seek an exemption at this location, check here, sign and reture B. If your organization is dissolved and therefore no longer needs an Organizational C. Check, if changed within the last year: Mailing Address Organiz D. Does your organization have a valid Organizational Clearance Certificate (OCC) If yes, enter OCC No and date issued E. Have you amended the organization's formative documents (i.e, articles of incom last year? Yes No If yes, please mail a copy of the amendment to the State Sox 942879, Sacramento, CA 94279-0064. Please include your OCC number. Note documents were amended, please forward a copy of this page to the Board of Equal Read the information on the reverse side before completing. All questions must be attachment or complete the referenced form. Contact the Assessor if any forms in Identify the property that your organization owns at this location: Real property (land/buildings/improvements) Personal property YES NO Since January 1, last year:	Property No.: Class: ropperty your organization owns at the location listed above. To lete, sign and return this claim form to the Assessor. A separ information. turn this form to the Assessor. Date Vacated: al Clearance Certificate, check here al Clearance Certificate, check here ization Name c) issued by the State Board of Equalization? orporation, constitution, trust instrument, articles of organizatiotate Board of Equalization, County-Assessed Properties Divise to Assessor's Office: If the organization is dissolved or the alization. be answered. If the answer to any question is "YES," exp is referenced below are needed to complete this application.	o conti rate cl lo ision, l forma
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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	TOTAL ASSESSED VALUE OF:					
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL	
ITEM	EXEMPTION ALLOWED					
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL	
another exemption, such as t	he church, religious, o	etc., was allowed this year o	h a portion of the property desc	ribed in the claim, inc	licate the type	
mount of the exemption:	-	-				
	(type)	φ(amount)				
		Ву				
	(Assessor or				(date)	