STATE OF CALIFORNIA

STATE BOARD OF EQUALIZATION
PROPERTY AND SPECIAL TAXES DEPARTMENT
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Executive Director

No. 2004/058

October 25, 2004

TO COUNTY ASSESSORS AND INTERESTED PARTIES:

WELFARE AND VETERANS' ORGANIZATION EXEMPTIONS
REVISED CLAIM FORMS

Letter To Assessors' (LTA) 2003/070, dated November 14, 2003, discussed statutory amendments relating to the welfare and veterans' organization exemptions and provided claim forms to be used for claims filed on or after January 1, 2004. Additionally, LTA 2003/095, dated December 17, 2003, provided claim forms with respect to low-income housing owned and operated by a limited partnership involving a nonprofit managing general partner. This LTA provides copies of revised claim forms with respect to the welfare and veterans' organization exemptions.

As discussed in the previously issued LTAs, the State Board of Equalization (Board) and the county assessors jointly administer the welfare and veterans' organization exemption. Board staff reviews claim forms to determine if an organization is organized and operated exclusively for a qualified purpose(s), and otherwise meets the requirements for exemption under Revenue and Taxation Code section 214. The assessor reviews claim forms to determine whether the property of a qualified organization qualifies for exemption based on the use of the property.

Pursuant to Revenue and Taxation Code section 251, the Board prescribes all procedures and forms required to carry into effect any property tax exemption enacted by statute or constitutional amendment. The following provides a listing of recently revised Board-prescribed forms used for the welfare and veterans' organization exemptions.

Welfare and Veterans' Organization Claim Forms (Filed with the County Assessor)

BOE-267 *Welfare Exemption (First Filing)*
This form was revised in August 2004. The revision includes the removal of the field inspection report from the claim form. Inclusion of the assessor's field inspection report on the claim form was no longer necessary under the new administration since exemption claims are no longer forwarded from the assessor to the Board for review. Additionally, line 4 was modified to request attachment of the *Organizational Clearance Certificate* if filing for the first time in the county. Previously, the line requested attachment of the *Organizational Clearance Certificate* with the claim form.

BOE-267-A *Claim for Welfare Exemption (Annual Filing)*
This form was revised in August 2004. The revision includes (1) the removal of a question that asked if the organization's articles of incorporation had been amended and indicated the claimant was to send a copy of the certified amendment to the Board and (2) the addition of a question that asks the claimant if it has a valid organizational clearance certificate and requests that the claimant provide the certificate number and the date issued. Also, the instructions were revised to include information in regard to the organizational clearance certificate.

BOE-267-FIR *Welfare Exemption Assessor's Field Inspection Report*
This is a new form created in August 2004. This assessor's field inspection report was previously part of claim form BOE-267; however, the BOE-267 was revised to separate the field inspection report from the exemption claim application.

BOE-267-L1 *Welfare Exemption Supplemental Affidavit, Housing—Lower-Income Households (Limited Partnership)*
This form was revised in September 2004. The revision includes the addition of a paragraph on the top of the form that provides information to the claimant in regard to the requirement that the managing general partner have an organizational clearance certificate and a supplemental clearance certificate for each property location. Additionally, two questions were added to the form to request the managing general partner's corporate identification number and the organizational clearance certificate number.

BOE-269-AH *Veterans' Organization Exemption*
This form was revised in August 2004. The revision includes the removal of the field inspection report from the claim form. Inclusion of the assessor's field inspection report on the claim form was no longer necessary under the new administration since exemption claims are no longer forwarded from the assessor to the Board for review. Additionally, line 4 was modified to request attachment of the *Organizational Clearance Certificate* if filing for the first time in the county. Previously, the line requested attachment of the *Organizational Clearance Certificate* with the claim form.

BOE-269-FIR *Veterans' Organization Exemption Assessor's Field Inspection Report*
This is a new form created in August 2004. This assessor's field inspection report was previously part of claim form BOE-269-AH; however, the BOE-269-AH was revised to separate the field inspection report from the exemption claim application.

Organizational Clearance Certificate and Supplemental Clearance Certificate for Managing General Partner Claim Forms (Filed with the Board)

BOE-277 *Claim for Organizational Clearance Certificate – Welfare Exemption*
This form was revised in August 2004. The revision was limited to minor changes that provide clarification and modification to the format of a few questions as to documents that must be submitted with the claim form. Additionally, a phone number was added to the instructions to advise claimants of the appropriate number to contact with questions regarding the claim form.

BOE-277-L1 *Claim for Supplemental Clearance Certificate for Managing General Partner*
This form was revised in August 2004. The form was revised to add two new questions to request the corporate identification number and the organizational clearance certificate number of the managing general partner. Additionally, the form was revised to enable the claimant to indicate whether the claimant is seeking a supplemental clearance certificate for the first time on the limited partnership property or whether the claimant is filing the supplemental claim as part of the organization's periodic filing requirements.

BOE-277-P *Periodic Filing for Organizational Clearance Certificate – Welfare or Veterans' Organization*
This form was revised in August 2004. The form was revised to modify part (a-1) under question 1 to indicate that form BOE-277-L1 is to be submitted for each property location for which the managing general partner holds a supplemental clearance certificate.

BOE-279 *Claim for Organizational Clearance Certificate – Veterans' Organization Exemption*
This form was revised in August 2004. The revision was limited to minor changes that provide clarification and modification to the format of a few questions as to documents that must be submitted with the claim form. Additionally, a phone number was added to the instructions to advise claimants of the appropriate number to contact with questions regarding the claim form.

A copy of each of these forms is enclosed. Current versions of forms associated with an organizational clearance certificate and a supplemental clearance certificate are available on the Board's Web site at www.boe.ca.gov (can be accessed by first selecting "Property Taxes" and then selecting "Welfare and Veterans' Organization Exemption") or by contacting the Exemptions section at (916) 445-3524. Copies of forms for the welfare and veterans' organization exemption are available from the county assessor where the property is located.

If you have any questions, please contact Ms. Ladeena Ford at (916) 324-5839.

Sincerely,

/s/ David J. Gau

David J. Gau
Deputy Director
Property and Special Taxes Department

DJG:lf
Enclosures

BOE-267 (S1F) REV. 7 (8-04)

CLAIM FOR WELFARE EXEMPTION (FIRST FILING)

EXEMPTION FROM PROPERTY TAXES UNDER SECTIONS 4(b) AND 5 OF ARTICLE XIII OF THE CONSTITUTION OF THE STATE OF CALIFORNIA AND SECTIONS 214, 254.5 AND 259.5 OF THE REVENUE AND TAXATION CODE

(See also sections 213.7, 214.01-214.1, 215.2, 221-222.5, 225.5, 231, 236, 254-254.6, 259.5, 261, and 270-272 of the Revenue and Taxation Code)

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.

(Read instructions carefully before preparing claim and supporting schedules.)

Please check one: ☐ Organization is filing for exemption for the first time in county.

☐ Organization is already receiving exemption for another property in county, organization is seeking exemption on added location.

_____ states:
(name of person making claim)

1. That as _____
(title, such as president, etc.)

2. of the _____,
(corporate name from articles if incorporated)

3. the corporate identification number of which, if any, is _____,
(if none, enter "none")

4. the organization has an Organizational Clearance Certificate issued by the State Board of Equalization. ☐ Yes ☐ No
If **yes**, provide Certificate No. _____ and attach copy if filing for the first time in the county. If **no**, please check applicable box below:
   ☐ An application for the BOE Organizational Clearance Certificate has been filed, but a certificate has not yet been issued, or
   ☐ An application for the BOE Organizational Clearance Certificate has not yet been filed. *(Contact the Board at 916-445-3524 to request an application form, BOE-277.)*

5. the mailing address of which is _____;
(give complete address including zip code)

6. that I make this claim for welfare exemption on behalf of this organization for the 20 _____ -20 _____ fiscal year *(carefully follow instructions for the year to be entered here);*

7. that the **property is used for the actual operation of the exempt activity**;

8. that the property is not used or operated by the owner or by any other person so as to benefit any officer, trustee, director, shareholder, member, employee, contributor, or bondholder of the owner or operator, or any other person, through the distribution of profits, payment of excessive charges or compensations, or the more advantageous pursuit of his business or profession;

9. that the property is not used by the owners or members for fraternal or lodge purposes, or for social club purposes except where such use is clearly incidental to a primary religious, hospital, scientific, or charitable purpose.

