## **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.")



## Lawrence E. Stone Santa Clara County Assessor Exemptions Unit West Tasman Campus 130 W Tasman Drive San Jose, CA 95134 Ph: (408) 299-6460 exemptions@asr.sccgov.org www.sccassessor.org

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

|      | CLAIMANT NAME AND MAILING ADDRESS<br>(Make necessary corrections to the printed name an                                                          | d mailing address)                    |       |                    |                    |               |               |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------|--------------------|--------------------|---------------|---------------|
|      |                                                                                                                                                  | -                                     | ٦     | FC                 | OR ASSESSOR        | 'S USE ONLY   | ,             |
|      |                                                                                                                                                  |                                       |       | Received by _      |                    |               |               |
|      |                                                                                                                                                  |                                       |       |                    | (Assessor's        | s designee)   |               |
|      |                                                                                                                                                  |                                       |       | of                 | (county            | v or city)    |               |
|      | L                                                                                                                                                | -                                     |       | 00                 | ()                 |               |               |
|      |                                                                                                                                                  |                                       |       | on                 | (d                 | late)         |               |
| NAN  | IE OF CLAIMANT                                                                                                                                   |                                       |       |                    |                    |               |               |
| TITI | E OF CLAIMANT                                                                                                                                    |                                       |       |                    | D                  | AYTIME TELEPH | ONE NUMBER    |
|      |                                                                                                                                                  |                                       |       |                    | (                  | )             |               |
| COF  | RPORATE NAME OF THE COLLEGE                                                                                                                      |                                       |       |                    | ·                  |               |               |
| ADD  | DRESS (Street, City, County, State, Zip Code)                                                                                                    |                                       |       |                    |                    |               |               |
|      |                                                                                                                                                  |                                       |       |                    |                    |               |               |
| ASS  | SESSOR'S PARCEL NUMBER OR LEGAL DESCRIF                                                                                                          | PHON                                  |       |                    | DATE PROPERTY      | WAS FIRST USE | D BY CLAIMANT |
| 1 (  | Owner and operator: (check applicable boxe                                                                                                       | s)                                    |       |                    |                    |               |               |
|      |                                                                                                                                                  | Owner only Operator o                 | only  |                    |                    |               |               |
| â    | and claims exemption on all 🛛 🗌 Land                                                                                                             | Buildings and improvements            | 3     | and/or 🛛 🛛         | Personal propert   | у             |               |
| 2. E | Does the above institution qualify as a collect YES NO                                                                                           | ge or seminary of learning under      | r the | e laws of the Stat | te of California?  |               |               |
| 3. I | s the institution conducted as a non-profit e                                                                                                    | ntity?                                |       |                    |                    |               |               |
|      | YES NO                                                                                                                                           |                                       |       |                    |                    |               |               |
| 4. [ | Does the institution require for regular admis YES NO                                                                                            | ssion the completion of a four-ye     | ear   | high school cours  | se or its equivale | ent?          |               |
| а    | Does the institution confer upon its graduates<br>and sciences, or on a course of at least three<br>reterinary medicine, pharmacy, architecture, | e years in professional studies, s    | suc   | h as law, theolog  |                    |               |               |
|      | YES NO                                                                                                                                           |                                       |       | <b>6</b> 1 1       |                    |               |               |
| 6. I | s the property for which the exemption is cla                                                                                                    | aimed used <b>exclusively</b> for the | pur   | poses of education | on?                |               |               |
|      | YES NO                                                                                                                                           |                                       |       |                    |                    |               |               |
|      | ist all buildings and other improvements for<br>heet if necessary. Indicate whether leased o                                                     |                                       |       |                    |                    |               |               |
| Γ    | BUILDING & IMPROVEMENTS                                                                                                                          | PRIMARY USE                           |       | INCIDEN            | TAL USE            |               |               |
|      |                                                                                                                                                  |                                       |       |                    |                    |               | OWN           |
| ľ    |                                                                                                                                                  |                                       |       |                    |                    |               | OWN           |
|      |                                                                                                                                                  |                                       |       |                    |                    |               | OWN           |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



| 8. Has any construction commenced ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | id/or been completed on this parcel since 12:01 a.m., January 1 of la<br>ise explain: | ast year? |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------|--|--|--|--|--|
| <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?                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |           |  |  |  |  |  |
| YES NO<br>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<br>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<br>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<br/>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | 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  |
|                                  |       |

