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

LEASE

LEASE

LEASE

LEASE

OWN

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	e and mailing address)				
	Г	Г	F	OR ASSESSOR'S	USE ONLY	
			Received by _	(Assessor's d	esignee)	
			of	(county or	r city)	
	L	L	on	(date	ə)	
NA	ME OF CLAIMANT					
TIT	LE OF CLAIMANT			DAY (ONE NUMBER
CO	RPORATE NAME OF THE COLLEGE				,	
AD	DRESS (Street, City, County, State, Zip Code)					
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION		DATE PROPERTY W	AS FIRST USEI	D BY CLAIMANT
2. 3. 4. 5. [Owner and operator: <i>(check applicable bc</i> Claimant is: Owner and operator and claims exemption on all Land Does the above institution qualify as a col YES NO Is the institution conducted as a non-profi YES NO Does the institution require for regular adu YES NO Does the institution confer upon its gradua and sciences, or on a course of at least the veterinary medicine, pharmacy, architectu	Owner only Operator only Buildings and improvements lege or seminary of learning under th t entity? mission the completion of a four-year tes at least one academic or profession ree years in professional studies, su	and/or ne laws of the Sta high school cour onal degree, base ch as law, theolog	rse or its equivalent d on a course of at l	east two year	
7. I	Is the property for which the exemption is YES NO List all buildings and other improvements wheet if necessary. Indicate whether lease	for which exemption is claimed and	state the primary	and incidental use		
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	ITAL USE		
					□ 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: 						
 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?						
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						
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