10. Prior filings
Has the organization filed for the welfare exemption in this county in prior years? ☐ Yes ☐ No If **yes**, state:
(a) Latest year filed _____ (b) Exact name of organization filed under _____

NOTE: If the owner and operator of the property are not the same, each must execute a separate claim.

FOR ASSESSOR'S USE ONLY
Received by _____ *(Assessor's designee)*
of _____ *(county or city)* on _____ *(date)*

Whom should we contact during normal business hours for additional information?

NAME

DAYTIME PHONE NUMBER	EMAIL ADDRESS
( )	

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	DATE

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

SAMPLE

11. Address of this property _____
(give complete address including zip code)

12. Is this a new location this year? ☐ Yes ☐ No When was this property first put to an exempt use?

Date _____ (month/day), 20 _____ (year).

13. If claiming exemption for real property, what date was the property acquired? _____

14. Description of Property and Property Use: Assessor's parcel number or legal description _____

(a) If seeking exemption on Land, provide the following:

(a)(1) Area in acres or square feet _____

(a)(2) Primary and incidental use of the property described _____

(b) If seeking exemption on Buildings or Improvements, please provide the following:

(b)(1) Building number or name, number of floors, number of rooms, type of construction _____

(b)(2) State the primary and incidental use of the property described _____

(c) If seeking exemption on personal property, provide the following:

(c)(1) Personal Property description (type) _____

(c)(2) State the primary and incidental use of the property described _____

SAMPLE

15. Owner and operator *(carefully check applicable boxes)*
Claimant is: ☐ owner and operator ☐ owner only ☐ operator only and claims exemption on all ☐ land ☐ buildings and improvements and/or ☐ personal property listed above. List the name of the organization which owns or operates the land, buildings, or personal property **other than the claimant:** _____

16. Leased or rented (since January 1 of prior year)

(a) Is any portion of the property indicated in 14 above rented, leased, or being used or operated part time or full time **by some other person or organization?** ☐ Yes ☐ No If **yes**, describe that portion and its use and attach a copy of agreement; list amount received by claimant: _____

(b) Is any equipment or other property at this location being leased, rented, or consigned from someone else? ☐ Yes ☐ No If **yes**, list equipment and other property at this location that is being leased, rented, or consigned to the claimant. Please list the name and address of lessor or consignor and the quantity and description of the property and attach to the claim. Property so listed is not subject to the exemption and will be assessed by the Assessor if owned by a taxable entity.

17. Living quarters (since January 1 of prior year)

Is any portion of this property used for living quarters (other than low income housing or housing for the elderly or handicapped) for any person? ☐ Yes ☐ No If **yes**, describe that portion:

Submit documentation that the housing is incidental to and reasonably necessary for the exempt purposes of the organization. (If living quarters associated with a rehabilitation program, submit BOE-267-R.) See instructions.

18. Sale of personal property (since January 1 of prior year)

(a) Is any portion of the property indicated in 14 above used to operate a **store, thrift shop,** or other facility making sales to members or to the general public? ☐ Yes ☐ No If **yes**, list hours per week the business is operated and describe nature of articles sold:

(b) Is this property used as a thrift shop as part of a planned formal rehabilitation program? ☐ Yes ☐ No If **yes**, submit BOE-267-R.

19. Low-Income Housing

Is this property used as low income housing? ☐ Yes ☐ No If **yes**, form BOE-267-L must be submitted. If this property is owned by a limited partnership, form BOE-267-L1 must also be submitted. Additionally, if this property is owned by a limited partnership, please submit a copy of the certified Secretary of State form LP-1.

20. Elderly or Handicapped Housing

Is this property used as a facility for the elderly or handicapped? ☐ Yes ☐ No If **yes**, form BOE-267-H must be submitted unless care or services are provided or the property is financed by the federal government under sections 202, 231, 236, or 811 of the Federal Public Laws.

21. Expansion

Do you contemplate any capital investment in the property within the next year? ☐ Yes ☐ No If **yes**, explain:

22. Financial statements relating exclusively to this property location

Attach to this claim a copy of your **operating statement (income, expenses) and balance sheet (assets, liabilities) for the calendar or fiscal year immediately preceding the claim year.**

23. Is the **property** for which this exemption is sought used for activities that produce income that is "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code and that is subject to the tax imposed by section 511 of the Internal Revenue Code? ☐ Yes ☐ No

If **yes**, you must attach to this claim each of the following:

(1) The organization's information and tax returns filed with the Internal Revenue Service for its immediately preceding fiscal year.

(2) A statement setting forth the amount of time devoted to the organization's income-producing and to its nonincome-producing activities and, where applicable, a description of that portion of the property in which those activities are conducted.

(3) A statement listing the specific activities which produce the unrelated business taxable income.

(4) 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.

SAMPLE

INSTRUCTIONS FOR FILING A CLAIM FOR WELFARE EXEMPTION FROM PROPERTY TAX

GENERAL INFORMATION

FILING OF CLAIM

Claims for the welfare 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 and supporting documents upon request. A copy of the claim 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.

ORGANIZATION CLEARANCE CERTIFICATE

An organization that is seeking the welfare 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.

RECORDATION REQUIREMENT

Revenue and Taxation Code section 261 requires that an organization claiming the welfare 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.

A claimant which on the lien date has a **possessory interest in publicly owned land, owns water rights,** or **owns improvements on land owned by another** may in lieu of recordation file a copy of the document giving rise to that possessory interest or water rights or file a written statement attesting to the separate ownership of those improvements with the Assessor. Failure to establish the fact of such recordation to the Assessor constitutes a **waiver** of the exemption.

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.

FISCAL YEAR

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 2004 would enter "2004-2005" on line four of the claim; a "2003-2004" entry on a claim filed in February 2004 would signify that a late claim was being filed for the preceding fiscal year.

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.

SAMPLE

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. All personal property for which exemption is sought should also be listed.

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 10. (a) Year filed is the year in which the claim was submitted to the Assessor.
(b) Give exact name under which organization filed for year indicated in (a).

Line 14. (a)(1) Enter the legal description or map book, page, and *parcel number.* Use additional sheets if necessary. (a)(2): Indicate the area and the unit of measurement used. (a)(3): 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. (b)(2): List the **primary use** and the incidental use or uses of the property since January 1 of the prior year.

(c)(1) List the type of personal property. (c)(2): List the primary use and the incidental use or uses since January 1 of the prior year.

Line 15. 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 16. (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.

(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 17. If the answer is yes, describe the portion of the property used for living quarters. Submit documentation, including tenets, canons, or written policy, that indicates the organization requires housing be provided to employees and/or volunteers. Include statement why such housing is incidental to and reasonably necessary for the exempt purpose of the organization and the occupant's role or position in the organization. (This question is not applicable where the exempt activity is providing housing, for example, homes for aged, youth, mentally or physically disabled.)

Line 18. 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 21. If the answer is yes, describe the type of investment contemplated and the reasons that make such expansion necessary.

Line 22. 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.**

Line 23. If the answer is yes, provide the documents and other information requested.

SAMPLE

BOE-267-A (FRONT) REV. 8 (8-04)

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. (Section 270, Revenue and Taxation Code, provides a partial exemption for late filing of Welfare Exemption.)

(Make necessary corrections to the printed name and address in ink.)

Organization Name and Mailing Address:

Property Location: County

This organization ☐ **owns** ☐ **rents/leases** this location:

Property No.: Class:

Last year your organization received the welfare exemption for all or part of the property listed above. To continue receiving the exemption for this location, you **must** complete, sign and return this claim form to the Assessor. **A separate claim form is required for each location.** If you wish to receive the exemption on property at locations for which you have not received or filed a claim form, contact the Assessor immediately.

The Assessor may ask for additional information. If you do not provide such information, it will result in denial of your claim for exemption.

Carefully read the information on the reverse before completing. All questions must be answered. If the answer to any question is "Yes," explain in "Remarks" or on an attachment in duplicate. Contact the Assessor immediately if special forms are needed to complete this application.

If you no longer seek an exemption at this location, check here ☐, sign and return this form to the Assessor.

