EF-269-AH-R10-0611-14000382-1 BOE-269-AH (P1) REV. 10 (06-11)

# **CLAIM FOR VETERANS' ORGANIZATION EXEMPTION**

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15, or within 30 days of the date of Notice of Supplemental Assessment, whichever comes first.



# County of Inyo Dave Stottlemyre, Assessor

PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

| NAME OF ORGANIZATION  | CORPORATE ID NO. (                        | IF ANY) CHECK IF CHANGED WITHIN THE LAST YEAR              |  |
|---|---|--|--|
|   | `   | ☐ Mailing address  |  |
| MAILING ADDRESS (NUMBER AND STREET)   | '   |  |  |
| CITY, STATE, ZIP CODE   |   | Corporate name   |  |
| ,   |   | ☐ Organization's formative documen                         |  |
| ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC) NUMBER   | R   | (amendment to articles o incorporation, constitution, trus |  |
| Provide a copy of the certificate issued by the State Bo finding sheet issued by the Board.           | pard of Equalization (Board), and a       | copy of the instrument, articles of organization           |  |
| If you do not have an OCC, have you filed a claim for a If No, see instructions for obtaining an OCC. | an OCC with the Board? Yes                | □ No   |  |
| PRIOR YEAR FILINGS  |   |  |  |
| Has the organization filed for the welfare exemption in   | this county in prior years? $\square$ Yes | ☐ No   If Yes, state latest year filed:                    |  |
| Exact name of organization under which filed:   |   |  |  |
| IDENTIFICATION OF PROPERTY  |   |  |  |
| 1. ADDRESS OF PROPERTY (NUMBER AND STREET)  |   | CITY, STATE, ZIP CODE                                      |  |
|   | THE PROPERTY BUT TO                       | 4 510041 )/540 05 01 4114                                  |  |
|   | STHE PROPERTY PUT TO<br>SE? (MM/DD/YYYY)  | M/DD/YYYY) (SEE INSTRUCTIONS) 20 20                        |  |
| 5. <b>REAL PROPERTY.</b> IF CLAIMING AN EXEMPTION FO WHAT DATE WAS THE PROPERTY ACQUIRED? (MM         |   | ASSESSOR'S PARCEL NUMBER                                   |  |
| 5. (a) <b>LAND</b> . IF SEEKING AN EXEMPTION ON LAND, PF (1) AREA IN ACRES OR SQUARE FEET             | ROVIDE THE FOLLOWING:                     |  |  |
| (2) PRIMARY AND INCIDENTAL USE OF THE PROPE   | ERTY DESCRIBED                            |  |  |
| 5. (b) <b>BUILDING OR IMPROVEMENTS.</b> IF SEEKING AN (1) BUILDING NUMBER OR NAME, NUMBER OF FLO      |   | PROVEMENTS, PROVIDE THE FOLLOWING:                         |  |
| (2) PRIMARY AND INCIDENTAL USE OF THE PROPE   | RTY DESCRIBED                             |  |  |
| 5 (A) REPOONAL PROPERTY DEPOONAL PROPERTY   | VIO EVENDE UNDER DEVENUE AND              | TAVATION CODE OF OTION OF IT IS NOT                        |  |
| 5. (c) <b>PERSONAL PROPERTY.</b> PERSONAL PROPERTY NECESSARY TO LIST PERSONAL PROPERTY OV             |   | TAXATION CODE SECTION 215. IT IS NOT                       |  |
| 6. OWNER AND OPERATOR. (CHECK AS APPLICABLE   | E)  |  |  |
| CLAIMANT IS: ☐ OWNER AND OPERATOR   | ☐ OWNER ONLY ☐ OPER                       | RATOR ONLY   |  |
| AND CLAIMS EXEMPTION ON ALL:  | ☐ LAND ☐ BUILI                            | DINGS AND IMPROVEMENTS                                     |  |
| IF PERSONS OR ORGANIZATIONS OTHER THAN<br>THE NAME OF THE USER, FREQUENCY OF USE                      |   | PERTY, PLEASE PROVIDE ON AN ATTACHED LIST                  |  |
| FOR ASSESSOR'S USE ONLY   | Whom should we conta                      | act during normal business hours for additional            |  |
| Received by   |   | information?   |  |
| (Assessor's designee)   | NAME                                      |  |  |
| of on (county or city)  | DAYTIME DUONE NUMBER                      | EMAIL ADDDESS  |  |
| (uate)  | DAYTIME PHONE NUMBER                      | EMAIL ADDRESS  |  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## **USE OF PROPERTY**

