# CLAIM FOR VETERANS' ORGANIZATION EXEMPTION

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



#### MERCED COUNTY

MATT H. MAY, ASSESSOR 2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

#### **IDENTIFICATION OF APPLICANT**

MAILING ADDRESS (NUMBER AND STREET)       Corporate name         CITY, STATE, ZIP CODE       Organization's         ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC) NUMBER       Organization's         Incorporation, incorporation, instrument, artigeting sheet issued by the Board.       Organization's         If you do not have an OCC, have you filed a claim for an OCC with the Board?       Yes       No         If No, see instructions for obtaining an OCC.       PRIOR YEAR FILINGS       If Yes, state latest yee         Exact name of organization under which filed:	Corporate name Corporate name Corporation's formative document (amendment to articles contincorporation, constitution, trues instrument, articles of organization (res, state latest year filed: ZIP CODE CODE CAR OF CLAIM TRUCTIONS) 20 20
CITY, STATE, ZIP CODE  ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC) NUMBER  ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC) NUMBER  Incorporation, Instrument, att  finding sheet issued by the Board.  If you do not have an OCC, have you flied a claim for an OCC with the Board?  If you do not have an OCC, have you flied a claim for an OCC with the Board?  If you do not have an OCC, have you flied a claim for an OCC with the Board?  If you do not have an OCC, have you flied a claim for an OCC with the Board?  If you do not have an OCC, have you flied a claim for an OCC with the Board?  If you do not have an OCC, have you flied a claim for an OCC with the Board?  PRIOR YEAR FILINGS  Has the organization under which flied.  IDENTIFICATION OF PROPERTY  IDENTIFICATION	Organization's formative documer (amendment to articles of incorporation, constitution, trus instrument, articles of organization  /es, state latest year filed: ZIP CODE  EAR OF CLAIM TRUCTIONS) 20 20
Organization's (amendment incorporation, instrument, artificing sheet issued by the Board.       Organization's (amendment incorporation, instrument, artifinding sheet issued by the Board.         If you do not have an OCC, have you filed a claim for an OCC with the Board?       Mes       No         If you do not have an OCC, have you filed a claim for an OCC with the Board?       Mes       No         If You do not have an OCC, have you filed a claim for an OCC with the Board?       Mes       No         If You do not have an OCC, have you filed a claim for an OCC.       Mes       No       If Yes, state latest yee law of an another of the welfare exemption in this county in prior years?       No       If Yes, state latest yee law of an another of the mediane exemption in this county in prior years?       No       If Yes, state latest yee law of the PROPERTY (NUMBER AND STREET)         1. ADDRESS OF PROPERTY (NUMBER AND STREET)       CHTY, STATE. ZIP CODE       2. IS THIS A NEW LOCATION       3. WHEN WAS THE PROPERTY PUT TO       4. EISCAL YEAR OF CLAIM YEAR OF THE PROPERTY (NUMDRYYY)       Assessors PARCEL NUMBER         2. IS THIS A NEW LOCATION       YEAR THE PROPERTY (NUMBER AND YEAR YEAR OF CLAIM YEAR OF CLAIM YEAR OF SANCH YEAR OF CLAIM YEAR YEAR YEAR OF CLAIM YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEAR	(amendment to articles of incorporation, constitution, trus instrument, articles of organization //es, state latest year filed: ZIP CODE EAR OF CLAIM TRUCTIONS) 20 20
ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC) NUMBER       (amendment incorporation, instrument, artificing sheet issued by the Board.         Provide a copy of the certificate issued by the State Board of Equalization (Board), and a copy of the incorporation, instrument, artificing sheet issued by the Board.       Image: State Board of Equalization (Board), and a copy of the incorporation, instrument, artificing sheet issued by the Board.         If you do not have an OCC, have you filed a claim for an OCC with the Board?       IYes       INO         If you do not have an OCC, have you filed a claim for an OCC with the Board?       IYes       INO         PRIOR YEAR FILINGS       Issue you the organization under which filed:       INO       If Yes, state latest yee         Exact name of organization under which filed:       Intervention       If Yes, State latest yee       INO         IDENTIFICATION OF PROPERTY       Intervention       If Yes, State latest yee       Intervention         2. IS THIS A NEW LOCATION       ////////////////////////////////////	(amendment to articles of incorporation, constitution, trus instrument, articles of organization //es, state latest year filed: ZIP CODE EAR OF CLAIM TRUCTIONS) 20 20
