EF-264-AH-R12-0516-21000555-1 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.")



SHELLY SCOTT ASSESSOR-RECORDER-COUNTY CLERK

EXEMPTIONS DIVISION PO Box C, Civic Center Branch San Rafael, CA 94913 PH (415) 473-3794 FAX (415) 473-6542 www.marincounty.gov

This claim must be filed by 5:00 p.m., February 15.

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name)	ne and mailing address)					
Γ		,	٦	FOR ASSESSOR'S USE ONLY			
				Received by _			
					(Assessor's de	esignee)	
				of	(county or	city)	
	L		_	on	(date	.)	
NAME O	F CLAIMANT						
NAIVIL O	CLAIMANT						
TITLE OI	FCLAIMANT				DAY	TIME TELEPH	ONE NUMBER
CORPOR	RATE NAME OF THE COLLEGE				()	
ADDDEC	20. (Otro-et Oits, Occupts, Oteta, 7ia Oceda)						
ADDRES	SS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION					DATE PROPERTY WAS FIRST USED BY CLAIMANT		
	er and operator: <i>(check applicable b</i> nant is: ☐ Owner and operato	<i>oxes)</i> r □ Owner only □ Ope	erator only				
	claims exemption on all		•		Personal property		
2. Does	s the above institution qualify as a co			e laws of the Sta	te of California?		
Y	'ES NO		_				
	e institution conducted as a non-prof 'ES NO	it entity?					
ш	s the institution require for regular ad	Imission the completion of a	four-year	high school cour	se or its equivalent	?	
	ES NO	·	j	· ·	·		
	the institution confer upon its gradua						
	sciences, or on a course of at least the inary medicine, pharmacy, architections.				gy, education, medi	cine, dentistr	y, engineering
Y	ES NO						
6. Is the	e property for which the exemption is	s claimed used exclusively	for the pur	poses of educat	ion?		
Y	ES NO						
	all buildings and other improvements if necessary. Indicate whether lease						
E	BUILDING & IMPROVEMENTS	PRIMARY USE		INCIDEN	TAL USE		
						LEASE	\square OWN
						LEASE	\square OWN
						LEASE	\square OWN
						LEASE	\square OWN
						LEASE	\square OWN
						LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-264-AH-R12-0516-21000555-2 BOE-264-AH (P2) REV. 12 (05-16)

8. Has any construction commenced an YES NO If YES , plea		e 12:01 a.m., January 1	of last year?					
8. 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 YES NO If YES , plea	···	than a student booksto	re?					
11. If any business is operated by some	one other than the college, attach a cop	y of the lease or other a	greement. 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.								
 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						