| <ul> <li>7. LEASED OR RENTED SINCE JANUARY 1 OF PRIOR YEAR.</li> <li>(a) Is any portion of the property described rented, leased, or being used or operated part time or full time by some other person or organization?</li> </ul> |  |   |
|---|--|---|
| □Yes □ No   | If <b>Yes</b> , describe that portion and its use and claimant.  | d attach a copy of the agreement, and list the amount received by   |
| (b) Is any equipme ☐Yes ☐ No  | Please list the name and address of lessor or  | ted, or consigned from someone else? is location that is being leased, rented, or consigned to the claimant. consignor and the quantity and description of the property, and attach o the exemption, and will be assessed by the Assessor if owned by a |
|   | NAL PROPERTY SINCE JANUARY 1 OF PRIOR YEAR<br>ne property used to operate a store, thrift shop, rest                         | <b>EAR.</b> taurant, bar, or other facility making sales to members or the general  |
| □Yes □ No   | If Yes, (1) list the hours per week the business   | is operated and; (2) describe the nature of articles sold:  |
|   |  |   |
| 9. EXPANSION.   | te any capital investment in the property within the ne  |   |
| □Yes □ No   | If <b>Yes</b> , explain:   | at year?  |
|   |  |   |
| 10 PLEASE CHECK   | THE FOLLOWING, IF APPLICABLE:  |   |
| ☐ The propert   | y is owned by a veterans' organization which has bee   |   |
| ☐ The propert member, en of excessive ☐ The propert   | nployee, contributor, or bondholder of the owner or ope<br>e charges or compensations, or the more advantaged                | ther person so as to benefit any officer, trustee, director, shareholder, perator, or any other person, through the distribution of profits, payment  |
| Attach to this clai   | TEMENTS RELATING EXCLUSIVELY TO THIS PRO<br>m a copy of your operating statement (income, exper<br>preceding the claim year. | OPERTY'S LOCATION. enses) and balance sheet (assets, liabilities) for the calendar or fiscal  |
|   | CERTIFIC   | ATION   |
|   |  | f California that the foregoing and all information hereon, including any and complete to the best of my knowledge and belief.  |
| NAME OF PERSON MAKING   | CLAIM  | TITLE   |
| SIGNATURE OF PERSON MA  | KING CLAIM   | DATE  |



# INSTRUCTIONS FOR FILING A CLAIM FOR VETERANS' ORGANIZATION EXEMPTION FROM PROPERTY TAX

#### **GENERAL INFORMATION**

#### **FILING OF CLAIM**

Claims for the Veterans' Organization Exemption must be signed and filed with the Assessor. Each claim must contain supporting documents including financial statements.

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 for each property location. A separate claim form must be completed and filed for each property for which exemption is sought.

The Assessor will supply claim forms upon request. A copy of the claim and supporting documents should be retained by the organization. It is recommended that the retained copy be submitted to the Assessor for acknowledgment of filing by entry of the date and the Assessor's or the designee's signature. This copy will serve as a record of filing should there be any later question relative thereto.

#### ORGANIZATIONAL CLEARANCE CERTIFICATE

An organization that is seeking the Veterans' Organization Exemption shall file with the State Board of Equalization (Board) a claim for an Organizational Clearance Certificate. The Board shall review each claim to determine whether the organization meets the requirements of section 214 and shall issue a certificate to a claimant that meets these requirements. The Assessor may not approve a property tax exemption claim until the claimant has been issued a valid Organizational Clearance Certificate. If the claim is filed timely with the Assessor, the claim will be considered timely filed even if the claimant has not yet received the Organizational Clearance Certificate from the Board.

