064 NH 712 0500 00000001 1		HER OF COU		incent P. Ke		-
264-AH-R13-0522-22000231-1 BOE-264-AH (P1) REV. 13 (05-22)		Se Bas		O. Box 35	ariposa Asses	sor/Record
COLLEGE EXEMPTION CLAIM			() M	ariposa, CA 95		
This claim is filed for fiscal year 20 (Example: a person filing a t imely claim in Ja would enter "2011-2012.")		SADOSA COUL	Y Pr	ר: (209) 966-23	32	
This claim must be filed by 5:00 p.m., Fel	oruary 15.					
CLAIMANT NAME AND MAILING ADDRESS	-		FC	OR ASSESSO	OR'S USE ONLY	(
(Make necessary corrections to the printed name	e and maning address)	Г	Received by _	(100000	or's designee)	
			-	1	5	
			of	(COL	inty or city)	
		1	on			
L					(date)	
If you no longer seek an exemption at this lo	cation, check here] Sign and retur	n this form to the	Assessor. Da	ite 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	TY WAS FIRST USE	D BY CLAIMAN
1. Owner and operator: <i>(check applicable bc</i>		7 Operator only				
Claimant is: Owner and operator	-			Porconal prop	artı (
and claims exemption on all Land		•		Personal prope	,	
2. Does the above institution qualify as a color YES NO	llege or seminary of le	arning under th	e laws of the Stat	te of California	?	
3. Is the institution conducted as a non-profi	t entity?					
4. Does the institution require for regular add	mission the completion	n of a four-year	high school cours	se or its equiva	alent?	
YES NO						
5. Does the institution confer upon its gradua and sciences, or on a course of at least th						
veterinary medicine, pharmacy, architectu				ly, education, r	neulcine, dentisti	y, engineenn
		· •				
6. Is the property for which the exemption is	claimed used exclusion	ivelv for the pur	poses of educati	on?		
YES NO						
7. List all buildings and other improvements sheet if necessary. Indicate whether lease						
BUILDING & IMPROVEMENTS	PRIMARY	-	INCIDEN			
	FRIMARY	JJE	INCIDEN	IAL USE		
						_
						OWN
					□ LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

LEASE

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OWN

OWN



EF-264-AH-R13-0522-22000231-2 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				

