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.



Vincent P. Kehoe County of Mariposa Assessor/Recorder 4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

IDENTIFICATION OF APPLICANT

ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC) NUMBER <pre></pre>	NAME OF ORGANIZATION	CORPORATE ID NO. (IF ANY)	CHECK IF CHANGED WITHIN THE LAST YEAR
CITY, STATE, ZP CODE CORPORTS AND CONTROL OF PROPERTY INCLUSE OF THE PROPERTY DESCRIBED CORPORATIVE AND DRAME AND BERGENT DESCRIBED COMMERAND OF RADERS OF RADERS OF PROPERTY DESCRIBED COMMERAND OF RADERS O	MAILING ADDRESS (NUMBER AND STREET)		Mailing address
CITY, STATE_ZIP CODE CORGANIZATIONAL CLEARANCE CERTIFICATE (OCC) NUMBER CORGANIZATIONAL CLEARANCE CERTIFICATE (OCC) NUMBER Provide a copy of the cellificate issued by the State Board of Equalization (Board), and a copy of the cellificate issued by the Board. Provide a copy of the cellificate issued by the State Board of Equalization (Board), and a copy of the cellificate issued by the Board. Provide a copy of the cellificate issued by the State Board of Equalization (Board), and a copy of the cellificate issued by the Board. Provide a copy of the cellificate issued by the State Board of Equalization (Board), and a copy of the cellificate issued by the Board. Provide a copy of the cellificate issued by the State Board of Equalization (Board), and a copy of the provide a copy of the cellificate issued by the State Board of Equalization (Board), and a copy of the Provide a copy of the cellificate issued by the State Board of Equalization (Board), and a copy of the Provide a copy of the cellificate issued by the State Board of Equalization (Provide Tellification Component) H was the organization of the welfare exemption in this county in prior years? Issued to approximate the PROPERTY Provide the welfare exemption in this county in prior years? Issued to approximate the PROPERTY Control (Provide the Moderner) Issued to approximate the PROPERTY Issued to approximate the PROPERTY (ISSUE) Issued to approximate the PROPERTY ISSUE to approximate the PROPERTY on Assessor's PARCELNUMBER Issued to approximate the PROPERTY issued to approximate the PROPERTY on ON Bull Dinos OR IMPROVEMENTS, PROVIDE THE FOLLOWING: (1) Build DING OR IMPROVEMENTS, IF SEEKING AN EXEMPTION ON BUILDINGS OR IMPROVEMENTS, PROVIDE THE FOLLOWING: (2) PRIMARY AND INCIDENTAL USE O	MAILING ADDRESS (NOMBER AND STREET)		Corporate name
GRGANIZATIONAL CLEARANCE CERTIFICATE (OCC) NUMBER Image demonstration (in uninstrument, articles of organization (frame), constitution, truinstrument, articles of organization finding sheet issued by the State Board of Equalization (Board), and ar copy of the Granization (frame), constitution, truinstrument, articles of organization (frame), constitution, truinstrument, articles of organization, and truinstrument, articles of organization, constitution, truinstrument, articles of organization, and articles of organization, and articles of organization, and arcopy of the second organization (frame), construction, truinstruction, true articles of organization, and archite, and	CITY, STATE, ZIP CODE		
Priore a duby of the state duby of the state duby of the state duby and the Education (Board), and arcopy of the state duby of the state	ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC) NUMB	ER	(amendment to articles c incorporation, constitution, trus
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 year filed: Exact name of organization under which filed:	Provide a copy of the ce <mark>rtificate issue</mark> d by the State E finding sheet issued by the B <mark>oa</mark> rd.	Board of Equalization (Board), and a copy of	f the instrument, articles of organization
Has the organization filed for the welfare exemption in this county in prior years? Exact name of organization under which filed: DENTIFICATION OF PROPERTY I. ADDRESS OF PROPERTY (NONGBER AND STREET) 2. IS THIS A NEW LOCATION S. IS THIS YEARS? S. IS THIS YEARS? S. IS THIS YEARS? S. IS AN INCLOSE THE PROPERTY PUT TO S. IS THIS YEARS? S. IS THIS		an OCC with the Board? ☐ Yes ☐ N	lo
Exact name of organization under which filed: DENTIFICATION OF PROPERTY 1. ADDRESS OF PROPERTY (NUMBER AND STREET) OITY. STATE, ZIP GODE 2. IS THIS A NEW LOCATION OIS 2. WHEN WAS THE PROPERTY PUT TO 4. EISCAL YEAR OF CLAIM S. EXEMPTOR TOR NEAL, PROPERTY, ON WHAT DATE WAS THE PROPERTY ACQUIRED? (MM/DDAYYYY) 5. (a) LAND, IF SEEKING AN EXEMPTION ON RAL, PROPERTY, ON WHAT DATE WAS THE PROPERTY ACQUIRED? (MM/DDAYYY) 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 FOLLOWING: (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 OWNED BY THE ORGANIZATION. 6. OWNER AND OPERATOR, (CHECK AS APPLICABLE) CLAIMANT IS: OWNER AND OPERATOR OWNER ONLY AND CLAIMS EXEMPTION ON ALL: I LAND IF PERSONS OR ORGANIZATIONS OTHER THAN THE CLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN ATTACHED LIST THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED. FOR ASSESSOR'S USE ONLY Whom should we contact during normal business hours for additiona information? NAME	PRIOR YEAR FILINGS		
