EF-264-AH-R12-0516-57000239-1 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.")



YOLO COUNTY COUNTY ASSESSOR

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 assessor@yolocounty.org

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

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed nam	e and mailing address)				
		7	FOR ASSESSOR	'S USE ONLY		
			Received by			
			(Assessor's	designee)		
			Of(county	or city)		
	L	_	on			
			(da	ate)		
NAME OF	CLAIMANT					
TITLE OF	CLAIMANT		D	AYTIME TELEPHO	ONE NUMBER	
CORPORA	ATE NAME OF THE C <mark>OL</mark> LEGE					
ADDRESS	S (Street, City, County, State, Zip Code)					
A Q Q E Q Q C	DR'S PARCEL NUMBER OR LEGAL DESC	PIDTION	DATE DROPEDTY	WAS EIDST LIGHT	D DV CLAIMANIT	
HOOEOOC	OR S PARCEL NUMBER OR LEGAL DESC	AIF HON	DATE PROPERTY	WAS FIRST USE	D B T CLAIMAN I	
1. Owner	r and operator: (check applicable bo	oxes)				
Claima	ant is:	Owner only Operator onl	у			
and claims exemption on all Land Buildings and improvements and/or Personal property						
2. Does the above institution qualify as a college or seminary of learning under the laws of the State of California?						
YES NO 3. Is the institution conducted as a non-profit entity?						
3. IS the		it Grinty !	V\JI	1		
4. Does the institution require for regular admission the completion of a four-year high school course or its equivalent?						
YES NO						
		ites at least one academic or professi				
		nree y <mark>ear</mark> s in prof <mark>es</mark> sion <mark>al studies, su</mark> ure, fi <mark>ne</mark> arts, commerce, or journalis		uicine, dentistry	y, engineering	
YE	ES NO		<u> </u>			
6. Is the	property for which the exemption is	s claimed used exclusively for the po	urposes of education?			
YE	ES NO					
		for which exemption is claimed and				
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						
	J	TAMAKI OOL	MODENTAL OOL	LEASE	□ OWN	
				LEASE	□ OWN	
				LEASE	□ OWN	
				LEASE	□ OWN	
				LEASE	□ OWN	
				LEASE	□ OWN	
		1				

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 income 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 to 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:						
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						
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	DATE					