YES	NO	Since January 1, last year:
☐	☐	1. Has the use on any portion of the property that received an exemption last year changed?
☐	☐	2. Is any portion of this property being used for exempt purposes that was not being used in that 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 fundraising purposes? (NOTE: Thrift stores which are part of a planned, formal rehabilitation program may be exempt if form BOE-267-R is filed with this claim.)
☐	☐	5. Is any portion of the property used for living quarters (other than low income housing or housing for the elderly or handicapped listed under questions 6 or 7)? If **yes,** and you claim exemption for this portion, submit documentation including the occupant's position or role in the organization including a statement indicating that the housing continues to be used for organization's exempt purpose *(see Housing on reverse)* or, if living quarters associated with a rehabilitation program, submit BOE-267-R.
☐	☐	6. Is this property used as low income housing? If **yes,** form BOE-267-L must be submitted. If this property is owned by a limited partnership, form BOE-267-L1 must also be submitted. Additionally, if this property is owned by a limited partnership and the partnership agreement has been amended, please submit a copy of the certified Secretary of State form LP-2 with this claim and mail a copy to the State Board of Equalization, Property and Special Taxes Department, Assessment Policy and Standards Division, P.O. Box 942879, Sacramento, CA 94279-0064. ☐ Check here if copy sent.
☐	☐	7. Is this property used as a facility for the elderly or handicapped? If **yes,** form BOE-267-H must be submitted unless care or services are provided or the property is financed by the federal government under sections 202, 231, 236, or 811 of the Federal Public Laws.
☐	☐	8. Do other persons or organizations use any of this property? If **yes,** list them. *(See Owner/Operator on reverse.)*
☐	☐	9. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If **yes,** see *"Unrelated Income"* on the reverse.
☐	☐	10. Have the organization's income and/or expenses increased by more than 25 percent since last year? If **yes,** attach a copy of your most recent and the prior year's complete financial statements.
☐	☐	11. Is there any equipment or property at this location that is leased or rented to the claimant? If **yes,** provide the owner's name and address and a description of the property. This property is taxable as it is not owned by the claimant.
☐	☐	12. Does your organization have a valid *Organizational Clearance Certificate* (OCC) issued by the State Board of Equalization? If **yes,** enter OCC No. _____ and date issued _____.

REMARKS *(attach separate sheet if necessary)*

NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION *(please print)* | DAYTIME PHONE NO. ( )

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

CLAIMANT'S SIGNATURE | TITLE | DATE

ASSESSOR'S USE ONLY

RECEIVED ON | REVIEWER'S NAME | REVIEWED ON

Approved: ☐ ALL ☐ PART ☐ Denied Reason(s) for Denial:

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

SAMPLE

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.

SIGNATURE

An officer or duly authorized organization 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 operated the property, only one claim need be signed and filed with the Assessor.

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 subject 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** section 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.

SAMPLE

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.**)

ORGANIZATIONAL CLEARANCE CERTIFICATE

According to statutory provisions, effective January 1, 2004, 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 916-445-3524.

ASSESSOR'S USE ONLY

ASSESSED VALUES

Please supply total assessed values whether or not an exemption is allowed.

ITEM	TOTAL ASSESSED VALUE OF:				EXEMPTION ALLOWED ON:			
	LAND	IMP	PERS. PROP	TOTAL	LAND	IMP	PERS. PROP	TOTAL

OTHER EXEMPTIONS—If another exemption, such as the church, religious, etc., was allowed this year on a portion of the property described in the claim, please provide the type and amount of the exemption: _____ *(type)* $ _____ *(amount)*

By _____ *(Assessor or designee)* _____ *(date)*

BOE-267-FIR (8-04)

WELFARE EXEMPTION
ASSESSOR'S FIELD INSPECTION REPORT

☐ REGULAR ASSESSMENT
☐ SUPPLEMENTAL ASSESSMENT

Information for Property No. _____ Year: _____

Name of organization _____

Address of ***this*** property _____
(street, city, zip code)

☐ Owner only ☐ Operator only ☐ Owner-Operator Date of last inspection of property _____

If claimant is owner, name of operator is _____

If claimant is operator, name of owner is _____

A. **Claimant is primarily:** *(check only one)* ☐ a. religious ☐ b. hospital ☐ c. scientific ☐ d. charitable

☐ e. other *(explain)* _____

B. **Use of property**

1. The **primary activity** the property is used for is: *(check only one)*

☐ a. administration ☐ e. fraternal and lodge meetings ☐ i. medical (not hospital)
☐ b. commercial ☐ f. fund raising ☐ j. recreational
☐ c. educational ☐ g. hospital ☐ k. rehabilitation
☐ d. farming ☐ h. housing ☐ l. informational
☐ m. other *(explain)* _____

2. **Other activities** the property is used for are: a. List letters used in B1 _____
b. Other *(explain)* _____

3. **All** or **part** (*write in all or part where applicable)* of the property is: a. leased or rented _____
b. vacant or unused _____ c. in excess of that reasonably necessary _____ d. used to house personnel whose presence is not institutionally necessary _____

C. **Operation of property for benefit of persons**

1. In your opinion are services and expenses excessive? ☐ Yes ☐ No
If answer is **yes**, explain: _____
2. In your opinion do operations enhance anyone's private gain? ☐ Yes ☐ No
If answer is **yes**, explain: _____
3. In your opinion is the claimant's proposed new capital investment, if any, necessary? ☐ Yes ☐ No
If answer is **no**, explain: _____

D. **Ownership of real property** (as of applicable **lien date**) is recorded in exact name of claimant ☐ Yes ☐ No
If answer is **no**, explain: _____
_____ Did owner file an exemption claim? ☐ Yes ☐ No

E. **Supplemental Assessment** (in claimant's name):

1. Date of change in ownership _____ Recorded ☐ Yes ☐ No
Ownership in name of claimant? _____
2. Date of completion of new construction _____
Explain what was constructed _____
3. Date put to exempt use _____ If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail _____
4. Notice: date mailed _____ ☐ Not mailed
5. Date claim for exemption from Supplemental Assessment was filed with Assessor _____
6. Date first installment of supplemental tax bill becomes (became) delinquent _____

F. **A claim for welfare exemption on this property:** a. was filed last year ☐ Yes ☐ No b. is new this year ☐ Yes ☐ No
c. was filed on property located at _____ last year.
(give complete address including zip code)

G. **Recommendation:** a. Approval _____ *(all)* b. Denial _____ *(part)* _____ *(all)*

Reason for denial **(if partial denial, identify specific area to be denied)** _____

_____

Date _____ Inspection for _____, Assessor

By _____, Designee

SAMPLE

WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING — LOWER-INCOME HOUSEHOLDS (LIMITED PARTNERSHIP)

ELIGIBILITY BASED ON FAMILY HOUSEHOLD INCOME

LIMITED PARTNERSHIPS

This affidavit is required under the provisions of sections 214(g), 214.15, 251, and 254.5 of the Revenue and Taxation Code for those organizations where the income of the occupants must not exceed certain limits.

This affidavit supplements the claim for welfare exemption and must be filed with the Assessor by February 15. If you do not complete and file this form, you may be denied the exemption.

As a prerequisite to the allowance of the welfare exemption, the nonprofit organization that is the managing general partner of the limited partnership must qualify for an *Organizational Clearance Certificate* (BOE-277-OC) from the Board of Equalization (see Line 4). In addition, nonprofit organizations seeking exemption on low-income housing owned and operated by a limited partnership in which the organization is the managing general partner must qualify for a *Supplemental Clearance Certificate for Managing General Partner* (BOE-277-SCC) for each property location.

_____ states:
(name of person making affidavit)

1. He/She is _____
(title, such as president, etc.)

2. of the _____,
(corporate or organization name)

3. the corporate identification number of which is _____,

4. the organization has an *Organizational Clearance Certificate* issued by the State Board of Equalization. ☐ Yes ☐ No
If yes, provide Certificate No. _____. If no, please check applicable box below:

   ☐ An application for the BOE *Organizational Clearance Certificate* has been filed, but certificate has not yet been issued, or

   ☐ An application for the BOE *Organizational Clearance Certificate* has not yet been filed. *(Contact the Board at 916-445-3524 to request an application form, BOE-277.)*

5. which was admitted into the partnership as the managing general partner on _____,
(give complete date)

6. the mailing address of which is _____,
(give complete address including zip code)

7. the name of the Limited Partnership that owns and operates the property of which is _____

   _____,

8. for the property located at _____,
(give complete address including zip code)

9. acquired by the partnership on _____,
(give complete date)

10. the managing general partner has a *Supplemental Clearance Certificate for Managing General Partner* issued by the State Board of Equalization for this limited partnership and property location.