Claim form BOE-279, Claim for Organizational Clearance Certificate - Veterans' Organization Exemption, is available on the Board's website (www.boe.ca.gov) or you may request a form by contacting the Exemptions Section at 916-274-3430.

#### **PRIOR YEAR FILINGS**

Year filed is the year in which the claim was submitted to the Assessor. State the exact name under which the organization filed for the year indicated.

#### RECORDATION REQUIREMENT

Revenue and Taxation Code section 261 requires that an organization claiming the Veterans' Organization Exemption for its real property must have recorded its ownership interest as of the lien date (12:01 a.m., January 1) in the recorder's office of the county in which the property is located.

# TIME FOR FILING

To receive the full exemption, the claimant must **file a claim each year on or before February 15.** Only 90 percent of any tax or penalty or interest thereon may be canceled or refunded when a claim is filed between February 16 of the current year and January 1 of the following calendar year; if the application is filed thereafter, only 85 percent of any tax or penalty or interest thereon may be canceled or refunded. In no case, however, is the tax, penalty, and interest for a given year to exceed \$250.

### ADDITIONAL INFORMATION

The owner and the operator must furnish additional information to the Assessor, if requested. The Assessor may institute an audit or verification of the operations of the owner and of the operator and may request additional information from the claimant.



#### PREPARATION OF CLAIM

The term *property* as used here means any operating unit of property consisting of one parcel or several contiguous parcels for which exemption is sought even though there may be several improvements and separate buildings thereon. Personal property owned by a Veterans' Organization is specifically exempt under Revenue and Taxation Code section 215, and no claim form is required.

If the owner and operator of the property are not the same, each must execute a separate claim and give the information requested. **All questions must be answered.** Failure to answer all questions may result in denial of your claim. Leave no blanks; use "no," "none," or "not applicable" where needed. The following information is provided to assist you in answering specific questions on your claim.

**Line 4.** The fiscal year for which exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

- Line 5. Enter the legal description or map book, page, and parcel number. Use additional sheets if necessary.
  - (a)(1) Indicate the area and the unit of measurement used (acres or square feet.)
    - (2) List the primary use which should qualify the property for exemption and the incidental use or uses of the property since January 1 of the prior year.
  - (b)(1) List all buildings and improvements on the land. Use additional sheets if necessary. Describe as stucco, concrete and steel, brick, wood, etc.
    - (2) List the primary use and the incidental use or uses of the property since January 1 of the prior year.
  - (c) It is not necessary to list personal property owned by the organization.
- **Line 6.** If the owner and operator of any portion of the property are not the same, **both must file a claim,** and each must meet all of the requirements to obtain the exemption.
- **Line 7.** (a) Copies of leases or agreements must be submitted if the answer is yes. If the leases or other agreements have been filed in prior years, it is only necessary to attach copies of subsequent extensions, modifications, and changes. The schedule of use should clearly indicate the amount of time the property is actually in use.
  - (b) If the answer is yes, provide the names and addresses of the lessors and consignors and list the quantity and description of the property.
- **Line 8.** If the answer is **yes**, describe in sufficient detail to determine the volume of business and the hours open for business since January 1 of the prior year. If a business operation located on the listed parcel has been **deliberately omitted**, because you do not desire the exemption on the business, so state.
- **Line 9.** If the answer is **yes**, describe the type of investment contemplated and the reasons that make such expansion necessary.
- **Line 11.** In submitting the financial statements, the operating statement should be restricted to the financial transactions relating to the operation of the subject property. The income should include only those receipts that result from the operation of the property and should not include receipts from invested funds, gifts, or other items that do not result directly from the operation of the property.

The expenditures should be limited to those resulting from the operation of the property. Any expenses of the organization or expenses extraneous to the operating unit should not be included. If compensation of personnel or other administrative expenses are pro-rated to the property, such pro-rata should be indicated. If the nature of an item of income or disbursement is not clear from the account name, further explanation indicating the nature of the account should be appended. Your claim will not be processed until the financial statements are received by the Assessor.