Provide a copy of the centrate issued by the State Board of Equilibrium Sheet States (board), and a copy of the states (board), and (b	/es, state latest year filed: ZIP CODE EAR OF CLAIM TRUCTIONS) 20 20
If No, see instructions for obtaining an OCC.         PRIOR YEAR FILINGS         Has the organization filed for the welfare exemption in this county in prior years?       Yes       No       If Yes, state latest ye         Exact name of organization under which filed:	ZIP CODE TEAR OF CLAIM TRUCTIONS) 20 20
Has the organization filed for the welfare exemption in this county in prior years? Yes No If Yes, state latest ye Exact name of organization under which filed: IDENTIFICATION OF PROPERTY 1. ADDRESS OF PROPERTY (NUMBER AND STREFT) 2. IS THIS A NEW LOCATION THIS YEAR? Yes Ye	ZIP CODE TEAR OF CLAIM TRUCTIONS) 20 20
Exact name of organization under which filed: IDENTIFICATION OF PROPERTY 1. ADDRESS OF PROPERTY (NUMBER AND STREET) 2. IS THIS A NEW LOCATION THIS YEAR? Yes No 2 WHEN WAS THE PROPERTY PUT TO THIS YEAR? Yes No 2 WHEN WAS THE PROPERTY PUT TO THIS YEAR? Yes No 2 WHEN WAS THE PROPERTY ON ALL PROPERTY, ON WHAT DATE WAS THE PROPERTY ACQUIRED? (MM/DD/YYYY) 5. (BLAND. IF SEEKING AN EXEMPTION ON LAND, PROVIDE THE FOLLOWING: (1) AREA IN ACRES OR SQUARE FEET (2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY DESCRIBED 5. (b) BUILDING OR IMPROVEMENTS. IF SEEKING AN EXEMPTION ON BUILDINGS OR IMPROVEMENTS, PROVIDE THE FO (1) BUILDING OR IMPROVEMENTS. IF SEEKING AN EXEMPTION ON BUILDINGS OR IMPROVEMENTS, PROVIDE THE FO (2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY DESCRIBED 5. (c) PERSONAL PROPERTY. PERSONAL PROPERTY IS EXEMPT UNDER REVENUE AND TAXATION CODE SECTION 215. I NECESSARY TO LIST PERSONAL PROPERTY OF CONSTRUCTION 6. OWNER AND OPERATOR. (CHECK AS APPLICABLE) CLAIMANT IS: OWNER AND OPERATOR OWNED BY THE ORGANIZATION. 6. OWNER AND OPERATOR. (CHECK AS APPLICABLE) CLAIMANT IS: OWNER AND OPERATOR OWNED THE THAN THE CLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED. FOR ASSESSOR'S USE ONLY (Assessor's designee) of	ZIP CODE TEAR OF CLAIM TRUCTIONS) 20 20
I. ADDRESS OF PROPERTY       I. ADDRESS OF PROPERTY (NUMBER AND STREET)       DITY, STATE, ZIP CODE         2. IS THIS A NEW LOCATION	EAR OF CLAIM TRUCTIONS) 20 20
1. ADDRESS OF PROPERTY (NUMBER AND STREET)       OTTY, STATE, ZIP GODE         2. IS THIS A NEW LOCATION       3. WHEN WAS THE PROPERTY PUT TO       4. FISCAL YEAR OF CLAIM         THIS YEAR?       Yes       No       EXEMPT USE? (MM/DD/YYY)       4. FISCAL YEAR OF CLAIM         5. REAL PROPERTY, IF CLAIMING AN EXEMPTION FOR REAL PROPERTY, ON       ASSESSOR'S PARCEL NUMBER       ASSESSOR'S PARCEL NUMBER         WHAT DATE WAS THE PROPERTY ACQUIRED? (MM/DD/YYYY)       ASSESSOR'S PARCEL NUMBER       ASSESSOR'S PARCEL NUMBER         (a) LAND. IF SEEKING AN EXEMPTION ON LAND, PROVIDE THE FOLLOWING:       (1) AREA IN ACRES OR SQUARE FEET       ASSESSOR'S PARCEL NUMBER         (2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY DESCRIBED       5. (b) BUILDING OR IMPROVEMENTS. IF SEEKING AN EXEMPTION ON BUILDINGS OR IMPROVEMENTS, PROVIDE THE FO         (2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY DESCRIBED	EAR OF CLAIM TRUCTIONS) 20 20
S. (c) PERSONAL PROPERTY. PERSONAL PROPERTY DESCRIBED     S. (c) PERSONAL PROPERTY. PERSONAL PROPERTY IS EXEMPT UNDER REVENUE AND TAXATION CODE SECTION 215. (c) PERSONAL PROPERTY. PERSONAL PROPERTY IS EXEMPTION ON BUILDINGS OR IMPROVEMENTS. (c) PERSONAL PROPERTY. PERSONAL PROPERTY DESCRIBED     S. (c) PERSONAL PROPERTY. PERSONAL PROPERTY OF THE PROPERTY DESCRIBED     S. (c) PERSONAL PROPERTY. PERSONAL PROPERTY OWNED BY THE ORGANIZATION.     SOUNCER AND OPERATOR. (CHECK AS APPLICABLE)     CLAIMANT IS: CONNER AND OPERATOR. (CHECK AS APPLICABLE)     CLAIMANT IS: CONNER AND OPERATOR. (CHECK AS APPLICABLE)     S. (c) PERSONS OR ORGANIZATIONS OTHER THAN THE CLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN     THE NAME OF THE DERGONAL OPERATOR. (CHECK AS APPLICABLE)     CLAIMANT IS: CONNER AND SOUTHER THAN THE CLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN     THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED.     CONNER AND SOUTHER THAN THE CLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN     THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED	EAR OF CLAIM TRUCTIONS) 20 20