    ☐ Yes ☐ No If **yes**, provide Certificate No. _____ and attach copy if you are filing on this property for the first time (BOE-267). If **no**, please check applicable box below:

    ☐ An application for the *Supplemental Clearance Certificate for Managing General Partner* has been filed, but a certificate has not yet been issued, or

    ☐ An application for the *Supplemental Clearance Certificate for Managing General Partner* has not yet been filed. *(Contact the Board Assessment Policy and Standards Division at 916-445-3524 to request an application form BOE-277-L1.)*

    If you are filing this affidavit with an annual claim (form BOE-267-A), you are not required to provide the certificate number or a copy of the Supplemental Clearance Certificate.

SAMPLE

11. That he or she makes this affidavit on behalf of this organization in support of a claim for exemption for the _____ - _____ fiscal year and certifies that on the lien date, or as of the date the property was acquired if after the lien date, or as of the date that the nonprofit corporation was admitted into partnership as the managing general partner, of the fiscal year for which exemption is claimed (check either A or B below):

A. ☐ (1) the limited partnership agreement provides for, and the organization as the managing general partner subject to the rights of the partners, has control over the business, assets and affairs of the partnership, and manages the day-to-day operations of the partnership, and participates in major management decisions of the partnership;

(2) the limited partnership agreement provides for and the organization as the managing general partner has two or more of the following specific partnership management duties: (i) execute and deliver all partnership documents on behalf of the partnership; (ii) acquire, hold, assign or dispose of property or any interest in property; (iii) borrow money on behalf of the partnership, encumber partnership assets, place title in the name of nominee to obtain financing; (iv) prepay in whole or in part, refinance, increase, modify or extend any obligation; (v) pay organizational expenses incurred in the creation of the partnership and all operational expenses; (vi) determine the amount and timing of distributions; (vii) function as the federal and state tax matters partner; (viii) monitor compliance with all government regulations and file or supervise the filing of all required documents with governmental entities; (ix) prepare and/or supervise preparation of all reports required by the lender; (x) prepare or cause to be prepared all reports to be provided to the partners; (xi) coordinate all present and future development, construction or rehabilitation of projects; (xii) maintain the partnership books and records; (xiii) maintain the partnership bank account; (xiv) prepare the annual partnership budget; (xv) obtain and maintain all required insurance coverage; (xvi) establish and maintain all required reserves; (xvii) enforce all contracts, including any agreements with property management firms; (xviii) employ at partnership expense all persons necessary for operation of the partnership business, including the property management agent, auditors, attorneys and other professionals rendering service to the partnership; and (xix) manage the property, rental of units, maintenance and repair; and

(3) the limited partnership agreement, if it contains a delegation of authority clause, provides either that the managing general partner may not delegate any of its partnership management duties, or that the managing general partner may delegate certain of its powers, rights, and obligations to persons who, under its supervision, may perform such acts or services for the partnership as the managing general partner may approve, provided that such delegation does not excuse the managing general partner from overseeing and supervising on an ongoing basis the activities being delegated.

OR

B. ☐ the limited partnership agreement does not provide for authority and management duties for the managing general partner and/or the managing general partner has no authority or management duties, as indicated in (1) and (2) above; and/or, on the lien date, or as of the date the property was acquired if after the lien date, or as of the date that the nonprofit corporation was admitted into partnership as the managing general partner, of the fiscal year for which exemption is claimed, the limited partnership agreement, if it contains a delegation of authority clause, does not provide limitations on the managing general partner's authority to delegate, as indicated in (3), above.

SAMPLE

List any changes in the General Partners since the last filing, or if no changes, state "none."* _____

_____

_____

*Claimants filing an annual claim for a property already receiving the exemption (form BOE-267-A) should mail a copy of the Secretary of State form LP-2, *Amendment to Certificate of Limited Partnership,* if the certificate of limited partnership has been amended since the filing of the prior year's claim, to the State Board of Equalization, Property and Special Taxes Department, Assessment Policy and Standards Division, PO Box 942879, MIC:64, Sacramento, CA 94279-0064.

☐ Check here if copy sent.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING AFFIDAVIT	DAYTIME PHONE NUMBER	DATE
✍	( )	

THIS AFFIDAVIT IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION

Welfare Exemption claims and supporting documents are subject to audit by the Board of Equalization and by the Assessor.

CLAIM FOR VETERANS' ORGANIZATION EXEMPTION

EXEMPTION FROM PROPERTY TAXES UNDER SECTIONS 4(b) AND 5 OF ARTICLE XIII OF THE CONSTITUTION OF THE STATE OF CALIFORNIA AND SECTIONS 215.1 AND 259.7 OF THE REVENUE AND TAXATION CODE

(See also sections 214.01, 214.8, 215.2, 251, 254, 254.5, 254.6, 255, 260, 261, 270, and 271 of the Revenue and Taxation Code.)

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.

(Read instructions carefully before preparing claim and supporting schedules.)

Please check one: ☐ Organization is filing for exemption for the first time in county.

☐ Organization is already receiving exemption for another property in county, organization is seeking exemption on added location.

_____ states:
(name of person making claim)

1. That as _____
(title, such as president, commander, etc.)
2. of the _____
*(corporate name **from articles** if incorporated)*
3. the corporate identification number of which, if any, is _____
(if none, enter "none")
4. the organization has an Organizational Clearance Certificate issued by the State Board of Equalization. ☐ Yes ☐ No
If **yes**, provide Certificate No. _____ and attach copy if filing for the first time in the county. If **no**, please check applicable box below:
   ☐ An application for the BOE Organizational Clearance Certificate has been filed, but a certificate has not yet been issued, or
   ☐ An application for the BOE Organizational Clearance Certificate has not yet been filed (*contact the Board at 916-445-3524 to request an application form, BOE-279).*
5. the address of which is _____ ;
(give complete address including zip code)
6. that this claim for veterans' organization exemption is made on behalf of this organization for the 20 _____ – 20 _____ fiscal year *(carefully follow instructions for the year to be entered here);*
7. that the property is owned by a veterans' organization which has been chartered by the Congress of the United States;
8. that the property is used for the actual operation of the charitable activity;
9. that the property is not used or operated by the owner or by any other person so as to benefit any officer, trustee, director, shareholder, member, employee, contributor, or bondholder of the owner or operator, or any other person, through the distribution of profits, payment of excessive charges or compensations, or the more advantageous pursuit of their business or profession;
10. that the property is **not used by the owners or members for fraternal or lodge purposes**, or for social club purposes except where such use is clearly incidental to a primary religious, hospital, scientific, or charitable purpose.

NOTE: If the owner and operator of the property are not the same, each must execute a separate claim.

SAMPLE

FOR ASSESSOR'S USE ONLY

Received by _____
(assessor's designee)

of _____ on _____
(county or city) *(date)*

Whom should we contact during normal business hours for additional information?

NAME _____

DAYTIME TELEPHONE ( ) _____ EMAIL ADDRESS _____

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM _____ DATE _____

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

11. Address of this property _____
(street, city, state, zip code)

12. **Description of Property and Property Use:**

(a) If seeking exemption on Land, provide the following:
(a) (1) Legal description or map book, page, and parcel number from the most recent tax statement _____

_____

(a) (2) Area in acres or square feet _____

(a) (3) Primary and incidental use of the property described _____

_____

_____

(b) If seeking exemption on Buildings or Improvements, please provide the following:

(b) (1) Bldg # or name, # floors, # rooms, type of construction _____

(b) (2) state the primary and incidental use of the property described _____

(c) *Personal property is exempt under Revenue and Taxation Code section 215, and it is not necessary to list personal property owned by the organization.*

13. **Owner and operator** *(carefully check applicable boxes)*

Claimant is: ☐ owner and operator ☐ owner only ☐ operator only and claims exemption on all ☐ land ☐ buildings and improvements listed above. List the name of the organization which owns or operates the property **other than the claimant**: _____

_____

14. **Leased or rented** (since January 1 of prior year)

(a) Is any portion of the property indicated in 12 above rented, leased, or being used or operated part time or full time by some other person or organization? ☐ Yes ☐ No If **yes**, describe that portion and its use and attach a copy of any agreement; list amount received by claimant: _____

_____

(b) Is any equipment or other property at this location being leased, rented, or consigned from someone else?

