EF-264-AH-R12-0516-05000202-1 BOE-264-AH (P1) REV. 12 (05-16)

COLLEGE EXEMPTION CLAIM

Calaveras County Assessor 891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356

Larie Durham

This claim is filed for fiscal year 20 ____ - 20 ____. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

This claim must be filed by 5:00 p.m., February 15.

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed nam	e and mailing address)			
	Γ	7	FOR ASSESSOR'	S USE ONLY	
			Received by	de siene e l	
			(Assessor's	aesignee)	
			Of(county of	or city)	
	L	_	on	40)	
NAME O	E OLAIMANT		(da	ie)	
NAME O	F CLAIMANT				
TITLE OI	F CLAIMANT		DA	YTIME TELEPHO	ONE NUMBER
CORPOR	RATE NAME OF THE C <mark>OL</mark> LEGE				
ADDRES	SS (Street, City, County, State, Zip Code)				
ACCECC	SOR'S PARCEL NUMBER OR LEGAL DESC	PIDTION	DATE PROPERTY	MAC FIDET LICEI	
ASSESS	OUR 3 PARCEL NOWIBER OR LEGAL DESC	AIP HON	DATE PROPERTY	WAS FIRST USEL	D B F CLAIIVIAIN I
1. Own	er and operator: (check applicable bo	oxes)			
Clain	nant is:	Owner only Operator onl	y		
and	claims exemption on all Land	☐ Buildings and improvements	and/or Personal property		
	s the above institution qualify as a co	llege or seminary of learning under t	ne laws of the State of California?		
	'ES NO				
	e institution conducted as a non-profi ES NO	t entity?	V		
	s the institution require for regular ad	mission the completion of a four-yea	r high school course or its equivaler	nt?	
	ES NO				
	the institution confer upon its gradua				
	sciences, or on a course of at least the inary medicine, pharmacy, architecture.			licine, dentistry	, engineering
Y	ES NO		<u>'</u>		
6. Is the	e property for which the exemption is	claimed used exclusively for the pu	urposes of education?		
Y	'ES NO				
	all buildings and other improvements if necessary. Indicate whether lease				
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		1.
_	JOILDING & IMI NOVEMENTO	FRIMARIOSE	INCIDENTAL OSE	□ LEASE	OWN
				LEASE	□ OWN
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				LEASE	OWN
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced an YES NO If YES , plea	d/or been completed on this parcel since 12:01 a.m., Jar se explain:	nuary 1 of last year?				
9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code? YES NO If YES, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes, as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied.						
10. Has any of the property listed above YES NO If YES , plea	been used for business purposes other than a student lese explain:	bookstore?				
11. If any business is operated by some	one other than the college, attach a copy of the lease or	other agreement. Please explain:				
12. Is any equipment or other property being leased or rented from someone else? YES NO If YES, list on a separate sheet the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property. If real property, provide the name and address of the owner.						
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the Revenue and Taxation Code. ADDITIONAL REQUIRED DOCUMENTATION						
 Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree. Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.) 						
Whom should we contact during normal business hours for additional information?						
NAME		TITLE				
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	and complete to the b	TITLE				
NAME OF PERSON MAKING CLAIM	DATE					

