F-264-AH-R13-0522-53000098-1 BOE-264-AH (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM			Shanna White County Clerk- P.O. Box 1255 Weaverville, CA 96		sessor
This claim is filed for fiscal year 20 (Example: a person filing a t imely claim in J ar would enter "2011-2012.")		CITO MAR	Phone: (530) 623-1 Fax: (530) 623-839 assessor@trinityco	8	
This claim must be filed by 5:00 p.m., Feb	ruary 15.				
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	and mailing address)		FOR ASSESSOF	R'S USE ONLY	,
	and maining address)	□ Receive	d by	's desianee)	
			(	5	
		of	(count	y or city)	
L		on	()	date)	
If you no longer seek an exemption at this loc	cation, check here 📋 Sign ar	nd return this form	to the Assessor. Date	e vacated:	
NAME OF CLAIMANT					
NAME OF CLAIMANT					
TITLE OF CLAIMANT			[	DAYTIME TELEPH	ONE NUMBER
				( )	
CORPORATE NAME OF THE COLLEGE					
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR	RIPTION		DATE PROPERTY	Y WAS FIRST USE	D BY CLAIMANT
1. Owner and operator: <i>(check applicable bo.</i> Claimant is:   Owner and operator	xes)	or only			
and claims exemption on all 🛛 🗌 Land	Buildings and improvem	ents and/or	Personal proper	ty	
2. Does the above institution qualify as a coll	ege or seminary of learning u	nder the laws of th	ne State of California?		
3. Is the institution conducted as a non-profit	entity?				
4. Does the institution require for regular adm	nission the completion of a fou	ur-year high schoo	l course or its equivale	ent?	
5. Does the institution confer upon its graduate and sciences, or on a course of at least thr veterinary medicine, pharmacy, architectur	ee years in professional studi	es, such as law, th			
YES NO					
6. Is the property for which the exemption is a YES NO	claimed used <b>exclusively</b> for	the purposes of e	ducation?		
<ol> <li>List all buildings and other improvements f sheet if necessary. Indicate whether lease</li> </ol>					
BUILDING & IMPROVEMENTS	PRIMARY USE		IDENTAL USE		
				LEASE	
				_	
				LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

□ LEASE □ OWN □ LEASE □ OWN □ LEASE □ OWN

EF-	264–AH–R13–0522–53000098–2 BOE-264-AH (P2) REV. 13 (05-22)
	<ul> <li>8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?</li> <li>YES NO If YES, please explain:</li> </ul>
	<ul> <li>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?</li> <li>YES NO</li> </ul>
	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 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 <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.
- 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				