☐ Yes ☐ No If **yes**, equipment and other property at this location that is being leased, rented, or consigned to the claimant, please list the name and address of lessor or consignor and the quantity and description of property and attach to claim. Property listed is not subject to the exemption and will be assessed by the Assessor if owned by a taxable entity.

15. **Sale of personal property** (since January 1 of prior year)

Is any portion of the property indicated in 12 above used to operate a **store, thrift shop, restaurant, bar,** or other facility making **sales** to members or to the general public? ☐ Yes ☐ No If **yes**, list hours per week the business is operated and describe nature of articles sold: _____

_____

16. **Expansion**

Do you contemplate any capital investment in the property within the next year? ☐ Yes ☐ No If **yes**, explain:

_____

_____

17. **Financial statements relating exclusively to this property location.**
Attach to this claim a copy of your ***operating statement (income, expenses)*** **and** ***balance sheet (assets, liabilities)*** for the calendar or fiscal year immediately preceding the claim year.

SAMPLE

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

GENERAL INFORMATION

FILING OF CLAIM

A claim 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 the 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.

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. Not establishing the fact of such recordation constitutes a **waiver** of the exemption.

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.

FISCAL YEAR

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 2004 would enter "2004-2005" on line 4 of the claim; a "2003-2004" entry on a claim filed in February 2004 would signify that a late claim was being filed for the preceding fiscal year.

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.

SAMPLE

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.** If you do not answer all the questions, your claim may be denied. Leave no blanks; use "no," "none," or "not applicable" where needed.

The Constitution and statutes of the State of California require that the owner, and also the operator if other than the owner, meet certain requirements. In responding to the questions set forth on the claim, the details and activities since January 1 of the prior year should be considered.

Line 12. (a)(1) Enter the legal description or map book, page, and **parcel number.** Use additional sheets if necessary. Line (a)(2): Indicate the area and the unit of measurement used. Line (a)(3): List the primary use which should qualify the property for exemption and 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. Line (b)(2): List the primary use and 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 13. 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 14. (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 15. 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 16. If the answer is yes, describe the type of investment contemplated and the reasons that make such expansion necessary.

Line 17. 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.***

SAMPLE

BOE-269-FIR (8-04)

VETERANS' ORGANIZATION EXEMPTION ASSESSOR'S FIELD INSPECTION REPORT

☐ REGULAR ASSESSMENT
☐ SUPPLEMENTAL ASSESSMENT

Information for Property No. _____ Year: _____

Name of organization _____

Address of ***this*** property _____
(street, city, zip code)

☐ Owner only ☐ Operator only ☐ Owner-Operator Date of last inspection of property _____

If claimant is owner, name of operator is _____

If claimant is operator, name of owner is _____

A. **Claimant is primarily:**
(check only one) ☐ a. charitable ☐ b. other _____

B. **Use of property**
1. The **primary activity** the property is used for is: *(check only one)*

☐ a. administration ☐ e. fraternal and lodge meetings ☐ i. medical (not hospital)
☐ b. commercial ☐ f. fund raising ☐ j. recreational
☐ c. educational ☐ g. hospital ☐ k. rehabilitation
☐ d. farming ☐ h. housing ☐ l. informational
☐ m. other *(explain)* _____

2. **Other activities** the property is used for are: a. List letters used in B1 _____
b. Other*(explain)* _____
3. **All** or **part** *(write in all or part where applicable)* of the property is: a. leased or rented _____
b. vacant or unused _____ c. in excess of that reasonably necessary _____ d. used to house personnel whose presence is not institutionally necessary _____

C. **Operation of property for benefit of persons**
1. In your opinion are services and expenses excessive? ☐ Yes ☐ No
If answer is **yes**, explain: _____
2. In your opinion do operations enhance anyone's private gain? ☐ Yes ☐ No
If answer is **yes**, explain: _____
3. In your opinion is the claimant's proposed new capital investment, if any, necessary? ☐ Yes ☐ No
If answer is **no**, explain: _____

D. **Ownership of real property** (as of applicable **lien date**) is recorded in exact name of claimant ☐ Yes ☐ No
If answer is **no**, explain: _____
_____ Did owner file an exemption claim? ☐ Yes ☐ No

E. **Supplemental Assessment** (in claimant's name):
1. Date of change in ownership _____ Recorded ☐ Yes ☐ No
Ownership in name of claimant? _____
2. Date of completion of new construction _____
Explain what was constructed _____
3. Date put to exempt use _____ If only a portion of the property is put to an exempt use, describe exempt and nonexempt portions in detail _____
4. Notice: date mailed _____ ☐ Not mailed
5. Date claim for exemption from Supplemental Assessment was filed with Assessor _____
6. Date first installment of supplemental tax bill becomes (became) delinquent _____

F. **A claim for veterans' organization exemption on *this* property:**
1. was filed last year ☐ Yes ☐ No 2. is new this year ☐ Yes ☐ No
3. was not filed last year, but claimed on another property located at _____ last year.
(give complete address including zip code)

G. **Recommendation:** a. Approval _____ *(all)* b. Denial _____ *(part)* _____ *(all)*
Reason for denial *(if partial denial, identify specific area to be denied)* _____
_____

Date _____ Inspection for _____, Assessor
By _____, Designee

SAMPLE

BOE-277 (FRONT) REV. 1 (8-04)

STATE OF CALIFORNIA
BOARD OF EQUALIZATION

CLAIM FOR ORGANIZATIONAL CLEARANCE CERTIFICATE – WELFARE EXEMPTION

(SEE SECTION 254.6 OF THE REVENUE AND TAXATION CODE)

This form must be completed and filed with the Assessment Policy and Standards Division, Board of Equalization, P.O. Box 942879, Sacramento, California 94279-0064.

_____ states:
(name of person making claim)

1. That as _____
(title, such as president, etc.)
2. of the _____,
(corporate name from articles if incorporated)
3. the corporate identification number of which, if any, is _____,
(if none, enter "none")
4. the mailing address of which is _____;
(give complete address including zip code)
5. that I make this claim for an *Organizational Clearance Certificate* on behalf of this organization for the 20 _____ -20 _____ fiscal year *(carefully follow instructions for the year to be entered here);*
6. that the owner is not organized or operated for profit;
7. that no part of the net earnings of the owner inures to the benefit of any private shareholder or individual;
8. Organizational documents *(attach a copy of organizational documents as indicated below)*

(a) Corporations

(1) Date of incorporation _____ (2) Date or dates of all amendments to the articles of incorporation
(date filed with Secretary of State)

_____

Attach a copy of the articles of incorporation and each amendment, if any, certified by the Secretary of State.

(a)(3) Is the nonprofit corporation a managing general partner of a Limited Partnership? ☐ Yes ☐ No If **yes**, please submit form BOE-277-L1 and a copy of the certified Secretary of State form LP-1 for each limited partnership.

(b) Non-corporations

(1) Date of organization _____ (2) Date or dates of all amendments to the constitution, trust
(date filed with Secretary of State)
instrument, or other document evidencing nature of organization _____

Attach a copy of the constitution, trust instrument, etc., and each amendment (if any).

9. Activities
State fully all activities in which the organization is engaged *(include all activities since January 1 of prior year and provide documentation describing activities)*: _____

_____

_____

10. Indebtedness
Has the organization any outstanding bonds, debentures, promissory notes, or other evidence of indebtedness issued for its overall operation? ☐ Yes ☐ No If **yes**, give specific details as to type and terms of such indebtedness and to whom owing:

_____

_____

11. Financial statements of the organization for each calendar or fiscal year beginning with the year immediately preceding the claim year.
Attach to this claim a copy of your operating statement (income, expenses) and balance sheet (assets, liabilities) for the calendar or fiscal year immediately preceding the claim year.
12. Is the organization exempt from state franchise or income tax under the provisions of section 23701d of the Revenue and Taxation Code or exempt from federal income tax under the provisions of section 501(c)(3) of the Internal Revenue Code? ☐ Yes ☐ No
If **yes**, attach a copy of the letter evidencing the exemption. *If no, the organization is **not** eligible for the organizational clearance certificate unless it is a volunteer fire department or public facility financing corporation which is exempt under section 23701f of the Revenue and Taxation Code or 501(c)(4) of the Internal Revenue Code.*
13. Salaries
Is the salary paid to any individual in excess of $1,500 weekly or $78,000 annually? ☐ Yes ☐ No
If **yes**, *list each of the top five positions with their salaries* _____

_____

NOTE: As a prerequisite to the allowance of the welfare exemption, an organization must receive an Organizational Clearance Certificate from the Board of Equalization.

