		OF	County of In	уо	
264-AH-R13-0522-14000196-1	S	all len 2		myre, Assess	or
BOE-264-AH (P1) REV. 13 (05-22)	Ŭ,	0	PO Box J Independence, C	CA 93526	
COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20	20	LIFORNAT	760 878-0302 PI	hone	
(Example: a person filing a t imely claim in Ja would enter "2011-2012.")			inyoassessor@ir	iyocounty.us	
This claim must be filed by 5:00 p.m., Fel	oruary 15.				
CLAIMANT NAME AND MAILING ADDRESS			FOR ASSESS	OR'S USE ONLY	(
(Make necessary corrections to the printed name	e and maning address)	□ Received	l by	sor's designee)	
				č ,	
		of	(co	ounty or city)	
		on			
L				(date)	
If you no longer seek an exemption at this lo	cation, check here 🗌 Sign	and return this form	to the Assessor. D	ate vacated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT				DAYTIME TELEPH	IONE NUMBER
CORPORATE NAME OF THE COLLEGE				()	
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION		DATE PROPER	RTY WAS FIRST USE	D BY CLAIMAN
1. Owner and operator: (check applicable bo	oxes)		ł		
	Owner only Oper	ator only			
and claims exemption on all	Buildings and improve	ments and/or	Personal prop	erty	
2. Does the above institution qualify as a col	lege or seminary of learning	under the laws of th	e State of California	a?	
3. Is the institution conducted as a non-profi	t entity?				
YES NO	contry .				
4. Does the institution require for regular ad	mission the completion of a f	our-vear high school	course or its equiv	alent?	
YES NO		our-year nigh school	course of its equiv		
 Does the institution confer upon its gradua and sciences, or on a course of at least th veterinary medicine, pharmacy, architectur 	ree years in professional stu	dies, such as law, th			
YES NO					
6. Is the property for which the exemption is	claimed used exclusively for	or the purposes of ec	lucation?		
YES NO					
 7. List all buildings and other improvements sheet if necessary. Indicate whether lease 	for which exemption is claim	ed and state the prin	nary and incidental	use of each. Atta	ch a separate
BUILDING & IMPROVEMENTS	PRIMARY USE		IDENTAL USE		
	T KIMAKT USE			 □ LEASE	OWN
					OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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EF-	-264-AH-R13-0522-14000196-2 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? YES NO If YES , please explain:
	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						
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				

