-264-AH-R13-0522-05000111-1 BOE-264-AH (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")	Larie Durham Calaveras County Assessor 891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356
This claim must be filed by 5:00 p.m., February 15. CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) Г	FOR ASSESSOR'S USE ONLY Received by (Assessor's designee) of (county or city)
L	ON(date)
If you no longer seek an exemption at this location, check here Sign and retunname of CLAIMANT TITLE OF CLAIMANT CORPORATE NAME OF THE COLLEGE	DAYTIME TELEPHONE NUMBER
ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION 1. Owner and operator: (check applicable boxes)	DATE PROPERTY WAS FIRST USED BY CLAIMANT
Claimant is: Owner and operator Owner only Operator only and claims exemption on all Land Buildings and improvements	and/or Personal property
 2. Does the above institution qualify as a college or seminary of learning under the YES NO 3. Is the institution conducted as a non-profit entity? YES NO 	
 4. Does the institution require for regular admission the completion of a four-year YES NO 5. Does the institution confer upon its graduates at least one academic or professional studies, su veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism YES NO 	onal degree, based on a course of at least two years in liberal arts ch as law, theology, education, medicine, dentistry, engineering,
6. Is the property for which the exemption is claimed used exclusively for the pu	irposes of education?

YES NO

EF

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

 8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last yea YES NO If YES, please explain: 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrel 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 accompliate determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross incom 10. Has any of the property listed above been used for business purposes other than a student bookstore? YES NO If YES, please explain: 11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. 12. Is any equipment or other property being leased or rented from someone else? YES NO 	lated business taxable income any this claim. Property taxes, he, will be levied.	
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12. Is any equipment or other property being leased or rented from someone else?	Please explain:	
If YES , list on a separate sheet the name and address of the owner and the type, make, model, and serial property listed is not used exclusively for educational purposes at the collegiate level, please state the oth 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 sec Taxation Code. ADDITIONAL REQUIRED DOCUMENTATION	tion 202.2 of the Revenue and	
 Attach a separate page showing the requirements for admission. A current catalog showing the resubstituted. Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the reddegree. Attach a copy of the financial statements (balance sheet and operating statement for the preceding fisher). 	equirements for each	
Whom should we contact during normal business hours for additional informa	tion?	
NAME		
DAYTIME TELEPHONE EMAIL ADDRESS		
CERTIFICATION		

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