Whom should we contact during normal business hours for additional information?

NAME		
DAYTIME PHONE NUMBER ( )	WEBSITE ADDRESS	E-MAIL ADDRESS

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	DATE

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

SAMPLE

INSTRUCTIONS FOR FILING A CLAIM FOR AN ORGANIZATIONAL CLEARANCE CERTIFICATE – WELFARE EXEMPTION

(SEE SECTION 254.6 OF THE REVENUE AND TAXATION CODE)

ORGANIZATIONAL CLEARANCE CERTIFICATE

An organization that intends to claim the welfare 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 a welfare exemption 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.

FILING OF CLAIM

Claims for the *Organizational Clearance Certificate* must be signed and filed with the Board's Assessment Policy and Standards Division's Exemption Section at the address listed on the front of this claim form. If you have any questions, you may contact the Exemption Section at 916-445-3524. Each claim must contain supporting documents **including financial statements.**

An officer or duly authorized representative of the organization must sign the claim.

A copy of the claim and supporting documents should be retained by the organization.

All questions must be answered. If you do not answer all questions, it may result in denial of the *Organizational Clearance Certificate.* Leave no blanks; use "no," "none," or "not applicable" where needed.

The Constitution and statutes of the State of California require that the organization meet certain requirements. In responding to the questions set forth on the claim, the details and activities of the organization since January 1 of the prior year should be considered and not the details of any property owned or operated by the organization.

Line 5. The initial fiscal year for which the *Organizational Clearance Certificate* 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 claim for an *Organizational Clearance Certificate* in February 2004 would enter "2004-2005" on line four of the claim; a "2003-2004" entry on a claim filed in February 2004 would signify that a claim was being filed for the preceding fiscal year. If the initial fiscal year for which the *Organizational Clearance Certificate* is sought is for a previous year, only one claim form is required. It is not necessary to file a separate claim for each fiscal year. *(See instructions for line 11.)*

Line 8. An organization **must** attach a copy of the Articles of Incorporation and any amendments thereto certified by the Secretary of State, or comparable instrument for unincorporated organizations.

If the corporation is a managing general partner of a Limited Partnership, please submit form BOE-267-L1 and a copy of the certified Secretary of State form LP-1 for each limited partnership. An *Organizational Clearance Certificate* cannot be issued without the Board's receipt of these documents.

Line 9. State briefly **all of the activities** in which the organization is currently engaged since January 1 of the prior year. *Do not copy a statement of purposes from the articles of incorporation or comparable instrument.* List the primary activity first. *(Attach copy of documentation describing activities of organization—for example, pamphlets, brochures, calendar of events.)*

Line 10. If the answer is yes, list the type of obligations (such as bonds, notes, etc.), the amounts of the obligations, the payment terms, and names of creditors. Use a separate schedule if necessary.

Line 11. In submitting the financial statements (balance sheet and operating statement) of the organization, the complete financial transactions of the organization should be included. If the nature of any item of income or disbursement is not clear from the account name, further explanation indicating the nature of the account should be appended. Line 5 identifies the initial fiscal year for which the *Organizational Clearance Certificate* is sought. Please submit financial statements for **each year** beginning from the year immediately preceding the fiscal year first claimed.

Line 12. An organization filing a claim for an *Organizational Clearance Certificate* **must** attach a copy of the letter evidencing the exemption from state franchise or income tax or a copy of the letter evidencing the exemption from federal income tax. **If the letter provided has subsequently been revoked, attach a copy of the letter stating that fact.**

Line 13. Give title of position (do not list names of position holders) and weekly or annual salary, commissions, or percentage payments.

ADDITIONAL INFORMATION

The organization must furnish additional information to the Board of Equalization (Board), if requested. The Board may institute an audit or verification of the operations of the organization to determine whether the organization meets the requirements of Revenue and Taxation Code section 214.

SAMPLE

CLAIM FOR SUPPLEMENTAL CLEARANCE CERTIFICATE FOR MANAGING GENERAL PARTNER

STATE OF CALIFORNIA
BOARD OF EQUALIZATION

LOW INCOME HOUSING—MANAGING GENERAL PARTNER

This form must be completed and filed with the Assessment Policy and Standards Division, Board of Equalization, PO Box 942879, Sacramento, California 94279-0064. (If you have any questions, you may contact the Exemption Section at 916-445-3524.)

This affidavit is required under the provisions of sections 214(g), 214.15, 251, and 254.6 of the Revenue and Taxation Code for those organizations where the nonprofit organization is the managing general partner of low income housing property.

This affidavit supplements the claim for an *Organizational Clearance Certificate for Welfare Exemption* (BOE-277) or *Periodic Filing for Organizational Clearance Certificate—Welfare and Veterans' Organization Exemption* (BOE-277-P) and must be filed with the Board.

As a prerequisite to the allowance of the welfare exemption, the nonprofit organization that is the managing general partner of the limited partnership must qualify for an *Organizational Clearance Certificate* (BOE-277-OC) from the Board of Equalization (see line 4). In addition, nonprofit organizations seeking exemption on low-income housing owned and operated by a limited partnership in which the organization is the managing general partner must qualify for a *Supplemental Clearance Certificate for Managing General Partner* (BOE-277-SCC) for each property location.

Please check one:

☐ Organization is filing supplemental claim with BOE-277, *Claim for Organizational Clearance Certificate—Welfare Exemption.* (The organization does not currently hold an *Organizational Clearance Certificate* or *Supplemental Clearance Certificate for Managing General Partner.)*

☐ Organization currently holds an *Organizational Clearance Certificate* (OCC), and Organization is filing supplemental claim in order to be issued a *Supplemental Clearance Certificate for Managing General Partner* (SCC) on this limited partnership property.

☐ Organization is filing supplemental claim with BOE-277-P, *Periodic Filing for Organizational Clearance Certificate—Welfare or Veterans' Organization Exemption.* (The organization has an OCC and an SCC has been issued on this property.) Board issued SCC No. is _____ .

_____ states:
(name of person making affidavit)

1. He/She is _____
(title, such as president, etc.)

2. of the _____,
(corporate or organization name – nonprofit managing general partner)

3. the corporate identification number of which is _____

4. the organization has an *Organizational Clearance Certificate* issued by the State Board of Equalization. ☐ Yes ☐ No

   If yes, provide certificate no. _____ . If no, please check applicable box below:

   ☐ An application for the BOE *Organizational Clearance Certificate* has been filed, but a certificate has not yet been issued, or

   ☐ An application for the BOE *Organizational Clearance Certificate* is attached.

5. which was admitted into the partnership as the managing general partner on _____,
(give complete date)

6. the mailing address of which is _____,
(give complete address including zip code)

7. the name of the limited partnership that owns and operates the property of which is _____

   _____,

8. for the property located at _____,
(give complete address including zip code)

SAMPLE

9. acquired by the partnership on _____,
(give complete date)

10. That he or she makes this affidavit on behalf of this organization in support of a claim for a *Supplemental Clearance Certificate for Managing General Partner* for the _____ - _____ fiscal year and certifies under penalty of perjury that the following conditions apply:

A. There is an enforceable and verifiable agreement with a pubic agency or a recorded deed restriction that restricts the project's usage and that provides that the units designated for use by lower-income households are continuously available to or occupied by lower-income households at rents that do not exceed those prescribed by section 50053 of the Health and Safety Code, or, to the extent that the terms of federal, state, or local financing or financial assistance conflicts with section 50053, rents do not exceed those prescribed by the terms of the financing or financial assistance. Please check the document that applies to this property:

☐ Enforceable and verifiable agreement with a public agency

☐ Recorded deed restriction

B. The funds which would have been necessary to pay property taxes are used to maintain the affordability of, or reduce rents otherwise necessary for, the units occupied by lower-income households, and

C. At least one of the following criteria is applicable *(check one):*

☐ (1) The acquisition, rehabilitation, development, or operation of the property, or any combination of these factors, is financed with tax exempt mortgage revenue bonds or general obligation bonds, or is financed by local, state, or federal loans or grants and the rents of the occupants who are lower-income households do not exceed those prescribed by deed restrictions or regulatory agreements pursuant to the terms of the financing or financial assistance. [section 214(g)(1)(A)]

☐ (2) The owner of the property is eligible for and receives low-income housing tax credits according to section 42 of the Internal Revenue Code of 1986, as added by Public Law 99-514. [section 214(g)(1)(B)]

If you have not previously filed a claim for a Supplemental Clearance Certificate for Managing General Partner on this property, please provide a copy of a regulatory agreement with a public agency, or a copy of a recorded deed restriction which verifies the receipt of federal tax credits or government financing, as specified, for the property location indicated above, with this claim.

