EF-264-AH-R13-0522-23000094-1 BOE-264-AH (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM			Katrina Barto MENDOCINO 501 Low Gap Ro Ukiah, CA 95482 Telephone: (707)	D COUNTY AS bad, Room 1020	SESSOR
This claim is filed for fiscal year 20 2 (Example: a person filing a t imely claim in J and would enter "2011-2012.")		UNIX	Fax: (707) 463-6		
This claim must be filed by 5:00 p.m., Febru	uary 15.				
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name a	nd mailing address)		FOR ASSESSO	OR'S USE ONLY	
	nu maning address)	□ Receive	d by	sor's designee)	
		of	(co	unty or city)	
		on			
L				(date)	
If you no longer seek an exemption at this loca	ation, check here 🗌 Sign a	nd return this form	to the Assessor. Da	ate vacated:	
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 DESCRI	PTION		DATE PROPER	RTY WAS FIRST USE	D BY CLAIMANT
	Owner only Opera	-			
and claims exemption on all 🛛 🗌 Land	Buildings and improven		Personal prop	,	
2. Does the above institution qualify as a colle	ge or seminary of learning u	inder the laws of t	he State of California	3?	
3. Is the institution conducted as a non-profit e	entity?				
4. Does the institution require for regular admi	ission the completion of a fo	ur-year high schoo	ol course or its equiv	alent?	
 5. Does the institution confer upon its graduates and sciences, or on a course of at least three veterinary medicine, pharmacy, architecture YES NO 	e years in professional stud	ies, such as law, t			
6. Is the property for which the exemption is cl	laimed used exclusively for	the purposes of e	education?		
YES NO					
 List all buildings and other improvements fo sheet if necessary. Indicate whether leased 					
BUILDING & IMPROVEMENTS	PRIMARY USE	-			
					OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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EF-	-264-AH-R13-0522-23000094-2 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				

