EF-264-AH-R13-0522-34000150-1 BOE-264-AH (P1) REV. 13 (05-22)		SULL OF SACRAM	R S	STITUTIONAL	FO COUNTY A EXEMPTIONS SE	ECTION
COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20 2 (Example: a person filing a t imely claim in J and would enter "2011-2012.")		GLIFORNUA	S P F	acramento, CA hone (916) 875 AX (916) 854-9 ttps://assessor.s	-0720 181	00
This claim must be filed by 5:00 p.m., Febr	uary 15.					
CLAIMANT NAME AND MAILING ADDRESS	-		F	OR ASSESSO	OR'S USE ONLY	,
(Make necessary corrections to the printed name a	nd mailing address)	Г	Received by			
			-	(Assess	sor's designee)	
			of	(coi	Inty or city)	
			0.7			
L			on		(date)	
If you no longer seek an exemption at this loca	ation, check here 🗌 S	ign and retur	n this form to the	e Assessor. Da	ate vacated:	
NAME OF CLAIMANT						
TITLE OF CLAIMANT					DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE					( )	
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRI	DTION				TY WAS FIRST USE	
ASSESSOR S FARGEL NUMBER OR LEGAL DESCRI	FIION			DATE FROFER	TT WAS FIRST USE	DBTCLAIMANT
<ol> <li>Owner and operator: (check applicable box Claimant is: Owner and operator and claims exemption on all Land</li> <li>Does the above institution qualify as a colle YES NO</li> </ol>	<ul> <li>Owner only</li> <li>Owner only</li> <li>Buildings and impr</li> </ul>	ovements		Personal prop		
3. Is the institution conducted as a non-profit e	entity?					
4. Does the institution require for regular admi	ssion the completion of	f a four-year l	nigh school cou	rse or its equiva	alent?	
5. Does the institution confer upon its graduate and sciences, or on a course of at least thre veterinary medicine, pharmacy, architecture YES NO	e years in professional	studies, sucl	n as law, theolog			
6. Is the property for which the exemption is cl	aimed used <b>exclusive</b>	ly for the pur	poses of educat	ion?		
<ol><li>List all buildings and other improvements fo sheet if necessary. Indicate whether leased</li></ol>						
<b>BUILDING &amp; IMPROVEMENTS</b>	PRIMARY USI	E	INCIDEN	ITAL USE		
						OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

□ LEASE □ OWN

OWN

LEASE

EF-	264-AH-R13-0522-34000150-2 BOE-264-AH (P2) REV. 13 (05-22)			
	<ul> <li>8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?</li> <li>YES NO If YES, please explain:</li> </ul>			
	<ul> <li>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?</li> <li>YES NO</li> </ul>			
	If <b>YES</b> , 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 <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?			
If <b>YES</b> , list on a separate sheet the name and address of the owner and the type, make, model, and serial number of the property listed is not <b>used exclusively</b> for educational purposes at the collegiate level, please state the other uses of the 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					

