EF-264-AH-R13-0522-50000301-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

**Stanislaus County Assessor** 

Don H. Gaekle

1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863

Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

 $\square$  LEASE

LEASE

LEASE

LEASE

 $\square$  OWN

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

Thi	s claim must be filed by 5:00 p.m., Feb	oruary 15.				
	CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY			
(Make necessary corrections to the printed name		e and mailing address)	Received by			
			,	(Assesso	or's designee)	
			of	(cou	inty or city)	
	L	_	on		(date)	
If yo	ou no longer seek an exemption at this lo	cation, check here   Sign and retu	urn this form to the	e Assessor. Da	te vacated:	
NAN	ME OF CLAIMANT					
TITL	LE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER
COF	RPORATE NAME OF THE COLLEGE				( )	
ADE	DRESS (Street, City, County, State, Zip Code)					
ASS	SESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION		DATE PROPERT	TY WAS FIRST USE	D BY CLAIMAN
2. [ [ 3. l: ] 4. [ 5. [ a v [ 6. l: ]	and claims exemption on all Land Does the above institution qualify as a col YES NO  s the institution conducted as a non-profit YES NO Does the institution require for regular add YES NO Does the institution confer upon its gradual and sciences, or on a course of at least the reterinary medicine, pharmacy, architecturally YES NO  s the property for which the exemption is YES NO  sist all buildings and other improvements	t entity?  mission the completion of a four-year  tes at least one academic or professi ree years in professional studies, so re, fine arts, commerce, or journalis  claimed used exclusively for the professional studies.	and/or  and/or  he laws of the Star  r high school cour  onal degree, base  ich as law, theolog  m?  urposes of educations  state the primary is	rse or its equivated on a course or gy, education, minor?	? alent? f at least two year nedicine, dentistr	y, engineering ch a separate
	sheet if necessary. Indicate whether lease	ed or owned. Please use a separat	e claim form for	each Assesso		
}	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
}					LEASE	OWN
					LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



-264-AH-R13-0522-50000301- BOE-264-AH (P2) REV. 13 (05-22)	-2						
	enced and/or been completed on this parc ES, please explain:	el since 12:01 a.m., January 1 of la	ast year?				
as defined in section 512 of t	hereof, for which an exemption is claimed he Internal Revenue Code? ution's most recent tax return filed with the	_					
	ble income to the bookstore's gross						
	ed above been used for business purpose ES, please explain:	es other than a student bookstore?					
11. If any business is operated	by someone other than the college, attach	n a copy of the lease or other agree	ement. 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 reaproperty, provide the name and address of the owner.							
	ADDITIONAL REQUIRE	ED 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 degree.</li> </ul>							
•	e financial statements (balance sheet and	operating statement for the preced	ling fiscal year.)				
Whom	ı should we contact during normal bu	usiness hours for additional in	formation?				
NAME			TITLE				
DAYTIME TELEPHONE  ( )	EMAIL ADDRESS		1				
	CERTIFIC	CATION					
	alty of perjury under the laws of the State of statements or documents, is true, correct						
SIGNATURE OF PERSON MAKING CLAIM		TITL					
NAME OF PERSON MAKING CLAIM		DAT					

DATE

