EF-267-A-R23-0522-47000106-1

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 file this form with the Assessor by February 15.

Organization Name and Mailing Address: (Make necessary corrections in



Craig S. Kay Siskiyou County Assessor-Recorder

311 Fourth Street, Room 108 Yreka, CA 96097-2984 Telephone (530) 842-8036

ink to the printed name and address.)	Property Location: —————					
	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 part of the receiving the exemption for the property you own at this location, you must or form is required for each location . The Assessor may contact you for additional contact you for a different your for a different	omplete, sign and return this claim form to the Assessor. A separate claim					
A. If you no longer seek an exemption at this location, check here $\ \ \ \ \ \ \ \ \ \ \ \ \ $	d return this form to the Assessor. Date Vacated:					
B. If your organization is dissolved and therefore no longer needs an Organization	ational Clearance Certificate, check here					
C. Check, if changed within the last year: Mailing Address O	rganization Na <mark>m</mark> e					
D. Does your organization have a valid Organizational Clearance Certificate (If yes, 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 o	fincorporation, constitution, trust instrument, articles of organization) since					
last year? Yes No If yes, please mail a copy of the amendment to t						
Box 942879, Sacramento, CA 94279-0064. Please include your OCC number documents were amended, please forward a copy of this page to the Board of						
Read the information on the reverse side before completing. All questions m	•					
attachment or complete the referenced form. Contact the Assessor if any for						
Identify the property that your organization owns at this location:						
Real property (land/buildings/improvements) Personal proper YES NO Since January 1, last year:	ty Taxable Possessory Interest					
	that received an exemption last year changed? If yes, attach an explanation					
of the change in activities or use.	,, ,					
2. Is any portion of this property being used for exempt purposes	,					
3. Is any portion of this property vacant or unused? If yes , since (
4. Is any portion of this property used as a retail outlet or for oth formal rehabilitation program may be exempt if BOE-267-R is f	ner fundraising purposes? (Note : Thrift stores which are part of a planned, filed with this claim.)					
S. Is any portion of the property used for living quarters? If yes, check one:						
Transitional / emergency shelter						
Low-income housing (check one)						
Owned by a non-profit organization or eligible limited liability company, submit BOE-267-L						
Owned by a limited partnership, submit BOE-267-L1						
Housing for senior or handicapped, submit BOE-267-H unless care or services are provided or the property is financed by the federal government under, but not limited to, sections 202, 231, 236, or 811 of the Federal Public Laws.						
Living quarters associated with a rehabilitati <mark>on</mark> program, s	submit BOE-267-R					
	umentation including the occupant's position or role in the organization,					
	used for the organization's exempt purpose. (See "Housing" on reverse.)					
a list describing what is used, the name of the user, the amor previously provided to the Assessor.	yes, <u>submit BOE-267-O</u> if real property is used; for personal property attach unt received by claimant (if any) and a copy of the lease agreement if not					
Revenue Code? If yes , see "Unrelated Business Taxable Inco						
8. Have the organization's income and/or expenses increased by recent and the prior year's complete financial statements along	y more than 25 percent since last year? If yes , attach a copy of your most g with an explanation of increase.					
 9. Is there any equipment or property at this location that is lease and a description of the property. This property may be taxable 	ed or rented to the claimant? If yes , provide the owner's name and address as it is not owned by the claimant.					
NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)	DAYTIME TELEPHONE					
Logaritic (ou de deux) un deux nonette de misse un de tre les controls de la control d						
I certify (or declare) under penalty of perjury under the laws of the State any accompanying statements or documents, is true, corre	ect and complete to the best of my knowledge and belief.					
SIGNATURE OF CLAIMANT TITLE	DATE					
EMAIL ADDRESS						
ASSESSOR'S USE ONLY Approved: ALL PART Denied Reason(s) for Denial:						
. pp. c. ca						
THIS DOCUMENT IS SUBJECT TO DURI IC 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. 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 VALUES							
ITEM	TOTAL ASSESSED VALUE OF:						
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	TOTAL		
ITEM	EXEMPTION ALLOWED						
	LAND	IMPROVEMENTS	PERSONAL PROPERTY	FIXTURES	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:	\$	S					
	(type)	(amount)					
		Ву	(Assessor or designee) (date		(date)		



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