EF-264-AH-R11-0514-34000438-1 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.")



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

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

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)			
Γ ,	· · ·	FOR ASSESSOR	'S USE ONLY	
		Received by		
		(Assessor	's designee)	
		of(count	y or city)	
L	لـ	on		
		(0	date)	
NAME OF CLAIMANT				
TITLE OF CLAIMANT			DAYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE			,	
ADDRESS (Street, City, County, State, Zip Code)				
	Λ Λ Λ			
ASSESSOR'S PARCEL NUMB <mark>ER</mark> OR LEGAL DESC	CRIPTION	DATE PROPERTY	WAS FIRST USE	D BY CLAIMANT
1. Owner and operator: (check applicable bo	oxes)			
Claimant is:		ly		
and claims exemption on all	☐ Buildings and improvements	and/or Personal propert	ty	
2. Does the above institution qu <mark>ali</mark> fy as a co	llege or seminary of learning under	the laws of the State of California?		
☐ YES ☐ NO				
3. Is the institution conducted as a non-profi	t entity?	V 		
YES NO 4. Does the institution require for regular add	mission the completion of a four year	ar high school source or its equivalent	ont?	
YES NO	mission the completion of a lour-year	ii iligii school coulse ol its equivale	511(!	
5. Does the institution confer upon its gradua	tes at least one academic or profess	ional degree, based on a course of a	at least two year	s in liberal arts
and sciences, or on a course of at least th	nree y <mark>ea</mark> rs in prof <mark>es</mark> sion <mark>al stud</mark> ies, si	uch as law, theology, education, me		
veterinary medicine, pharmacy, architecturing YES NO	ire, line arts, confinerce, or journalis	11115		
6. Is the property for which the exemption is	claimed used exclusively for the p	urposes of education?		
YES NO	The state of the parties of the part			
7. List all buildings and other improvements	for which exemption is claimed and	state the primary and incidental us	se of each. Attac	ch a separate
sheet if necessary. Indicate whether lease				
LOCATIONS	PRIMARY USE	INCIDENTAL USE		
			LEASE	
			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	nd/or been completed on this parcel since 12:01 a.m., Jase explain:	anuary 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 tax 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	e been used for business purposes other than a studen ase explain:	t bookstore?		
11. If any business is operated by some	eone other than the college, attach a copy of the lease o	or other agreement. Please explain:		
YES NO If YES , list on a separate sheet th	being leased or rented from someone else? e name and address of the owner and the type, make ively for educational purposes at the collegiate level, purposes of the owner.			
The benefit of a property tax exemply Taxation Code.	otion must inure to the lessee institution. If taxes paid by ADDITIONAL REQUIRED DOCUMENTATION			
substituted.Attach a separate page, or degree.	nowing the requirements for admission. A current catalogurent catalog, listing the degrees conferred upon the catalogue all statements (balance sheet and operating statement)	graduates and the requirements for each		
Whom should we contact during normal business hours for additional information?				
NAME		TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS	I		
()	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				
	ents or documents, is true, correct, and complete to the			
SIGNATURE OF PERSON MAKING CLAIM		TITLE		
NAME OF PERSON MAKING CLAIM		DATE		

