EF-264-AH-R13-0522-50000261-1 BOE-264-AH (P1) REV. 13 (05-22)

COLLEGE EXEMPTION CLAIM

Stanislaus

County
Striving to be the Best

Stanislaus County Assessor

Don H. Gaekle

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This claim is filed for fiscal year 20

This claim is filed for fiscal year 20 ____ - 20 ____. (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")

This claim must be filed by 5:00 p.m., Feb	oruary 15.				
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY			
(wake necessary conections to the printed hame	and maining address)	Received by _	(Assessor's	donignoo)	
			(Assessors	s designee)	
		of	(county	or city)	
		on			
L	_		(d	ate)	
If you no longer seek an exemption at this lo	cation, check here Sign and retui	rn this form to the	Assessor. Date	vacated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT			D	AYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE			()	
CONTONATE NAME OF THE GOLLEGE					
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	DATE PROPERTY WAS FIRST USED BY CLAIMAN				
1. Owner and operator: (check applicable bo	exes)				
Claimant is:	☐ Owner only ☐ Operator only	′			
and claims exemption on all	☐ Buildings and improvements	and/or	Personal property	y	
2. Does the above institution qualify as a col	lege or seminary of learning under th	e laws of the State	e of California?		
3. Is the institution conducted as a non-profit YES NO	t entity?				
4. Does the institution require for regular adr YES NO	mission the completion of a four-year	high school cours	e or its equivale	nt?	
5. Does the institution confer upon its gradual and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu YES NO	ree years in professional studies, suc	ch as law, theology			
6. Is the property for which the exemption is	claimed used exclusively for the pur	rposes of education	on?		
YES NO					
7. List all buildings and other improvements sheet if necessary. Indicate whether lease					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENT	AL USE		
				LEASE	□OWN
				LEASE	_ ☐ OWN
				LEASE	□OWN
				LEASE	OWN
				LEASE	OWN
				LEASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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8. Has any construction commenced and/or been completed on this parcel since 12:01 YES NO If YES , please explain:	a.m., January 1 of last year?
9. Is the property, or a portion thereof, for which an exemption is claimed a student boo 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 Reverse as determined by establishing a ratio of the unrelated business taxable income to the state of th	enue Service must accompany this claim. Property taxes,
10. Has any of the property listed above been used for business purposes other than a YES NO If YES , please explain:	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? YES NO If YES, list on a separate sheet the name and address of the owner and the type property listed is not used exclusively for educational purposes at the collegiate property, provide the name and address of the owner. The benefit of a property tax exemption must inure to the lessee institution. If taxes Taxation Code.	level, please state the other uses of the property. If real
ADDITIONAL REQUIRED DOCUMEN	ITATION
 Attach a separate page showing the requirements for admission. A curre substituted. Attach a separate page, or current catalog, listing the degrees conferred updegree. Attach a copy of the financial statements (balance sheet and operating statements) 	on the graduates and the requirements for each
Whom should we contact during normal business hour	rs for additional information?
DAYTIME TELEPHONE EMAIL ADDRESS	
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California the accompanying statements or documents, is true, correct, and complete	
SIGNATURE OF PERSON MAKING CLAIM	TITLE

DATE



NAME OF PERSON MAKING CLAIM