EF-264-AH-R12-0516-03000538-1 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.")



## James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

## 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)				
Γ	¬	F	OR ASSESSOR'S	USE ONLY	
		Received by _			
			(Assessor's des	signee)	
		of	(county or c	city)	
L	_	on			
			(date)		
NAME OF CLAIMANT					
TITLE OF CLAIMANT			DAY*	TIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				/	
ADDRESS (Street, City, County, State, Zip Code)					
ADDITION (Guest, Sity, Gourny, State, 219 Gous)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCI		DATE PROPERTY WAS FIRST USED BY CLAIMANT			
A Comment of the standard for the standa					
<ol> <li>Owner and operator: (check applicable bo Claimant is:</li></ol>	•	v			
and claims exemption on all	☐ Buildings and improvements		Personal property		
2. Does the above institution qualify as a coll					
YES NO					
3. Is the institution conducted as a non-profit	entity?				
YES NO					
<ol> <li>Does the institution require for regular adr</li> <li>YES NO</li> </ol>	nission the completion of a four-yea	r high school cour	se or its equivalent?	•	
5. Does the institution confer upon its graduat					
and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture			gy, education, medic	ine, dentistry	, engineering
YES NO					
6. Is the property for which the exemption is	claimed used <b>exclusively</b> for the pro-	urposes of educat	ion?		
YES NO					
7. List all buildings and other improvements to sheet if necessary. Indicate whether leased					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
				LEASE	$\square$ OWN
				LEASE	OWN
				LEASE	$\square$ OWN
				LEASE	$\square$ OWN
				LEASE	$\square$ OWN
				LEASE	$\square$ OWN

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 a.m., January 1  YES NO If <b>YES</b> , please explain:	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 inc 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 tax					
as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gr	ross 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 age.	greement. Please explain:				
12. Is any equipment or other property being leased or rented from someone else?					
YES NO					
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. If the property listed is not <b>used exclusively</b> 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					
<ul> <li>Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted.</li> </ul>					
<ul> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each</li> </ul>					
<ul> <li>Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)</li> </ul>					
Whom should we contact during normal business hours for additiona	I 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				

