BOE-267-A (P1) REV. 25 (05-25)

20 25_ CLAIM FOR WELFARE EXEMPTION (ANNUAL FILING)

CRAIG S. KAY
SISKIYOU COUNTY ASSESSOR-RECORDER
311 FOURTH STREET, ROOM 108
YREKA CA 96097-2984
TELEPHONE (530) 842-8036

EXEMPTION (ANNUAL FILING)To receive the full exemption, this claim must be filed by 5:00 p.m., February 15.

Organization Name and Mailing Address: (Make necessary corrections in ink to the printed name and address.)	Property Location:	ELEPHONE (530) 842-8036					
	This organization owns	rents/leases the real property at this location					
	Property No.:	Class:					
_ast year your organization received the Welfare Exemption for all or part of the preceiving the exemption for the property you own at this location, you must comform is required for each location. The Assessor may contact you for additional	plete, sign and return this o	owns at the location listed above. To continue claim form to the Assessor. A separate claim					
A. If you no longer seek an exemption at this location, check here $\; \Box$, sign and $^{ m re}$							
3. If your organization is dissolved and therefore no longer needs an Organization	nal Clearance Certificate, o	check here					
	nization Name	rd of Equalization? Yes No					
D. Does your organization have a valid <i>Organizational Clearance Certificate</i> (OC If yes, enter OCC No and date issued	————	id of Equalization? Tes No					
E. Have you amended the organization's formative documents (i.e., articles of in ast year? Yes No If yes , please mail a copy of the amendment to the Box 942879, Sacramento, CA 94279-0064. Please include your OCC number. No documents were amended, please forward a copy of this page to the Board of Ed	State Board of Equalization ote to Assessor's Office: If	n, County-Assessed Properties Division, P.O.					
Read the information on the reverse side before completing. All questions must attachment or complete the referenced form. Contact the Assessor if any form	be answered. If the answ						
dentify the property that your organization owns at this location: Real property (land/buildings/improvements) Personal property FES NO Since January 1, last year:	Taxable Possesso	ory Interest					
 1. Have any of the activities or use on any portion of the property that of the change in activities or use. 	t received an exemption las	st year changed? If yes, attach an explanation					
2. Is any portion of this property being used for exempt purposes that	it was not being used in tha	at manner last year?					
3. Is any portion of this property vacant or unused? If yes, since (date	• • • • • • • • • • • • • • • • • • • •						
4. Is any portion of this property used as a retail outlet or for other formal rehabilitation program may be exempt if BOE-267-R is filed	fundraising purposes? (No I with this claim.)	te: Thrift stores which are part of a planned,					
5. Is any portion of the property used for living quarters? If yes, chec	,						
Transitional / emergency shelter							
└── Low-income housing (check one)☐ Owned by a non-profit organization or eligible limited liab	nility company submit BOE	-267-1					
Owned by a limited partnership, submit BOE-267-L1	omity company, submit boc	- <u>-201-L</u>					
Housing for senior or handicapped, submit BOE-267-H unle	ss care or services are pro	vided or the property is financed by the					
federal government under, but not limited to, sections 202, Living quarters associated with a rehabilitation program, sul		derai Public Laws.					
Other - If you claim exemption for this portion, submit docu organization, with a statement indicating that housing c							
(See "Housing" on reverse.) ☐ 6. Do other persons or organizations use any of this property? If yes	submit BOF-267-O if real	property is used: for personal property attach					
a list describing what is used, the name of the user, the amount previously provided to the Assessor.	received by claimant (if ar	ny) and a copy of the lease agreement if not					
7. Did this or any portion of this property generate taxable "unrelated Revenue Code? If yes , see "Unrelated Business Taxable Income"	ed business taxable incom on the reverse.	ne," as defined in section 512 of the Internal					
8. Have the organization's income and/or expenses increased by m recent and the prior year's complete financial statements along wi	ore than 25 percent since	last year? If yes , attach a copy of your most se.					
9. Is there any equipment or property at this location that is leased of and a description of the property. This property may be taxable as	or rented to the claimant? If	f yes , provide the owner's name and address					
NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)	·	DAYTIME TELEPHONE					
I certify (or declare) under penalty of perjury under the laws of the Sta including any accompanying statements or materials, is true, corre							
SIGNATURE OF CLAIMANT TITLE	,	DATE					
EMAIL ADDRESS							
ASSESSOR'S USE ONLY Approved: ALL PART Denied Reason(s) for Denial:							

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 Certi icate* (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:	\$							
	(type)	(amount)						
		By	(Assessor or design	(date)				
	(Assessor of designed)				(/			