		ISA CO	A	rnold Gross	s Jr.	
-264–AH–R13–0522–06000055–1 BOE-264-AH (P1) REV. 13 (05-22)			-C	olusa Coun 47 Market St., S	hty Assessor Suite 101	
COLLEGE EXEMPTION CLAIM		TE		olusa, CA 9593 30) 458-0450	32	
This claim is filed for fiscal year 20 2 (Example: a person filing a t imely claim in J an would enter "2011-2012.")		ALIFORN	(3	50) 438-0430		
This claim must be filed by 5:00 p.m., Febr	ruary 15.					
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name a	and mailing address)		F	FOR ASSESSOR'S USE ONLY		
		Г	Received by _	(Assessor's designee)		
			of	(coi	unty or city)	
			on			
					(date)	
If you no longer seek an exemption at this loc	ation, check here 🗌	Sign and retu	rn this form to the	e Assessor. Da	ate vacated:	
NAME OF CLAIMANT						
TITLE OF CLAIMANT					DAYTIME TELEPH	
THE OF CLAIMANT					()	
CORPORATE NAME OF THE COLLEGE					()	
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR	RIPTION			DATE PROPER	RTY WAS FIRST USE	D BY CLAIMAN
1. Owner and operator: (check applicable box	(65)			1		
Claimant is: Owner and operator		Operator only	/			
and claims exemption on all	Buildings and im	nprovements	and/or	Personal prop	erty	
2. Does the above institution qualify as a colle	ege or seminary of lea	arning under th	ne laws of the Sta	te of California	a?	
3. Is the institution conducted as a non-profit of	entity?					
YES NO						
 Does the institution require for regular adm 	nission the completion	n of a four-vear	high school cour	se or its equiv	alent?	
YES NO			nigh bonoor ood			
						ro in liberal or
Does the institution confer upon its graduate and sciences, or on a course of at least three						
veterinary medicine, pharmacy, architecture	e, fine arts, commerc	e, or journalisr	n?			
YES NO						
6. Is the property for which the exemption is c	claimed used exclusi	vely for the pu	rposes of educat	ion?		
YES NO						
7. List all buildings and other improvements for						
sheet if necessary. Indicate whether leased	d or owned. Please u	-			or's Parcel Num	ber.
BUILDING & IMPROVEMENTS		JSE	INCIDEN	TAL USE		
						OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

□ LEASE □ OWN □ LEASE □ OWN

OWN

LEASE



EF-264-AH-R13-0522-06000055-2 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 last year?
 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?
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?
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				

