EF-264-AH-R12-0516-17000207-1 BOE-264-AH (P1) REV. 12 (05-16)

## **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.")



## Douglas W. Wacker County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

## 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)			
r i	٦	FOR ASSESSOR	'S USE ONLY	
		Received by	designee)	
		of	g/	
1	ı	(county	or city)	
_	_	on(da	ate)	
NAME OF CLAIMANT			1	
TITLE OF CLAIMANT		D	AYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR	RIPTION	DATE PROPERTY	WAS FIRST USE	D BY CLAIMANT
Owner and operator: (check applicable bo Claimant is: ☐ Owner and operator		y	_ =	
and claims exemption on all	☐ Buildings and improvements	and/or Personal property	<u> </u>	
2. Does the above institution qualify as a coll YES NO	ege or seminary of learning under the	ne laws of the State of California?		
3. Is the institution conducted as a non-profit YES NO	entity?	$V \cup I$		
4. Does the institution require for regular adn	nission the completion of a four-yea	r high school course or its equivale	nt?	
<ol> <li>Does the institution confer upon its graduat and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture</li> </ol>	ree y <mark>ea</mark> rs in prof <mark>es</mark> sion <mark>al studi</mark> es, su	ch as law, theology, education, me		
YES NO		<b>_</b> :		
6. Is the property for which the exemption is	claimed used exclusively for the pu	rposes of education?		
YES NO	ior which averantion is alsimed and	otata tha primary and incidental us	of and Attac	.h
<ol><li>List all buildings and other improvements f sheet if necessary. Indicate whether leased</li></ol>				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	$\square$ OWN
			LEASE	OWN
			LEASE	OWN
			LEASE	OWN
			LEASE	OWN
			LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxa 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. Prop 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 been used for business purposes other than a student bookstore?  YES NO If <b>YES</b> , please explain:				
11. If any business is operated by someone 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. It property listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property. If 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 Taxation Code.  ADDITIONAL REQUIRED DOCUMENTATION	real			
<ul> <li>Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted.</li> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree.</li> </ul>				
Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)  Missay a basel description 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	DATE			

