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

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

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	and mailing addrass)					
		-	ר	FC	OR ASSESSOR	'S USE ONLY	,
				Received by _			
					(Assessor's	s designee)	
				of	(county		
	L	-	J		(county	OF CILY)	
				on	(di	ate)	
NA	ME OF CLAIMANT						
111	LE OF CLAIMANT				(AYTIME TELEPH	ONE NUMBER
CO	RPORATE NAME OF THE COLLEGE					/	
AD	DRESS (Street, City, County, State, Zip Code)						
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESCR	RIPTION			DATE PROPERTY	WAS FIRST USE	D BY CLAIMANT
1	Owner and operator: (check applicable bo)	xes)					
		Owner only Operator of	nly				
	and claims exemption on all 🛛 🗌 Land	Buildings and improvements	3	and/or 🗌 I	Personal property	y	
2.	Does the above institution qualify as a colle	ege or seminary of learning under	r the	e laws of the Stat	te of California?		
	YES NO						
3.	Is the institution conducted as a non-profit	entity?					
	YES NO						
4.	Does the institution require for regular adm YES NO	nission the completion of a four-ye	ear l	nigh school cours	se or its equivale	nt?	
	Does the institution confer upon its graduate and sciences, or on a course of at least thr						
	veterinary medicine, pharmacy, architectur						
	YES NO						
6.	Is the property for which the exemption is a	claimed used exclusively for the	pur	poses of educati	on?		
	YES NO						
	List all buildings and other improvements for the second state of the second state if necessary. Indicate whether leased						
	BUILDING & IMPROVEMENTS	PRIMARY USE		INCIDEN	TAL USE		
							OWN
						LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DAYTIME TELEPHONE	EMAIL ADDRESS						
NAME	TITLE						
	Whom should we contact during normal business hours for additional information?						
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 Attach a separate page, or current catalog, issing the degrees contened 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.) 							
substituted.	parate page showing the requirements for admission. A current catalog showing the requirements may be parate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each						
ADDITIONAL REQUIRED DOCUMENTATION							
Taxation Code.							
	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						
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.							
12. Is any equipment or other property being leased or rented from someone else?							
11. If any business is op	erated by someone other than the college, attach a copy of the lease or other agreement. Please explain:						
YES NC	If YES , please explain:						
10. Has any of the prope	erty listed above been used for business purposes other than a student bookstore?						
) e institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes, stablishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied.						
	ortion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income 512 of the Internal Revenue Code?						
YES NC							
8. Has any construction	commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?						

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



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