COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 _____ - 20 _____. (Example: a person filing a timely claim in J anuary 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) | _ | FOR ASSESSOR'S USE ONLY | | |
|---------------------------------------------------------------------------------------------------------------|---|-------------------------|--|--|
| I | I | Received by | | |
| | | of (county or city) | | |
| L | | on(date) | | |
| | | | | |

If you no longer seek an exemption at this location, check here 🗌 Sign and return this form to the Assessor. Date vacated:_____

| 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: (check applicable boxes) | |
| Claimant is: Owner and operator Owner only Operator only | |
| and claims exemption on all | and/or Personal property |
| 2. Does the above institution qualify as a college or seminary of learning under the YES NO | 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-year YES NO | high school course or its equivalent? |
| 5. Does the institution confer upon its graduates at least one academic or profession and sciences, or on a course of at least three years in professional studies, succeterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism YES NO | ch as law, theology, education, medicine, dentistry, engineering |

6. Is the property for which the exemption is claimed used exclusively for the purposes of education?

| 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.

| BUILDING & IMPROVEMENTS | PRIMARY USE | INCIDENTAL USE | |
|------------------------------------|-------------|----------------|-----|
| | | | OWN |
| | | | |
| | | | |

| 8. H | as | any consti | ruction | commenced | and/or been | completed | on this p | parcel since | 12:01 | a.m., | January ? | l of last y | /ear? |
|------|----|------------|---------|---------------------|----------------|-----------|-----------|--------------|-------|-------|-----------|-------------|-------|
| | | YES | N |) If YES , p | olease explair | 1: | | | | | | | |

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 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: |
|-----|----|---------|--------|----------|
| | | | | |

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 | |
| | rjury under the laws of the State of California that the foregoing a nts or documents, is true, correct, and complete to the best of m | |
| SIGNATURE OF PERSON MAKING CLAIM | | TITLE |
| | | |
| NAME OF PERSON MAKING CLAIM | DATE | |
| | | |