IDENTIFICATION OF PROPERTY 1. ADDRESS OF PROPERTY (INUMBER AND STREET) 2. IS THIS A NEW LOCATION 3" WHEN WAS THE PROPERTY PUT TO 1. HIS YEAR? 4" EXEMPT USEY (INUMDER YOU'') 3. REAL PROPERTY. IF CLAINING AN EXEMPTION FOR REAL PROPERTY. ON ASSESSOR'S PARCEL NUMBER WHAT DATE WAS THE PROPERTY ACQUIRED? (INUMDARYYY) ASSESSOR'S PARCEL NUMBER 5. (a) LAND. IF SEEKING AN EXEMPTION ON LAND. PROVIDE THE FOLLOWING: ASSESSOR'S PARCEL NUMBER (1) AREA IN ACRES OR SQUARE FEET (a) EXEMPTOY ON DUAND. PROVIDE THE FOLLOWING: (2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY DESCRIBED (b) BUILDING OR IMPROVEMENTS. IF SEEKING AN EXEMPTION ON BUILDINGS OR IMPROVEMENTS, PROVIDE THE FOLLOWING: (1) BUILDING ON IMPROVEMENTS. IF SEEKING AN EXEMPTION ON BUILDINGS OR IMPROVEMENTS, PROVIDE THE FOLLOWING: (c) PERSONAL PROPERTY. PERSONAL PROPERTY DESCRIBED 5. (c) PERSONAL PROPERTY. PERSONAL PROPERTY IS EXEMPT UNDER REVENUE AND TAXATION CODE SECTION 215. IT IS NOT (c) COUNT WHET DATION ON ALL: (2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY IS EXEMPT UNDER REVENUE AND TAXATION CODE SECTION 216. IT IS NOT (c) CESSARY TO LIST PERSONAL PROPERTY. PURCHABLE) (2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY IS EXEMPT UNDER REVENUE AND TAXATION CODE SECTION 216. IT IS NOT (c) OPERATOR. (CHECK AS APPLICABLE) (2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY OWNED BY THE ORGANIZATION. (c) OPERATOR. (CHECK AS APPLICABLE) </td <td>Has the organization filed for the welfare exemption i</td> <td>n this county in prior years? 🗌 Yes 🗌 N</td> <td>Io If Yes, state latest year filed:</td>	Has the organization filed for the welfare exemption i	n this county in prior years? 🗌 Yes 🗌 N	Io If Yes, state latest year filed:
1. ADDRESS OF PROPERTY (NUMBER AND STREET) OTY: STATE, ZIP GODE 2. IS THIS A NEW LOCATION. (3: WHEN WAS THE PROPERTY PUT TO THIS YEAR? 4: EISCAL YEAR OF CLAIM (SEE INSTRUCTIONS) 2020	Exact name of organization under which filed:		
2. IS THIS A NEW LOCATION THIS YEAR? 2. IS THIS A NEW LOCATION SECOND 2. IS THIS A NEW LOCATION 2. IS THEY FOR THE PROPERTY WAS THE PROPERTY PUTTO 3. REAL PROPERTY. IF CLAIMING AN EXEMPTION FOR REAL PROPERTY, ON WHAT DATE WAS THE PROPERTY ACQUIRED? (MMDDAYYYY) 3. SESSOR'S PARCEL NUMBER 3. (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 FOLLOWING: (1) BUILDING OR IMPROVEMENTS. IF SEEKING AN EXEMPTION ON BUILDINGS OR IMPROVEMENTS, PROVIDE THE FOLLOWING: (2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY DESCRIBED 5. (c) PERSONAL PROPERTY, PERSONAL PROPERTY IS EXEMPT UNDER REVENUE AND TAXATION CODE SECTION 215. IT IS NOT NECESSARY TO LIST PERSONAL PROPERTY OWNED BY THE ORGANIZATION. 6. OWNER AND OPERATOR. (CHECK AS APPLICABLE) CLAIMANT IS: OWNER AND OPERATOR (CLAIMAS EXEMPTION ON ALL: CLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN ATTACHED LIST THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED. FOR ASSESSOR'S USE ONLY Whom should we contact during normal business hours for additiona information? NAME COMPUTED ON CLAIMS EXEMPTION ON ALL: CMAINE PHONE NUMBER (CMAINT USE THIS PROPERTY, PLEASE PROVIDE ON AN ATTACHED LIST THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED. FOR ASSESSOR'S USE ONLY Whom should we contact during normal business hours for additiona information? NAME COMPUTED ON CLAIMS EXEMPTED IN IS SUBJECT TO PUBLIC INSPECTION	IDENTIFICATION OF PROPERTY		
THIS YEAR? Yes No EXEMPT USE? (MNDDYYYY) (SEE INSTRUCTIONS) 2020 5. REAL PROPERTY, IF CLAMING AN EXEMPTION FOR REAL PROPERTY, ON ASSESSOR'S PARCEL NUMBER WHAT DATE WAS THE PROPERTY ACCURED? (MUDDAYYYY) 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 FOLLOWING: (1) BUILDING OR IMPROVEMENTS. IF SEEKING AN EXEMPTION ON BUILDINGS OR IMPROVEMENTS, PROVIDE THE FOLLOWING: (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 OBSCRIBED 6. (c) PERSONAL PROPERTY, PERSONAL PROPERTY OWNED BY THE ORGANIZATION. 6. OWNER AND OPERATOR. (CHECK AS APPLICABLE) CLAIMANT IS: OWNER AND OPERATOR (a) CLAIMAS EXEMPTION ON ALL: OWNER ONLY (a) CLAIMAS EXEMPTION ON ALL: OWNER ONLY (a) COUNT ON ON ALL: DAND (a) COUNTY or (city) ON (a) COUNTY or (city) ON (a) (diff) (c) (diff) (c) (diff) (c) THE NONCON ALL: (c	1. ADDRESS OF PROPERTY (NUMBER AND STREET)	CIT	IY, STATE, ZIP CODE