11. That he or she makes this affidavit on behalf of this organization in support of a claim for exemption for the _____ - _____ fiscal year and certifies that on the lien date, or as of the date the property was acquired if after the lien date, or as of the date that the nonprofit corporation was admitted into partnership as the managing general partner, of the fiscal year for which exemption is claimed (check either A or B below):

A. ☐ (1) the limited partnership agreement provides for, and the organization as the managing general partner subject to the rights of the partners, has control over the business, assets, and affairs of the partnership, and manages the day-to-day operations of the partnership, and participates in major management decisions of the partnership;

(2) the limited partnership agreement provides for and the organization as the managing general partner has two or more of the following specific partnership management duties: (i) execute and deliver all partnership documents on behalf of the partnership; (ii) acquire, hold, assign or dispose of property or any interest in property; (iii) borrow money on behalf of the partnership, encumber partnership assets, place title in the name of nominee to obtain financing; (iv) prepay in whole or in part, refinance, increase, modify or extend any obligation; (v) pay organizational expenses incurred in the creation of the partnership and all operational expenses; (vi) determine the amount and timing of distributions; (vii) function as the federal and state tax matters partner; (viii) monitor compliance with all government regulations and file or supervise the filing of all required documents with governmental entities; (ix) prepare and/or supervise preparation of all reports required by the lender; (x) prepare or cause to be prepared all reports to be provided to the partners; (xi) coordinate all present and future development, construction or rehabilitation of projects; (xii) maintain the partnership books and records; (xiii) maintain the partnership bank account; (xiv) prepare the annual partnership budget; (xv) obtain and maintain all required insurance coverage; (xvi) establish and maintain all required reserves; (xvii) enforce all contracts, including any agreements with property management firms; (xviii) employ at partnership expense all persons necessary for operation of the partnership business, including the property management agent, auditors, attorneys and other professionals rendering service to the partnership; and (xix) manage the property, rental of units, maintenance and repair; and

(3) the limited partnership agreement, if it contains a delegation of authority clause, provides either that the managing general partner may not delegate any of its partnership management duties, or that the managing general partner may delegate certain of its powers, rights, and obligations to persons who, under its supervision, may perform such acts or services for the partnership as the managing general partner may approve, provided that such delegation does not excuse the managing general partner from overseeing and supervising on an ongoing basis the activities being delegated.

SAMPLE

OR

B. ☐ the limited partnership agreement does not provide for authority and management duties for the managing general partner and/or the managing general partner has no authority or management duties, as indicated in (1) and (2) above; and/or, on the lien date, or as of the date the property was acquired if after the lien date, or as of the date that the nonprofit corporation was admitted into partnership as the managing general partner, of the fiscal year for which exemption is claimed, the limited partnership agreement, if it contains a delegation of authority clause, does not provide limitations on the managing general partner's authority to delegate, as indicated in (3), above.

12. Provide the following information regarding the limited partnership:

A. Nonprofit organizations filing a claim for the *Supplemental Clearance Certificate for Managing General Partner* for the first time shall submit a copy of Secretary of State form LP-1, Certificate of Limited Partnership, and, if applicable, Secretary of State form LP-2, *Amendment to Certificate of Limited Partnership,* with this claim.

B. Limited partnerships that have already been issued a *Supplemental Clearance Certificate for Managing General Partner,* for the property location indicted on the front page of this form, and are filing this affidavit with a periodic claim form (BOE-277-P, *Periodic Filing for Organizational Clearance Certificate—Welfare or Veterans' Organization Exemption),* shall submit Secretary of State form LP-2, *Amendment to Certificate of Limited Partnership,* if the certificate of limited partnership has been amended since the last filing of this claim, with this claim.

C. List any substitutions in the General Partners since the last filing, or if no changes, state "none."

_____

_____

_____

SAMPLE

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING AFFIDAVIT	DAYTIME PHONE NUMBER	E-MAIL ADDRESS	DATE
	( )		

THIS AFFIDAVIT IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION

Welfare Exemption claims and supporting documents are subject to audit by the Board of Equalization and by the Assessor.

BOE-277-P (FRONT) REV. 1 (8-04)

STATE OF CALIFORNIA
BOARD OF EQUALIZATION

PERIODIC FILING FOR ORGANIZATIONAL CLEARANCE CERTIFICATE — WELFARE OR VETERANS' ORGANIZATION EXEMPTION

This form must be completed and filed with the Assessment Policy and Standards Division, Board of Equalization, P.O. Box 942879, Sacramento, California 94279-0064 by February 15, 20_____. Carefully read the information on reverse before completing.

Corporate Name and Mailing Address:

Organization Type and Filing Period:

BOE OCC No.:

Type:

Corporate I.D. No.:

Year last periodic claim form filed:

1. Organizational Documents

(a) Corporations

Have the organization's articles of incorporation been amended since the last filing? ☐ Yes ☐ No If **yes**, please submit a copy of the amendment certified by the Secretary of State.

(a-1) Is the nonprofit corporation a managing general partner of a limited partnership? ☐ Yes ☐ No If **yes**, please submit claim form BOE-277-L1, *Claim for Supplemental Clearance Certificate for Managing General Partner*, for each property location for which you hold a supplemental clearance certificate and you seek exemption from the assessor.

(b) Non-corporations

Have the organization's constitution, trust instrument or other document evidencing the nature of the organization, been amended since the last filing? ☐ Yes ☐ No If **yes**, please submit a copy of the amendment.

2. Tax Exemption Status

(a) Welfare Exempt Organizations

Is the organization exempt from state franchise or income tax under the provisions of section 23701d of the Revenue and Taxation Code or exempt from federal income tax under the provisions of section 501(c)(3) of the Internal Revenue Code? ☐ Yes ☐ No

Is the organization a volunteer fire department or public facility financing corporation that is exempt under section 23701f of the Revenue and Taxation Code or section 501(c)(4) of the Internal Revenue Code? ☐ Yes ☐ No

(b) Veterans' Organization Exemption

Is the organization exempt from state franchise or income tax under sections 23701f or 23701w of the Revenue and Taxation Code or exempt from federal income tax under sections 501(c)(4) or 501(c)(19) of the Internal Revenue Code? ☐ Yes ☐ No

3. Activities

State fully all activities in which the organization is engaged: _____

4. Indebtedness

Has the organization any outstanding bonds, debentures, promissory notes, or other evidence of indebtedness issued for its overall operation? ☐ Yes ☐ No If **yes**, provide specific details as to type and terms of such indebtedness and to whom owing.

5. Salaries

Is the rate of pay to any individual in excess of $1,500 weekly or $78,000 annually? ☐ Yes ☐ No If **yes**, list each of the top five positions with their rate of pay: _____

6. Financial Statements of the Organization

Attach to this claim a copy of your operating statement (income, expenses) and balance sheet (assets, liabilities) for the immediately preceding calendar or fiscal year.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that all the information submitted with this claim, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF CLAIMANT	DATE
PRINTED NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION	TITLE
TELEPHONE NO. AND/OR E-MAIL ADDRESS	WEBSITE ADDRESS

SAMPLE

INSTRUCTIONS FOR PERIODIC FILING FOR ORGANIZATIONAL CLEARANCE CERTIFICATE — WELFARE OR VETERANS' ORGANIZATION EXEMPTION

FILING OF CLAIM

A claim for the *Organizational Clearance Certificate* will be mailed to organizations on a periodic basis to verify and update information. The claim form must be completed, signed and filed with the Board, with supporting documents, to maintain eligibility for the certificate. An officer or duly authorized representative of the organization must sign the claim. A copy of the claim should be retained by the organization. All questions must be answered, leave no blanks; use "no," "none," or "not applicable" where needed. If you do not answer all questions, it may result in revocation of the *Organizational Clearance Certificate*. The claim must be sent to the Assessment Policy and Standards Division's Exemption Section at the address listed on the front of this claim form. If you have any questions, you may contact the Exemption Section at 916-445-3524.

