EF-264-AH-R13-0522-53000248-1 BOE-264-AH (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20 (Example: a person filing a t imely claim in J		P V P F	Shanna White County Clerk-R P.O. Box 1255 Veaverville, CA 960 Phone: (530) 623-12 Fax: (530) 623-8398 Issessor@trinity.cou)93 257 3	sessor
would enter "2011-2012.") This claim must be filed by 5:00 p.m., Fe	ebruary 15.	F	OR ASSESSOR	'S USE ONLY	
(Make necessary corrections to the printed nar		Received by	(Assessor's	..	
L		on	(county	ate)	
If you no longer seek an exemption at this I	ocation, check here 🗌 Sign and r	eturn this form to the	e Assessor. Date	vacated:	
NAME OF CLAIMANT			D		
CORPORATE NAME OF THE COLLEGE			()	
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DES	CRIPTION		DATE PROPERTY	WAS FIRST USEI	D BY CLAIMANT
 Owner and operator: (check applicable & Claimant is: Owner and operator and claims exemption on all Land Does the above institution qualify as a constitution qualify as a con	or Owner only Operator of Buildings and improvement	and/or	Personal property ate of California?	ý	
3. Is the institution conducted as a non-pro	fit entity?				
4. Does the institution require for regular ac	dmission the completion of a four-ye	ear high school cou	rse or its equivale	nt?	
 5. Does the institution confer upon its graduation and sciences, or on a course of at least to veterinary medicine, pharmacy, architect YES NO 	three years in professional studies,	such as law, theolog			
6. Is the property for which the exemption i	s claimed used exclusively for the	purposes of educat	ion?		
7. List all buildings and other improvements sheet if necessary. Indicate whether leas					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	NTAL USE		
				LEASE	OWN

THIS I	DOCUMENT IS SUBJECT TO	PUBLIC INSPECTION

□ LEASE □ OWN □ LEASE □ OWN

EF-	-264-AH-R13-0522-53000248-2 BOE-264-AH (P2) REV. 13 (05-22)		
	 8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year? YES NO If YES, please explain: 		
	 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 been used for business purposes other than a student bookstore?		
	11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please explain:		
12. Is any equipment or other property being leased or rented from someone else?			
	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						
, , , , ,	rjury under the laws of the State of California that the foregoing a nts or documents, is true, correct, and complete to the best of m					
SIGNATURE OF PERSON MAKING CLAIM		TITLE				
NAME OF PERSON MAKING CLAIM		DATE				