WHAT DATE WAS THE PROPERTY ACQUIRED? (MM/DDY/YY) 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 FOLLOWING: (1) BUILDING OR IMPROVEMENTS. IF SEEKING AN EXEMPTION ON BUILDINGS OR IMPROVEMENTS, PROVIDE THE FOLLOWING: (2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY DESCRIBED 5. (c) PERSONAL PROPERTY. PERSONAL PROPERTY DESCRIBED 5. (c) PERSONAL PROPERTY. PERSONAL PROPERTY OWNED BY THE ORGANIZATION. 6. OWNER AND OPERATOR. (CHECK AS APPLICABLE) CLAIMANT IS:OWNER AND OPERATOR		ISE? (MM/DD/YYYY)	(SEE INSTRUCTIONS) 20 20
(2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY DESCRIBED 5. (b) BUILDING OR IMPROVEMENTS. IF SEEKING AN EXEMPTION ON BUILDINGS OR IMPROVEMENTS, PROVIDE THE FOLLOWING: (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. IT IS NOT NECESSARY TO LIST PERSONAL PROPERTY OWNED BY THE ORGANIZATION. 6. OWNER AND OPERATOR. (CHECK AS APPLICABLE) CLAIMANT IS: OWNER AND OPERATOR OWNER ONLY OWNED BY THE ORGANIZATION. 7. OWNER AND OPERATOR. (CHECK AS APPLICABLE) CLAIMANT IS: OWNER AND OPERATOR OWNER ONLY OWNED BY THE ORGANIZATION. 7. OWNER AND OPERATOR. (CHECK AS APPLICABLE) CLAIMANT IS: OWNER AND OPERATOR OWNER ONLY OWNED BY THE ORGANIZATION. 7. OWNER AND OPERATOR. (CHECK AS APPLICABLE) CLAIMANT IS: OWNER AND OPERATOR OWNER ONLY OWNED BY THE ORGANIZATION. 7. OWNER AND OPERATOR OWNER ONLY OWNED BY THE ORGANIZATION. 7. OWNER AND OPERATOR (CHECK AS APPLICABLE) CLAIMANT IS: OWNER AND OPERATOR OWNER ONLY OWNER ONLY OWNED BY THE ORGANIZATION. 7. OWNER AND OPERATOR (CHECK AS APPLICABLE) CLAIMANT US: OWNER AND OPERATOR OWNER ONLY OWNED BY THE ORGANIZATION. 7. OWNER AND OPERATOR OWNER ONLY OF USE, AND SQUARE FOOTAGE USED. 7. FOR ASSESSOR'S USE ONLY 7. Whom should we contact during normal business hours for additional 7. INFORMATION? 7. ON (date) 7. ON (SIGNERET ROTERT, ON	SESSOR'S PARCEL NUMBER
5. (c) PERSONAL PROPERTY. PERSONAL PROPERTY IS EXEMPT UNDER REVENUE AND TAXATION CODE SECTION 215. IT IS NOT 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: OWNER ONLY IF PERSONS OR ORGANIZATIONS OTHER THAN THE CLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN ATTACHED LIST THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED. FOR ASSESSOR'S USE ONLY Whom should we contact during normal business hours for additional information? NAME Of (date) Of (date) DAYTIME PHONE NUMBER EMAIL ADDRESS EMAIL ADDRESS THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION			EMENTS, 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 ATTACHED LIST THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED. FOR ASSESSOR'S USE ONLY Whom should we contact during normal business hours for additiona information? Received by (Assessor's designee) of On (county or city) (date) DAYTIME PHONE NUMBER EMAIL ADDRESS THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION	(2) PRIMARY AND INCIDENTAL USE OF THE PROP	ERTY DESCRIBED	
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 ATTACHED LIST THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED. Whom should we contact during normal business hours for additional information? Received by (Assessor's designee) NAME of on OAYTIME PHONE NUMBER EMAIL ADDRESS (a) THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION	NECESSARY TO LIST PERSONAL PROPERTY O	WNED BY THE ORGANIZATION.	TION CODE SECTION 215. IT IS NOT
AND CLAIMS EXEMPTION ON ALL: IF PERSONS OR ORGANIZATIONS OTHER THAN THE CLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN ATTACHED LIST THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED. FOR ASSESSOR'S USE ONLY Received by			
IF PERSONS OR ORGANIZATIONS OTHER THAN THE CLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN ATTACHED LIST THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED. FOR ASSESSOR'S USE ONLY Whom should we contact during normal business hours for additional information? Received by			
FOR ASSESSOR'S USE ONLY Whom should we contact during normal business hours for additional information? Received by	IF PERSONS OR ORGANIZATIONS OTHER THA	N THE CLAIMANT USE THIS PROPERTY,	
Received by		Whom should we contact du	
of ON ON (date) DAYTIME PHONE NUMBER EMAIL ADDRESS () DAYTIME PHONE NUMBER EMAIL ADDRESS ON DAYTIME PHONE NUMBER EMAIL ADDRESS ON ON DAYTIME PHONE NUMBER EMAIL ADDRESS ON	Received by		Information ?
(county or city) (date) DAYTIME PHONE NUMBER EMAIL ADDRESS () () () () THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION	(Assessor's designee)	NAME	
	Of ON (date)		EMAIL ADDRESS
			PECTION
	EF-289-AH-R10-0611-22000177		