THIS YEAR?       Yes       No       EXEMPT USE? (MM/DD/YYYY)       (SEE INSTRUCTIONS) 2         5. REAL PROPERTY. IF CLAIMING AN EXEMPTION FOR REAL PROPERTY, ON       ASSESSOR'S PARCEL NUMBER         WHAT DATE WAS THE PROPERTY ACQUIRED? (MM/DD/YYYY)       ASSESSOR'S PARCEL NUMBER         5. (a) LAND. IF SEEKING AN EXEMPTION ON LAND, PROVIDE THE FOLLOWING:       (1) AREA IN ACRES OR SQUARE FEET         (2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY DESCRIBED         5. (b) BUILDING OR IMPROVEMENTS. IF SEEKING AN EXEMPTION ON BUILDINGS OR IMPROVEMENTS, PROVIDE THE FO         (1) BUILDING NUMBER OR NAME, NUMBER OF FLOORS, TYPE OF CONSTRUCTION         (2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY DESCRIBED         5. (c) PERSONAL PROPERTY. PERSONAL PROPERTY IS EXEMPT UNDER REVENUE AND TAXATION CODE SECTION 215. I         NECESSARY TO LIST PERSONAL PROPERTY OWNED BY THE ORGANIZATION.         6. OWNER AND OPERATOR. ( <i>CHECK AS APPLICABLE</i> )         CLAIMANT IS:       OWNER AND OPERATOR         GLIMANT IS:       OWNER AND OPERATOR         IF PERSONS OR ORGANIZATION ON ALL:       LAND         IF PERSONS OR ORGANIZATIONS OTHER THAN THE CLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED. <b>FOR ASSESSOR'S USE ONLY</b> Whom should we contact during normal business ho information?         NAME       ON       INFORMATION?	TRUCTIONS) 20 20
	PARCEL NUMBER
5. (a) LAND. IF SEEKING AN EXEMPTION ON LAND, PROVIDE THE FOLLOWING: (1) AREA IN ACRES OR SQUARE FEET (2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY DESCRIBED 5. (b) BUILDING OR IMPROVEMENTS. IF SEEKING AN EXEMPTION ON BUILDINGS OR IMPROVEMENTS, PROVIDE THE FO (1) BUILDING NUMBER OR NAME, NUMBER OF FLOORS, TYPE OF CONSTRUCTION (2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY DESCRIBED 5. (c) PERSONAL PROPERTY. PERSONAL PROPERTY IS EXEMPT UNDER REVENUE AND TAXATION CODE SECTION 215. I NECESSARY TO LIST PERSONAL PROPERTY OWNED BY THE ORGANIZATION. 6. OWNER AND OPERATOR. (CHECK AS APPLICABLE) CLAIMANT IS: OWNER AND OPERATOR OWNER ONLY OPERATOR ONLY AND CLAIMS EXEMPTION ON ALL: INCLAIMS EXEMPTION ON ALL: INCLAIMS EXEMPTION ON ALL: INCLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED.  FOR ASSESSOR'S USE ONLY (Assessor's designee) ofON	
5. (c) PERSONAL PROPERTY. PERSONAL PROPERTY IS EXEMPT UNDER REVENUE AND TAXATION CODE SECTION 215. IN NECESSARY TO LIST PERSONAL PROPERTY OWNED BY THE ORGANIZATION.         6. OWNER AND OPERATOR. (CHECK AS APPLICABLE)         CLAIMANT IS:       OWNER AND OPERATOR         AND CLAIMS EXEMPTION ON ALL:       I LAND         IF PERSONS OR ORGANIZATIONS OTHER THAN THE CLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED.         FOR ASSESSOR'S USE ONLY       Whom should we contact during normal business ho information?         NAME	PROVIDE THE FOLLOWING:
NECESSARY TO LIST PERSONAL PROPERTY OWNED BY THE ORGANIZATION.         6. OWNER AND OPERATOR. (CHECK AS APPLICABLE)         CLAIMANT IS:       OWNER AND OPERATOR         AND CLAIMS EXEMPTION ON ALL:       LAND         IF PERSONS OR ORGANIZATIONS OTHER THAN THE CLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED.         FOR ASSESSOR'S USE ONLY       Whom should we contact during normal business ho information?         Received by       (Assessor's designee)         of       on	
CLAIMANT IS:       OWNER AND OPERATOR       OWNER ONLY       OPERATOR ONLY         AND CLAIMS EXEMPTION ON ALL:       LAND       BUILDINGS AND IMPROVEMENTS         IF PERSONS OR ORGANIZATIONS OTHER THAN THE CLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED.         FOR ASSESSOR'S USE ONLY       Whom should we contact during normal business ho information?         Received by       (Assessor's designee)       NAME	DE SECTION 215. IT IS NOT
AND CLAIMS EXEMPTION ON ALL:      LAND BUILDINGS AND IMPROVEMENTS  IF PERSONS OR ORGANIZATIONS OTHER THAN THE CLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED.  FOR ASSESSOR'S USE ONLY  Received by	
THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED.         FOR ASSESSOR'S USE ONLY       Whom should we contact during normal business ho information?         Received by	PROVEMENTS
Received by on on	PROVIDE ON AN ATTACHED LIST
Received by	
of on	1011 <i>?</i>
	MAIL ADDRESS
THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION	N

