EF-264-AH-R13-0522-09000108-1 BOE-264-AH (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM	EL DORADO COUNTY JON DEVILLE, ASSESSOR 360 FAIR LN. PLACERVILLE, CA 95667 TEL. 530-621-5719
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")	
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 address) Г	FOR ASSESSOR'S USE ONLY         Received by
L	of(county or city)(date)
If you no longer seek an exemption at this location, check here Sign at NAME OF CLAIMANT TITLE OF CLAIMANT CORPORATE NAME OF THE COLLEGE	DAYTIME TELEPHONE NUMBER
ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: ( <i>check applicable boxes</i> ) Claimant is: Owner and operator Owner only Operat and claims exemption on all Land Buildings and improvem	-
<ul> <li>2. Does the above institution qualify as a college or seminary of learning u</li> <li>YES</li> <li>NO</li> <li>3. Is the institution conducted as a non-profit entity?</li> <li>YES</li> <li>NO</li> </ul>	nder the laws of the State of California?
<ul> <li>4. Does the institution require for regular admission the completion of a for YES NO</li> <li>5. Does the institution confer upon its graduates at least one academic or prand sciences, or on a course of at least three years in professional studi veterinary medicine, pharmacy, architecture, fine arts, commerce, or jou YES NO</li> <li>6. Is the property for which the exemption is claimed used exclusively for</li> </ul>	ofessional degree, based on a course of at least two years in liberal arts es, such as law, theology, education, medicine, dentistry, engineering, malism?

- YES NO
- 7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

<b>BUILDING &amp; IMPROVEMENTS</b>	PRIMARY USE	INCIDENTAL USE	
			OWN

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

-264-AH-R13-0522-09000108-2 BOE-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 la	ist year?		
<ul> <li>9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates 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 action of the institution of the institution of the institution.</li> </ul>	company this claim. Property taxes,		
as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross 10. Has any of the property listed above been used for business purposes other than a student bookstore? YES NO If <b>YES</b> , please explain:	income, will be levied.		
11. If any business is operated by someone other than the college, attach a copy of the lease or other agree	ement. Please explain:		
<ul> <li>12. Is any equipment or other property being leased or rented from someone else?</li> <li>YES NO</li> <li>If YES, list on a separate sheet the name and address of the owner and the type, make, model, and property listed is not used exclusively for educational purposes at the collegiate level, please state the property, provide the name and address of the owner.</li> </ul>	serial number of the property. If the he other uses of the property. If real		
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, so Taxation Code.	ee section 202.2 of the Revenue and		
<ul> <li>Attach a separate page showing the requirements for admission. A current catalog showing substituted.</li> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and</li> </ul>			
<ul> <li>Attach a copy of the financial statements (balance sheet and operating statement for the preced</li> </ul>	-		
Whom should we contact during normal business hours for additional inf	formation?		
NAME	TITLE		
DAYTIME TELEPHONE EMAIL ADDRESS	1		
CERTIFICATION			
I certify (or declare) under penalty of periury under the laws of the State of California that the foregoing and all information hereon, including any			

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

NAME OF PERSON MAKING CLAIM	DATE

