EF-264-AH-R12-0516-34000204-1 BOE-264-AH (P1) REV. 12 (05-16)

## **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

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

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)		
Γ	٦	FOR ASSESSO	R'S USE ONLY
		Received by	r's designee)
			r's designee)
		of(cour	ty or city)
L	ل	on	(1.1.)
NAME OF CLAIMANT  TITLE OF CLAIMANT  CORPORATE NAME OF THE COLLEGE	<b>4/</b> S		DAYTIME TELEPHONE NUMBER
ADDRESS (Street, City, County, State, Zip Code)	<b>A B A I</b>		
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERT	Y WAS FIR <mark>ST</mark> USED BY CLAIMANT
1. Owner and operator: (check applicable bo	xes)  Owner only  Operator on	ly	<b>-</b> :
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal prope	rty
<ul> <li>2. Does the above institution qualify as a colour YES NO</li> <li>3. Is the institution conducted as a non-profit YES NO</li> <li>4. Does the institution require for regular address</li> </ul>	entity?		
YES NO			
5. Does the institution confer upon its gradual and sciences, or on a course of at least th veterinary medicine, pharmacy, architectury  YES  NO	ree y <mark>ea</mark> rs in prof <mark>es</mark> siona <mark>l stu</mark> dies, su	uch <mark>as law, theology, e</mark> ducation, m	
6. Is the property for which the exemption is	claimed used exclusively for the p	urposes of education?	
YES NO			
7. List all buildings and other improvements sheet if necessary. Indicate whether lease			
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	
			☐ LEASE ☐ OWN
			☐ LEASE ☐ OWN
			☐ LEASE ☐ OWN
			☐ LEASE ☐ OWN
			☐ LEASE ☐ OWN
			☐ LEASE ☐ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable as defined in section 512 of the Internal Revenue Code?  YES NO  If YES, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property 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 <b>YES</b> , please explain:			
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. It property listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property. If 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 Taxation Code.  ADDITIONAL REQUIRED DOCUMENTATION	real		
<ul> <li>Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted.</li> <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> <li>Whom should we contact during normal business hours for additional information?</li> </ul>			
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	—		

