EF-264-AH-R13-0522-57000084-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20

(Example: a person filing a timely claim in January 2011

- 20

Jesse Salinas Yolo County Assessor

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 assessor@volocounty.org

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Cor	inty of	Yolo	
	Found	led 1850	

would enter "2011-2012.")	er "2011-2012.") assessor@yolocounty.org					
This claim must be filed by 5:00 p.m., Fel						
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	F	FOR ASSESSOR'S USE ONLY				
[Make necessary confections to the printed name	e and maining address)	Received by _	(Assessor's	da afama a N		
		of	(county	or city)		
		on				
L	_	on	(da	te)		
If you no longer seek an exemption at this lo	ocation, check here 🗌 Sign and retu	ırn this form to the	e Assessor. Date	vacated:		
NAME OF STANDARD						
NAME OF CLAIMANT						
TITLE OF CLAIMANT			DA	AYTIME TELEPH	ONE NUMBER	
			()		
CORPORATE NAME OF THE COLLEGE						
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	DATE PROPERTY WAS FIRST USED BY CLAIMANT					
Owner and operator: (check applicable both Claimant is: Owner and operator)	oxes) -	y				
and claims exemption on all	☐ Buildings and improvements	and/or \square	Personal property			
Does the above institution qualify as a co YES NO	llege or seminary of learning under th	ne laws of the Sta	te of California?			
3. Is the institution conducted as a non-profi	t entity?					
Does the institution require for regular add YES NO	mission the completion of a four-year	high school cour	se or its equivaler	nt?		
5. Does the institution confer upon its gradua and sciences, or on a course of at least th veterinary medicine, pharmacy, architectury YES NO	ree years in professional studies, su	ch as law, theolog				
6. Is the property for which the exemption is	claimed used exclusively for the pu	irposes of educat	ion?			
YES NO						
7. List all buildings and other improvements sheet if necessary. Indicate whether lease						
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE			
				LEASE	OWN	
				LEASE	OWN	
				LEASE	OWN	
				LEASE	_	
				LEASE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



	x13-0522-57000084-2 H (P2) REV. 13 (05-22)
	y construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year? ES NO If YES , please explain:
as de	property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income ned in section 512 of the Internal Revenue Code? Solve a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes termined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied.
	ny of the property listed above been used for business purposes other than a student bookstore? ES NO If YES , please explain:
11. If an	business is operated by someone other than the college, attach a copy of the lease or other agreement. Please explain:
If Y pro pro	equipment or other property being leased or rented from someone else? Solution is separate sheet the name and address of the owner and the type, make, model, and serial number of the property. If the entry listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property. If real entry, provide the name and address of the owner. Denefit 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 clion 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 ?	LEPHONE 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
SIGNATUR	accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. OF PERSON MAKING CLAIM TITLE
	***==

DATE



NAME OF PERSON MAKING CLAIM