EF-264-AH-R13-0522-34000235-1 BOE-264-AH (P1) REV. 13 (05-22)	SNU OF SACE	SA INS	STITUTIONAL	VYNN FO COUNTY A EXEMPTIONS SE iver Drive, Suite 2	ECTION
COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20 (Example: a person filing a t imely claim in J ar would enter "2011-2012.")		Sa Ph FA	cramento, CA one (916) 875- X (916) 854-91 os://assessor.s	95864-5952 0720 181	
This claim must be filed by 5:00 p.m., Feb	ruary 15.				
CLAIMANT NAME AND MAILING ADDRESS	-	FO	R ASSESSC	OR'S USE ONLY	<b>,</b>
(Make necessary corrections to the printed name	and mailing address)	Received by			
			(Assess	or's designee)	
		of	(cou	inty or city)	
			,	,	
L		on		(date)	
If you no longer seek an exemption at this loo	cation, check here 🗌 Sign and ret	urn this form to the	Assessor. Da	ite vacated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				\ /	
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR			DATE PROPER	TY WAS FIRST USE	
			Ditt 2 i ttor 2it		
1. Owner and operator: (check applicable bo	veci				
	Owner only Operator on	lv			
-	Buildings and improvements		ersonal prope	erty	
2. Does the above institution qualify as a coll	ege or seminary of learning under	the laws of the State	e of California	?	
<ol> <li>Is the institution conducted as a non-profit</li> </ol>	entity?				
YES NO					
4. Does the institution require for regular adm	nission the completion of a four-yea	ar high school cours	e or its equiva	alent?	
5. Does the institution confer upon its graduate and sciences, or on a course of at least thr veterinary medicine, pharmacy, architectur YES NO	ee years in professional studies, su	uch as law, theology			
6. Is the property for which the exemption is	claimed used <b>exclusively</b> for the p	urposes of educatio	on?		
YES NO					
<ol><li>List all buildings and other improvements f sheet if necessary. Indicate whether lease</li></ol>					
<b>BUILDING &amp; IMPROVEMENTS</b>	PRIMARY USE	INCIDENT	ALUSE		
					OWN
					OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

□ LEASE □ OWN

OWN

LEASE



	4-AH-R13-0522-34000235-2 E-264-AH (P2) REV. 13 (05-22)
8.	Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?
	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?
	If <b>YES</b> , 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?
	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

- 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 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				

