### 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

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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)							
Г		Г		FOR ASSESSOR'S USE ONLY					
				Received by _					
					(Asses	sor's desi	gnee)		
				of	(cc	ounty or cit	ty)		
	L	ل		on					
						(date)			
NAM	E OF CLAIMANT								
TITL	E OF CLAIMANT					DAYT	IME TELEPH	ONE	NUMBER
COR	PORATE NAME OF THE COLLEGE								
ADD	RESS (Street, City, County, State, Zip Code)								
ASS	ESSOR'S PARCEL NUMBER OR LEGAL DESC	CRIPTION			DATE PROPER	RTY WAS	3 FIRST USE	D BY	CLAIMANT
C a 2. D 3. Is 4. D	nd claims exemption on all Land oes the above institution qualify as a co YES NO the institution conducted as a non-prof YES NO oes the institution require for regular ad YES NO	T Owner only Operator on D Buildings and improvements Ilege or seminary of learning under it entity? mission the completion of a four-year	the ar h	laws of the Stat	se or its equiv	a? valent?			
a	oes the institution confer upon its gradua nd sciences, or on a course of at least th eterinary medicine, pharmacy, architectu YES NO	nree years in professional studies, si	uch	as law, theolog					
6. Is	the property for which the exemption is	claimed used <b>exclusively</b> for the p	ourp	oses of education	on?				
	YES NO								
	st all buildings and other improvements eet if necessary. Indicate whether lease								separate
Γ	<b>BUILDING &amp; IMPROVEMENTS</b>	PRIMARY USE		INCIDEN	TAL USE				
						[	LEASE		OWN
							LEASE		OWN
							LEASE		OWN

#### 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 of last year?           YES         NO         If YES, please explain:								
<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?								
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								
<ul> <li>Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted.</li> </ul>								
<ul> <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								

# DAYTIME TELEPHONE EMAIL ADDRESS CERTIFICATION 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.

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SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

