EMAIL ADDRESS

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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



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654 www.maderacounty.com/government/assessor

name and address.)	Pro	perty Location:	_		
	Th	is organization	owns	rents/lease	es this location:
		Property No.:		Class:	
Last year your organization received the Welfare Exemption for all or part you must complete, sign and return this claim form to the Assessor. A s					
exemption on property at locations for which you have not received or file	ed a claim form	1. contact the Ass	sessor im	mediately.	II you wish to receive the
If you no longer seek an exemption at this location, check here , sign a					
Additionally, if your organization is dissolved and therefore no longer need	ds an Organiz	ational Clearanc	e Certifica	ate, check her	e 🗌
Check, if changed within the last year: Address Corporate	0			,	
Does your organization have a valid Organizational Clearance Certificate		hv the State Bo	ard of Eq	ualization?	Yes No
If yes, enter OCC No and date issued	(000) 100000	by the oldie bo			
Have you amended the organization's formative documents (i.e., articles	of incorporatio	n. constitution. t	rust instru	ment. articles	of organization) since last
year? Yes No If yes , please mail an endorsed copy of the amer	•				č ,
P.O. Box 942879, Sacramento, CA 94279-0064. Please include your OC					
formative documents were amended, please forward a copy of this page	to the Board o	of Equalization.)		0	
The Assessor may ask for additional information. If you do not pro	vide such inf	formation, it wil	l result i	n denial of ye	our claim for exemption.
Carefully read the information on the reverse side before completing. All					
EXPLAIN IN "REMARKS" OR ON AN ATTACHMENT. Contact the Asse	essor immediat	tely if special forr	ns are ne	eded to comp	lete this application.
YES NO Since January 1, last year:					
1. Has the use on any portion of the property that received a	an exemption la	ast vear changed	?		
	•	, 0			_
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ASSESSOR'S USE ONLY

Approved: ALL PART Denied

Reason(s) for Denial:

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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.

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. In no case, however, is the tax, penalty, and interest for a given year to exceed \$250. A separate claim must be completed and filed for each property for which exemption is sought.

ORGANIZATIONAL CLEARANCE CERTIFICATE

According to statutory provisions, the Assessor may not approve a property tax exemption claim until the claimant has been issued a valid *Organizational Clearance Certificate* issued 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 *Organizational Clearance Certificates* is available on the Board's website at *www.boe.ca.gov* and can be accessed through 1) Property Taxes, 2) Welfare and Veteran's Organization Exemption, 3) List of Eligible Organizations. You may also contact the Board at 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**.)

OWNER/OPERATOR

An organization that uses property belonging to another exempt organization must file and qualify for the exemption if it uses the property **more than once a week**. If that organization does not file and qualify, the owner organization will lose its exemption on any part of their property used by the non-qualifying organization. If an operator (non-owner) of the property files late, the part of the property used by that organization is subje&c to late filing. An organization that uses the property **once a week or less** does not need to file the Welfare Exemption Claim, but must provide evidence of exempt status under section 501 (C)(3) or 501 (C)(4) of the Internal Revenue Code **or** sections 23701d or 23701f of the California Revenue and Taxation Code.

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 990T, 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.

SIGNATURE

An officer or duly authorized representative of the organization **owning** the property must sign the claim. An officer or duly authorized representative of the organization **operating** the property must sign and file a separate claim. If an organization both owns and operates the property, only one claim need be signed and filed with the Assessor.

ASSESSOR'S USE ONLY											
ASSESSED VALUES											
TOTAL ASSESSED VALUE OF:					EXEMPTION ALLOWED ON:						
ITEM	TOTAL ASSESSED VALUE OF:				EXEMPTION ALLOWED ON:						
	LAND	IMP	PERS. PROP	TOTAL	LAND	IMP	PERS. PROP	TOTAL			
If another exemption, such as the church, religious, etc., was allowed this year on a portion of the property											
described in the claim, indicate the type and amount of the exemption:					\$	(amol	unt)				
				By (Assessor or designee)				(date)			