USE OF PROPERTY

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

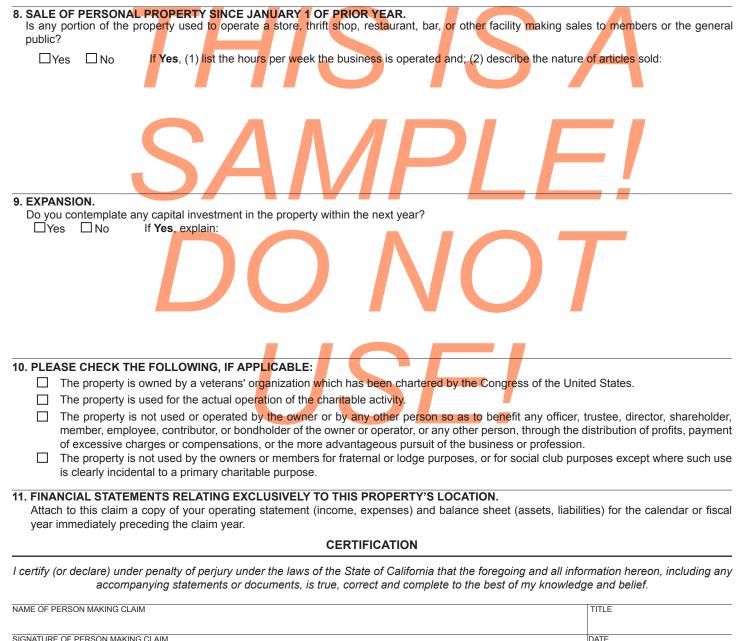
(a) Is any portion of the property described rented, leased, or being used or operated part time or full time by some other person or organization?

□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.



SIGNATURE OF PERSON MAKING CLAIM



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.

