EF-264-AH-R11-0514-38000357-1 BOE-264-AH (P1) REV. 11 (05-14)

## **COLLEGE EXEMPTION CLAIM**

Assessor-Recorder

1 Dr. Carlton B. Goodlett Place
City Hall - Room 190
San Francisco, CA 94102-4698

**Joaquin Torres** 

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

## 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)			
Γ	٦	FOR ASSESSOR	'S USE ONLY	
		Received by		
		(Assessor	s designee)	
		of(county	y or city)	
L	ل	on		
			date)	
NAME OF CLAIMANT				
TITLE OF CLAIMANT			DAYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE C <mark>OL</mark> LEGE				
ADDRESS (Street, City, County, State, Zip Code)				
	$\Lambda$ $\Lambda$ $\Lambda$			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	WAS FIRST USE	D BY CLAIMAN I
1. Owner and operator: (check applicable bo	vesl			
Claimant is: Owner and operator		ly		
and claims exemption on all	☐ Buildings and improvements	and/or Personal propert	у	
2. Does the above institution qu <mark>alify as a co</mark> l	lege or seminary of learning under	he laws of the State of California?		
YES NO				
3. Is the institution conducted as a non-profit	entity?	<b>V V J J</b>		
YES NO		V	_	
<ol> <li>Does the institution require for regular adr YES NO</li> </ol>	nission the completion of a four-yea	r high school course or its equivale	ent?	
5. Does the institution confer upon its graduat	too at loget one academia or profess	anal dagraa haaad an a sauraa af s	at locat two year	o in liboral arts
and sciences, or on a course of at least th	ree y <mark>ea</mark> rs in prof <mark>es</mark> siona <mark>l stu</mark> dies, su	uch <mark>as law, theology, e</mark> ducation, me		
veterinary medicine, pharmacy, architectu	re, fine arts, commerce, or journalis	m?		
☐ YES ☐ NO		L		
6. Is the property for which the exemption is	claimed used <b>exclusively</b> for the p	urposes of education?		
YES NO				
<ol><li>List all buildings and other improvements sheet if necessary. Indicate whether lease</li></ol>		state the primary and incidental us	e of each. Attac	ch a separate
LOCATIONS	PRIMARY USE	INCIDENTAL USE		
			LEASE	OWN
			LEASE	□ OWN
			LEASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced an YES NO If <b>YES</b> , plea	d/or been completed on this parcel since 12:01 a.m., Ja se explain:	nuary 1 of last year?			
2. 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 <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.					
	been used for business purposes other than a student	-			
YES NO If <b>YES</b> , plea		DOOKS1016 :			
11. If any business is operated by some	one 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?  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				
substituted.	nowing the requirements for admission. A current catalogurer catalogurer to current catalogues, listing the degrees conferred upon the grant catalogues.				
<ul> <li>Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)</li> </ul>					
NAME Whom should	I we contact during normal business hours for ad	ditional information?			
DAYTIME TELEPHONE ( )	EMAIL ADDRESS				
,	CERTIFICATION				
	rjury under the laws of the State of California that the for nts or documents, is true, correct, and complete to the b				
SIGNATURE OF PERSON MAKING CLAIM		TITLE			
NAME OF PERSON MAKING CLAIM		DATE			
NAME OF LENGUN MANING CENTRE		DAIL			