The Constitution and statutes of the State of California require that the organization meet certain requirements. You are required to provide details and activities of the organization since the last filing of the periodic claim form in responding to the questions set forth on the claim. Please review the front of this claim form for the last year a claim was filed.

Question 1: An organization must attach a certified copy of any amendments to the Articles of Incorporation or comparable instrument for unincorporated organizations since January 1 of the year in which the last periodic claim was filed (see front sheet of claim form for year last filed).

If the corporation is the managing general partner of a Limited Partnership and the answer is yes, please submit a copy of the certified Secretary of State form LP-2.

Question 2: The organization submitted a tax exemption letter to the Board with the initial claim. If the tax exemption letter has subsequently been suspended or revoked, attach a copy of the letter stating that fact and reinstatement letter, if any.

Question 3: State briefly all of the organization's activities since January 1 of the year in which the last periodic claim was filed (see front sheet of claim form for the year last filed).

Question 4: If the answer is yes, list the type of obligations (such as bonds, notes, etc.), the amounts of the obligations, the payment terms, and names of creditors. Use a separate schedule if necessary.

Question 5: Give the title of the position (do not list names of position holders) and weekly or annual salary, commissions, or percentage payments.

6. **Financial Statements.** In submitting the financial statements (balance sheet and operating statement) of the organization, the complete financial transactions of the organization should be included. If the nature of any 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. If you do not submit financial statements, it may result in suspension or revocation of the *Organizational Clearance Certificate*.

SAMPLE

STATE OF CALIFORNIA
BOARD OF EQUALIZATION

CLAIM FOR ORGANIZATIONAL CLEARANCE CERTIFICATE – VETERANS' ORGANIZATION EXEMPTION

(SEE SECTION 254.6 OF THE REVENUE AND TAXATION CODE)

This form must be completed and filed with the Assessment Policy and Standards Division, Board of Equalization, P.O. Box 942879, Sacramento, California 94279-0064.

_____ states:
(name of person making claim)

1. That as _____
(title, such as president, commander, etc.)
2. of the _____
*(corporate name **from articles** if incorporated)*
3. the corporate identification number of which, if any, is _____,
(if none, enter "none")
4. the mailing address of which is _____;
(give complete address including zip code)
5. that this claim for an *Organizational Clearance Certificate* is made on behalf of this organization for the 20 _____ – 20 _____ fiscal year *(carefully follow instructions for the year to be entered here);*
6. that the owner is not organized or operated for profit;
7. that no part of the net earnings of the owner inures to the benefit of any private shareholder or individual;
8. that the claimant is a veterans' organization which has been chartered by the Congress of the United States;
9. Organizational Documents *(attach a copy of organizational documents as indicated below)* _____

   a. Corporations

   (1) Date of incorporation _____
   (date filed with Secretary of State)

   (2) Date or dates of all amendments to the articles of incorporation _____
   (date filed with Secretary of State)

   Attach a copy of the articles of incorporation and each amendment, if any, certified by the Secretary of State.

   b. Non-corporations

   (1) Date of organization _____ (2) Date or dates of all amendments to the constitution, trust instrument, or other document evidencing nature of organization _____

   Attach a copy of the constitution, trust instrument, etc., and each amendment (if any).
10. Activities

    State fully all activities in which the organization is engaged *(include all activities since January 1 of prior year and provide documentation describing activities)*: _____
11. Indebtedness

    Has the organization any outstanding bonds, debentures, promissory notes, or other evidence of indebtedness issued for its over-all operation?

    ☐ Yes ☐ No If **yes**, give specific details as to type and terms of such indebtedness and to whom owing: _____
12. Financial statements of the organization for each calendar or fiscal year beginning with the year immediately preceding the claim year

    Attach to this claim a copy of your operating statement (income, expenses) and balance sheet (assets, liabilities) for the calendar or fiscal year immediately preceding the claim year.
13. Is the organization exempt from state franchise or income tax under the provisions of section 23701f or 23701w of the Revenue and Taxation Code or exempt from federal income tax under the provisions of section 501(c)(4) or 501(c)(19) of the Internal Revenue Code? ☐ Yes ☐ No If **yes**, attach a copy of the letter evidencing the exemption.
14. Salaries

    Is the salary paid to any individual in excess of $1,500 weekly or $78,000 annually? ☐ Yes ☐ No If **yes**, *list each of the top five positions with their salaries* _____

* As a prerequisite to the allowance of the veterans' organization exemption, an organization must receive an *Organizational Clearance Certificate* from the Board of Equalization

Whom should we contact during normal business hours for additional information?

NAME		
DAYTIME PHONE NUMBER ( )	WEBSITE ADDRESS	E-MAIL ADDRESS

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	DATE

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

SAMPLE

INSTRUCTIONS FOR FILING A CLAIM FOR AN ORGANIZATIONAL CLEARANCE CERTIFICATE – VETERANS' ORGANIZATION EXEMPTION

(SEE SECTION 254.6 OF THE REVENUE & TAXATION CODE)

ORGANIZATIONAL CLEARANCE CERTIFICATE

An organization that intends to claim 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 veterans' organization exemption claim is field 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.

FILING OF CLAIM

A claim for the *Organizational Clearance Certificate* must be signed and filed with the Board's Assessment Policy and Standards Division's Exemption Section at the address listed on the front of this claim form. If you have any questions, you may contact the Exemption Section at 916-445-3524. Each claim must contain supporting documents **including financial statements.**

An officer or duly authorized representative of the organization must sign the claim.

A copy of the claim and supporting documents should be retained by the organization.

All questions must be answered. If you do not answer all questions, it may result in denial of the *Organizational Clearance Certificate*. Leave no blanks; use "no," "none," "not applicable."

The Constitution and statutes of the State of California require that the organization meet certain requirements. In responding to the questions set forth on the claim, the details and activities of the organization since January 1 of the prior year should be considered and not the details of any property owned or operated by the organization.

Line 5. Fiscal Year

The initial fiscal year for which the *Organizational Clearance Certificate* 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 claim for an *Organizational Clearance Certificate* in February 2004 would enter "2004-2005" on line 4 of the claim; a "2003-2004" entry on a claim filed in February 2004 would signify that a late claim was being filed for the preceding fiscal year. If the initial fiscal year for which the *Organizational Clearance Certificate* is sought for a previous year, only one claim form is required. It is not necessary to file a separate claim for each fiscal year. *(See instructions for line 12.)*

Line 9. A veteran's organization **must** attach a copy of the Articles of Incorporation and any amendments thereto certified by the Secretary of State, or comparable instrument for unincorporated organizations. An *Organizational Clearance Certificate* cannot be issued without the Board's receipt of these documents.

Line 10. State briefly all **of the activities** in which the organization is currently engaged (since January 1 of the prior year.) *Do not copy a statement of purposes from the articles of incorporation or comparable instrument.* **List the primary activity first.** *(Attach copy of documentation describing activities of organization—for example, pamphlets, brochures, calendar of events.)*

Line 11. If the answer is yes, list the type of obligations (such as bonds, notes, etc.), the amounts of the obligations, the payment terms, and names of creditors. Use a separate schedule if necessary.

Line 12. In submitting the financial statements (balance sheet and operating statement) of the organization, the complete financial transactions of the organization should be included. If the nature of any item of income or disbursement is not clear from the account name, further explanation indicating the nature of the account should be appended. Line 5 identifies the initial fiscal year for which the *Organizational Clearance Certificate* is sought. Please submit financial statements for **each year** beginning from the year immediately preceding the fiscal year first claimed.

Line 13. An organization filing a claim for an *Organizational Clearance Certificate* **must** attach **a copy** of the letter evidencing the exemption from state franchise or income tax, or **a copy** of the letter evidencing the exemption from federal income tax. **If the letter provided has subsequently been revoked, attach a copy of the letter stating that fact.**

Line 14. Give title of position *(do not list names of position holders)* and weekly or annual salary, commissions, or percentage payments.

ADDITIONAL INFORMATION

The organization must furnish additional information to the Board of Equalization (Board), if requested. The Board may institute an audit or verification of the operations of the organization to determine whether the organization meets the requirements of Revenue and Taxation Code section 214.

SAMPLE