| | STY OF | F | Richard Ford | k | | |
|--|---|---------------------|------------------------------------|--|---------------|--|
| F-264-AH-R13-0522-17000061-1 BOE-264-AH (P1) REV. 13 (05-22) | | | County Asse ake County Cou | essor-Recorde | r | |
| COLLEGE EXEMPTION CLAIM | | | 55 North Forbes akeport, CA 954 | | | |
| This claim is filed for fiscal year 20 2 (Example: a person filing a t imely claim in J an would enter "2011-2012.") | | A F | ssessor's Office | e Phone: 707-263-2 e Phone: 707-263-2 | | |
| This claim must be filed by 5:00 p.m., Febr | ruary 15. | | | | | |
| CLAIMANT NAME AND MAILING ADDRESS | - | F | OR ASSESS | OR'S USE ONLY | 7 | |
| (Make necessary corrections to the printed name a | and mailing address) | Received by | () | sor's designee) | | |
| | | | , | - / | | |
| | | of | (co | unty or city) | | |
| | | on | | | | |
| L | L | | | (date) | | |
| If you no longer seek an exemption at this loca | ation, check here 🗌 Sign and ret | urn this form to th | e Assessor. Da | ate vacated: | | |
| NAME OF CLAIMANT | | | | | | |
| TITLE OF CLAIMANT | | | | DAYTIME TELEPH | ONE NUMBER | |
| | | | | | () | |
| CORPORATE NAME OF THE COLLEGE | | | | | | |
| ADDRESS (Street, City, County, State, Zip Code) | | | | | | |
| ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR | IPTION | | DATE PROPER | TY WAS FIRST USE | D BY CLAIMANT | |
| | | | | | | |
| 1. Owner and operator: (check applicable box | | | | | | |
| | Owner only Operator on | | | | | |
| and claims exemption on all 🛛 🗌 Land | Buildings and improvements | | Personal prop | • | | |
| 2. Does the above institution qualify as a colle | ege or seminary of learning under | the laws of the Sta | ate of California | 3? | | |
| 3. Is the institution conducted as a non-profit of YES NO | entity? | | | | | |
| 4. Does the institution require for regular adm | ission the completion of a four-yea | ar high school cou | rse or its equiv | alent? | | |
| 5. Does the institution confer upon its graduate and sciences, or on a course of at least thre veterinary medicine, pharmacy, architecture YES NO | ee years in professional studies, si | uch as law, theolo | | | | |
| 6. Is the property for which the exemption is c | claimed used exclusively for the p | urposes of educat | tion? | | | |
| YES NO | | | | | | |
| List all buildings and other improvements for sheet if necessary. Indicate whether leased | | | | | | |
| BUILDING & IMPROVEMENTS | PRIMARY USE | | ITAL USE | | | |
| | | | | | OWN | |
| | | | | | OWN | |
| | | | | | OWN | |
| | | | | | OWN | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

□ LEASE □ OWN

OWN

LEASE



| EF-264-AH-R13-0522-17000061-2 BOE-264-AH (P2) REV. 13 (05-22) |
|--|
| 8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year? 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 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 been used for business purposes other than a student bookstore? |
| 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? |
| 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 | |
| () | | |
| | CERTIFICATIO | N |
| | alty of perjury under the laws of the State of Calif g statements or documents, is true, correct, and c | ornia that the foregoing and all information hereon, including any omplete to the best of my knowledge and belief. |
| SIGNATURE OF PERSON MAKING CLAIN | M | TITLE |
| | | |
| NAME OF PERSON MAKING CLAIM | | DATE |