#### **USE OF PROPERTY**

#### 7. LEASED OR RENTED SINCE JANUARY 1 OF PRIOR YEAR.

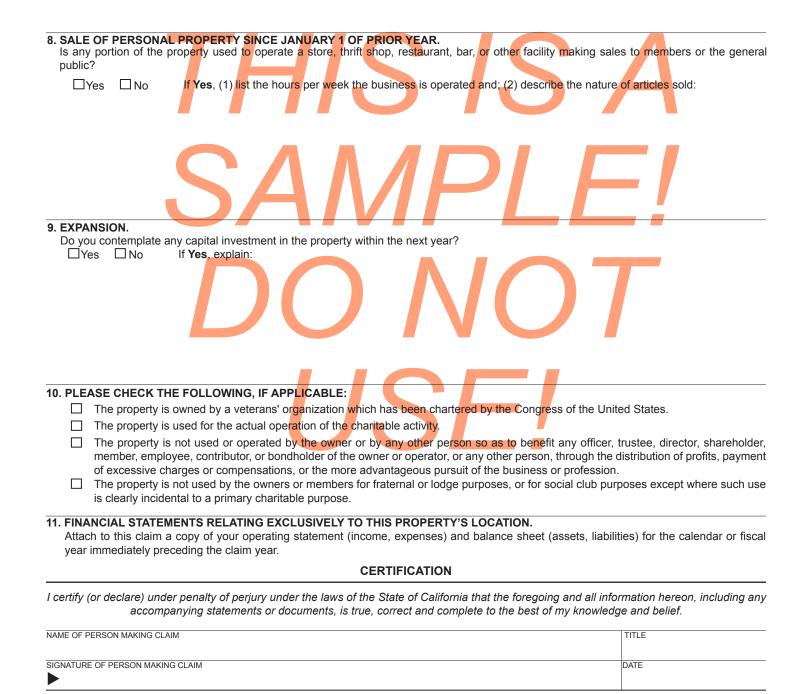
(a) Is any portion of the property described rented, leased, or being used or operated part time or full time by some other person or organization?

□Yes □No

If Yes, describe that portion and its use and attach a copy of the agreement, and list the 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.





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

#### **GENERAL INFORMATION**

# FILING OF CLAIM

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

An officer or duly authorized representative of the organization **owning** the property must sign the claim. An officer or duly authorized representative of the organization **operating** the property must sign and file a separate claim. If an organization both owns and operates the property, only one claim need be signed and filed with the Assessor for each property location. A separate claim form must be completed and filed for each property for which exemption is sought.

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

# ORGANIZATIONAL CLEARANCE CERTIFICATE

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

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

# **PRIOR YEAR FILINGS**

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

## **RECORDATION REQUIREMENT**

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

## TIME FOR FILING

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

## ADDITIONAL INFORMATION

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



#### **PREPARATION OF CLAIM**

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

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

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

Line 5. Enter the legal description or map book, page, and parcel number. Use additional sheets if necessary.

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

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

