	ST 01 15	Matthew R.	Maynard	
F-264-AH-R13-0522-31000058-1 BOE-264-AH (P1) REV. 13 (05-22)		Placer Coun 2980 Richardso	n ty Assessor n Drive	
COLLEGE EXEMPTION CLAIM		Auburn, CA 956		
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in Janu would enter "2011-2012.")		Phone: (530) 88 Email: assessor Website: www.p		sor
This claim must be filed by 5:00 p.m., Febru	uary 15.			
CLAIMANT NAME AND MAILING ADDRESS	-	FOR ASSESS	OR'S USE ONLY	(
(Make necessary corrections to the printed name ar		Received by	ssor's designee)	
			ssor's designee)	
		of(co	ounty or city)	
		on		
L	L		(date)	
If you no longer seek an exemption at this loca	tion, check here 🗌 Sign and retu	rn this form to the Assessor. D	ate vacated:	
NAME OF CLAIMANT				
TITLE OF CLAIMANT			DAYTIME TELEPH	IONE NUMBER
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIP	PTION	DATE PROPE	RTY WAS FIRST USE	D BY CLAIMANT
1. Owner and operator: <i>(check applicable boxe)</i>				
	Owner only Operator only		t	
·	Buildings and improvements		-	
2. Does the above institution qualify as a collect YES NO	ge or seminary of learning under the	he laws of the State of Californi	a?	
3. Is the institution conducted as a non-profit e	ntity?			
YES NO				
4. Does the institution require for regular admis	ssion the completion of a four-year	high school course or its equiv	valent?	
5. Does the institution confer upon its graduates	s at least one academic or professio	onal degree, based on a course	of at least two yea	rs in liberal arts
and sciences, or on a course of at least three	e years in professional studies, su	ch as law, theology, education,		
veterinary medicine, pharmacy, architecture	, fine arts, commerce, or journalisr	n?		
YES NO				
6. Is the property for which the exemption is cla	aimed used exclusively for the pu	rposes of education?		
YES NO				
7. List all buildings and other improvements for sheet if necessary. Indicate whether leased				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
				OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

LEASE

LEASE

OWN

OWN

EF-264-AH-R13-0522-31000058-2 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	EMAILADDRESS			
()				
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		

