COLLEGE EXEMPTION CLAIM

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



Josie Gonzales Assessor-Recorder-County Clerk San Bernardino County 222 W. Hospitality Lane, 4th Floor San Bernardino, CA 92415-0311 arc.sbcounty.gov 909-387-8307 or 1-877-885-7654

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

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)	Г				
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				Received by			
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				of	(COL	unty or city)	
	L	L		on			
						(date)	
NA	ME OF CLAIMANT						
TIT	LE OF CLAIMANT						ONE NUMBER
CO	RPORATE NAME OF THE COLLEGE					()	
	DRESS (Street, City, County, State, Zip Code)						
AD	DRESS (Street, City, County, State, Zip Coue)						
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION			DATE PROPERTY WAS FIRST USED BY CLAIMAI		
2. 3. 4. 5. [3. 9.	Owner and operator: (check applicable books) Claimant is: Owner and operator and claims exemption on all Land Does the above institution qualify as a color YES YES NO Is the institution conducted as a non-profile YES YES NO Does the institution require for regular adding YES NO Does the institution confer upon its gradua and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture YES NO Is the property for which the exemption is YES NO Is the property for which the institution is YES NO	Owner only Operator only Buildings and improvements lege or seminary of learning under the t entity? mission the completion of a four-year tes at least one academic or profession ree years in professional studies, su re, fine arts, commerce, or journalism claimed used exclusively for the pu	the ar h ion uch m?	laws of the Stat igh school cours al degree, based as law, theolog	se or its equiva I on a course c y, education, r on?	alent? of at least two year nedicine, dentistr	y, engineering
	sheet if necessary. Indicate whether lease		510				a copulato
[LOCATIONS	PRIMARY USE		INCIDEN	TAL USE		
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced an YES NO If YES , plea	d/or been completed on this parcel since 12:01 a.m., January 1 of se explain:	last year?					
 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? 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	been used for business purposes other than a student bookstore' se explain:	?					
11. If any business is operated by some	one other than the college, attach a copy of the lease or other agre	eement. 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. 							
 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

