VERIFICATION FOR CONTINUED ELIGIBILITY OF ORGANIZATIONAL CLEARANCE CERTIFICATE — WELFARE OR VETERANS' ORGANIZATION EXEMPTION

STATE OF CALIFORNIA
BOARD OF EQUALIZATION
www.boe.ca.gov

This form must be completed and filed with the Board of Equalization, County-Assessed Properties Division, PO Box 942879, Sacramento, CA 94279-0064.

Date of request: May 4, 2009

Return by: July 2, 2009 with form BOE-278-H

CORPORATE NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address)

BOE OCC No:

PURPOSE:
HOSPITAL

CORPORATE ID No:

DATE LAST CLAIM 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.

(b) NON-CORPORATIONS

Have the organization's constitution, trust instrument, articles of organization, 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

(1) 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

(2) 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 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.

Continued on reverse

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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.

POSITION	SALARY

6. FINANCIAL STATEMENTS

Attach to this claim a copy of your operating statement and balance sheet for the immediately preceding calendar or fiscal year.

7. LIMITED LIABILITY COMPANY

Complete this section if your organization is a limited liability company.

(a) IDENTIFICATION OF MEMBERS *If additional space is needed, attach a list.*

MEMBER NAME	OCC NUMBER (IF NONPROFIT)	☑ CLASSIFICATION OF MEMBER NONPROFIT	GOVERNMENT ENTITY
		☐	☐
		☐	☐
		☐	☐
		☐	☐

(b) Has the LLC's operating agreement been amended since the last filing?

☐ Yes ☐ No If **Yes**, please submit a copy of the amendment signed by all members of the LLC.

(c) Has the LLC filed any bi-annual statement of information since the last filing?

☐ Yes ☐ No If **Yes**, please submit a copy of each bi-annual filing certified by the Secretary of State.

NOTE: Please submit form BOE-278-H, Supplemental Reporting Form - Organizational Clearance Certificate Holders, Nonprofit Hospital Organizations, with this form. It is available in electronic fillable format at http://www.boe.ca.gov/proptaxes/pdf/boe278h.pdf

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
NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION *(typed or printed)*		TITLE
WEBSITE ADDRESS	TELEPHONE NUMBER ( )	E-MAIL ADDRESS

INSTRUCTIONS FOR VERIFICATION FOR CONTINUED ELIGIBILITY OF ORGANIZATIONAL CLEARANCE CERTIFICATE — WELFARE OR VETERANS' ORGANIZATION EXEMPTION

FILING OF CLAIM

This form was mailed to your organization to verify and update our information. The claim form must be completed, signed and filed with the Board, with supporting documents, to maintain eligibility for your *Organizational Clearance 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 the revocation of the *Organizational Clearance Certificate.* The claim must be sent to the County-Assessed Properties Division's Exemption Section at the address listed on page 1 of the 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 on activities of the organization since the last filing of the claim form. Please review page 1 of the form for the last date a claim was filed.

DATE LAST CLAIM FILED

This date is provided on page 1 of the claim form. Please use this date in determining which amendments to various documents must be submitted to the Board.

1. ORGANIZATIONAL DOCUMENTS
Attach a certified copy of any amendments to the articles of incorporation, or comparable instrument for unincorporated organizations, since the last date a claim was filed.

2. TAX EXEMPTION STATUS
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 a copy of the reinstatement letter, if any.

3. ACTIVITIES
State briefly all of the organization's activities since the last date a claim was filed.

4. INDEBTEDNESS
If the answer is **Yes**, list the type of obligations (such as bonds, notes, etc.), the amounts of the obligations, the payment terms, and the names of the creditors. Attach a separate schedule if necessary.

5. SALARIES
If the answer is **Yes**, list the titles of the positions (do not list the names of position holders) and the weekly or annual salary, commissions, or percentage payments.

6. FINANCIAL STATEMENTS
In submitting a copy of certified financials (balance sheet and operating statement) of the organization, the complete financial details of the organization should be included. If the nature of any item of income or expense is not clear from the account name, further information indicating the nature of the account should be appended. If you do not submit financial statements, it may result in the suspension or revocation of the *Organizational Clearance Certificate*.

7. LIMITED LIABILITY COMPANY

(a) IDENTIFICATION OF MEMBERS
An LLC must provide a list of its members with each corresponding *Organizational Clearance Certificate* number (government entities are not required to have an *Organizational Clearance Certificate*.) A limited liability company is a qualifying organization if wholly owned by tax-exempt nonprofit organization(s) qualified for the Welfare Exemption, or jointly owned by such organization and a government entity.

(b) OPERATING AGREEMENT AMENDMENT
If the operating agreement has been amended since the last claim was filed, provide a copy of the amended agreement which has been signed by all members of the LLC.

(c) BI-ANNUAL STATEMENT
If the LLC has filed any bi-annual statement of information since the last filing, provide a copy of each filing, certified by the Secretary of State.

THIS CLAIM IS SUBJECT TO AUDIT