EF-264-AH-R12-0516-25000712-1 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.")



## **Cheri Budmark Modoc County Assessor**

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

## 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)						
					FOR ASSESSOR'S USE ONLY		
				Received by _			
				_	(Asses	ssor's designee)	
				of	(cc	ounty or city)	
	L		_	on			
						(date)	
NAME OF	CLAIMANT						
TITLE OF	CLAIMANT	DAYTIME TELEPHONE NUMBER					
CORPORATE NAME OF THE COLLEGE						( )	
ADDRESS	(Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION					DATE PROPERTY WAS FIRST USED BY CLAIMANT		
	and operator: (check applicable be						
Claima			-		D		
	aims exemption on all			_	Personal prop	,	
2. Does t	the above institution qualify as a co	llege or seminary of learnin	ng under the	e laws of the Sta	te of Californi	a?	
3. Is the	institution conducted as a non-prof	it entity?					
YE	S NO						
4. Does t	he institution require for regular ad	mission the completion of a	a four-year	high school cour	se or its equiv	valent?	
	he institution confer upon its gradua						
	iences, or on a course of at least that medicine, pharmacy, architectu				y, education,	medicine, dentistr	y, engineering
YE			•				
6. Is the	property for which the exemption is	claimed used exclusively	for the pur	poses of educat	on?		
YE	S NO						
	buildings and other improvements f necessary. Indicate whether lease						
ВІ	JILDING & IMPROVEMENTS	PRIMARY USE		INCIDEN	TAL USE		
						LEASE	OWN
						LEASE	□ OWN
						LEASE	OWN
						LEASE	OWN
						LEASE	□ OWN
						□LFASE	□OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-264-AH-R12-0516-25000712-2 BOE-264-AH (P2) REV. 12 (05-16)

8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of 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 incom as defined in section 512 of the Internal Revenue Code?  YES  NO  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 bookstor YES NO If <b>YES</b> , please explain:	re?					
11. If any business is operated by someone other than the college, attach a copy of the lease or other ag	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						
Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted.						
<ul> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree.</li> <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 additional						
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					

