EF-264-AH-R10-0512-34000688-1 BOE-264-AH (P1) REV. 10 (05-12)

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.")



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.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			F	OR ASSESSOR'S	S USE ONLY	,
				Received by			
					(Assessor's c	designee)	
				of	(county o	r city)	
	L		١	on			
				011	(dat	e)	
NAME O	F CLAIMANT						
TITLE OF	F CLAIMANT				DA	YTIME TELEPH	ONE NUMBER
CORPOR	RATE NAME OF THE COLLEGE				()	
CONFOR	VATE NAME OF THE COLLEGE						
ADDRES	SS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION					DATE PROPERTY V	VAS FIRST USF	D BY CLAIMAN
7.00200							.5 5 . 62
1. Owne	er and operator: (check applicable bo	oxes)					
Clain	nant is:	Owner only Operat	or only				
and o	claims exemption on all	☐ Buildings and improvem	ents	and/or \square	Personal property		
	the above institution qualify as a co YES NO	llege or seminary of learning un	nder th	e laws of the Sta	te of California?		
		t antituo					
	e institution conducted as a non-profi 'ES NO	t entity?					
	the institution require for regular ad	mission the completion of a fou	ır-year	high school cour	rse or its equivalen	t?	
Y	ES NO						
and s	the institution confer upon its gradua sciences, or on a course of at least th inary medicine, pharmacy, architectu	ree years in professional studi	es, suc	th as law, theolog			
	ES NO						
6. Is the	e property for which the exemption is	claimed used exclusively for	the pu	poses of educat	ion?		
Y	ES NO						
	all buildings and other improvements t if necessary. Indicate whether lease		d and s	tate the primary	and incidental use	of each. Attac	ch a separate
	LOCATIONS	PRIMARY USE		INCIDEN	ITAL USE		
						LEASE	\square OWN
						LEASE	OWN
						LEASE	OWN
						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 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 general 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							
as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gr							
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 ag	greement. 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 							
 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 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						

