## **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.")



Cheri Budmark Modoc County Assessor 204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

LEASE

LEASE

□ OWN □ OWN

OWN

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

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name a	nd mailing address)				
	Г	Г	F	OR ASSESSO	OR'S USE ONLY	r
			Received by _			
				(Asses	sor's designee)	
			of	(co	unty or city)	
	L	ل	on			
					(date)	
NAME	OF CLAIMANT		L			
TITLE	OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER
CORP	ORATE NAME OF THE COLLEGE				( )	
ADDR	ESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION				DATE PROPERTY WAS FIRST USED BY CLAIMANT		
Cla an 2. Do 3. Is 4. Do	vner and operator:       (check applicable box         aimant is: <ul> <li>Owner and operator</li> <li>d claims exemption on all</li> <li>Land</li> <li>Land</li> <li>Ses the above institution qualify as a colle</li> <li>YES</li> <li>NO</li> <li>the institution conducted as a non-profit e</li> <li>YES</li> <li>NO</li> <li>the institution require for regular admit</li> <li>YES</li> <li>NO</li> <li>the institution confer upon its graduate</li> </ul>	Owner only Operator onl Buildings and improvements ge or seminary of learning under the entity?	and/or □ he laws of the Sta r high school cour	se or its equiv	a? alent?	rs in liberal arts
an	d sciences, or on a course of at least thre terinary medicine, pharmacy, architecture ] YES NO	e years in professional studies, su	ch as law, theolog			
6. Is i	the property for which the exemption is c	laimed used <b>exclusively</b> for the pu	rposes of educat	ion?		
	YES NO					
	t all buildings and other improvements fo et if necessary. Indicate whether leased					
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
						OWN
						OWN
						OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



<ul> <li>8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?</li> <li>YES NO If YES, please explain:</li> </ul>					
<ul> <li>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?</li> <li>YES NO</li> <li>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.</li> </ul>					
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?					
YES NO If <b>YES</b> , 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 <b>used exclusively</b> 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					
<ul> <li>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>					
<ul> <li>Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)</li> </ul>					
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

