EF-264-AH-R11-0514-30001130-1 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.")



Claude Parrish Orange County Assessor

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 or P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779 www.ocassessor.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		٦	FOR ASSESSOR'S USE ONLY			
				Received by _			
					(Assess	or's designee)	
				of	(cou	ınty or city)	
	L			on		(data)	
NIA.	ME OF CLAIMANT					(date)	
NAI	ME OF CLAIMANT						
TIT	LE OF CLAIMANT					DAYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				()			
٩DI	DRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION				DATE PROPERTY WAS FIRST USED BY CLAIMANT			
	Owner and operator: (check applicable bo						
	Claimant is:	☐ Owner only☐ Operat☐ Buildings and improvem	•		Dorsonal prop	ortv	
	•				Personal prope	•	
2. 1	Does the above institution qualify as a col	lege or seminary of learning u	naer tn	e laws of the Sta	te of California	1?	
3.	Is the institution conducted as a non-profit	t entity?					
	YES NO						
4.	Does the institution require for regular adr	mission the completion of a fou	ur-year	high school cour	se or its equiva	alent?	
	YES NO						
	Does the institution confer upon its graduate and sciences, or on a course of at least th						
	veterinary medicine, pharmacy, architectu				jy, education, i	nedicine, dentistry	, engineening,
	YES NO						
6.	Is the property for which the exemption is	claimed used exclusively for	the pur	poses of educati	on?		
	YES NO						
	List all buildings and other improvements sheet if necessary. Indicate whether lease		d and st	ate the primary	and incidental	use of each. Attac	ch a separate
	LOCATIONS	PRIMARY USE		INCIDEN	TAL USE		
						LEASE	OWN
						LEASE	OWN
						LEASE	OWN
						LEASE	□OWN
						LEASE	□ OWN
						LEASE	□ OWN
- 1			1				

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 YES NO If YES , please explain:	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 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? YES NO If YES, please explain:						
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 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						
CERTIFICATION						
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing accompanying statements or documents, is true, correct, and complete to the best of m						
SIGNATURE OF PERSON MAKING CLAIM	TITLE					
NAME OF PERSON MAKING CLAIM	DATE					
	D/112					

