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.")

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



Claude Parrish Orange County Assessor Civic Center Plaza, Building 11 625 N. Ross Street, Room 142 P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779 www.ocgov.com/assessor

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		
Г	Γ	FOR ASSESSOR'S USE ONLY
		Received by
		Of(county or city)
		ON(date)
NAME OF CLAIMANT		
TITLE OF CLAIMANT		DAYTIME TELEPHONE NUMBER
CORPORATE NAME OF THE COLLEGE		
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	tor only	
and claims exemption on all Land Duildings and improvem	ents	and/or Personal property
2. Does the above institution qualify as a college or seminary of learning u YES NO	nder th	e laws of the State of California?
3. Is the institution conducted as a non-profit entity?		
4. Does the institution require for regular admission the completion of a four YES NO	ur-year	high school course or its equivalent?
5. Does the institution confer upon its graduates at least one academic or pro and sciences, or on a course of at least three years in professional studi veterinary medicine, pharmacy, architecture, fine arts, commerce, or jou	ies, suc	h as law, theology, education, medicine, dentistry, engineering,
6. Is the property for which the exemption is claimed used exclusively for YES NO	the pur	poses of education?

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.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has	,		ommenced 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,	f, for which an exemption is claimed a student bookstore that generates unre	elated business taxable income
as defined in section 512 of the Inte	ernal Revenue Code?	

YES

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?
 - YES NO If **YES**, please explain:

NO

- 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		TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS	
()		
	CERTIFICAT	ON
, , ,	5 1 5 5	ifornia that the foregoing and all information hereon, including any complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CL/	AIM	TITLE

NAME OF PERSON MAKING CLAIM	DATE

