EF-264-AH-R11-0514-07000419-1 BOE-264-AH (P1) REV. 11 (05-14)

COLLEGE EXEMPTION CLAIM

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



Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

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

CLAIMANT NAME AND MAILING ADD (Make necessary corrections to the pri				
Γ	_	FOR ASSESSO	OR'S USE ONLY	
		Received by		
		(Assess	sor's designee)	
		of(coa	unty or city)	
L	_	on		
			(date)	
NAME OF CLAIMANT				
TITLE OF CLAIMANT	HI		DAYTIME TELEPHO	NE NUMBER
CORPORATE NAME OF THE C <mark>OL</mark> LEGE				
ADDRESS (Street, City, County, State, Zip C	ode)			
ASSESSOR'S PARCEL NUMBER OR LEGA	I DESCRIPTION	DATE PROPER	TY WAS FIR <mark>ST</mark> USED	DRY CLAIMAN
NOCEOUT WINDER ON ELON	a Desorti Tion	BALLINGIER	TT WASTINGTOOLE) DI ODAWA
1. Owner and operator: (check applic	able boxes)			
Claimant is:	perator	nly		
and claims exemption on all	Land Buildings and improvements	and/or Personal prope	erty	
	as a college or seminary of learning under	the laws of the State of California	!?	
YES NO				
3. Is the institution conducted as a no	on-profit entity?	\mathbf{W}		
	ular admission the completion of a four-ye	ar high school course or its equiv	alent?	
YES NO	dial admission the completion of a four-year	ar riigir school course or its equive	aiciit:	
	graduates at least one academic or profess	sional degree, based on a course o	of at least two years	s in liberal art
and sciences, or on a course of at	least three y <mark>ea</mark> rs in prof <mark>es</mark> sion <mark>al stud</mark> ies, s	uch <mark>as law, theology, e</mark> ducation, r		
YES NO	chitecture, fine arts, commerce, or journalis	sm?		
	otion is claimed used exclusively for the p	nurnoses of education?		
YES NO	otion to claimed about exclusively for the p	dipodd o'r dddddiori'.		
	ments for which exemption is claimed and	I state the primary and incidental	use of each Attac	h a senarate
sheet if necessary. Indicate whether		rotate the primary and molderical		ir a coparato
LOCATIONS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
		·		

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.r se explain:	m., January 1 of last year?		
as defined in section 512 of the Interr YES NO If YES , a copy of the institution's m	nal Revenue Code?	tore that generates unrelated business taxable income use Service must accompany this claim. Property taxes 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 stuse explain:	udent bookstore?		
11. If any business is operated by some	one other than the college, attach a copy of the lea	ase 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.				
 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		TITLE		
NAME OF PERSON MAKING CLAIM		DATE		

