F-264-AH-R13-0522-26000110-1		COUNTY OF MC		Nono County Barry Beck, <i>I</i>	<pre>/ Office of the Assessor</pre>	Assessor	
BOE-264-AH (P1) REV. 13 (05-22)				PO Box 456 Bridgeport, CA 93517-0456			
COLLEGE EXEMPTION CLAIM				elephone: 760-9			
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")		WIFORNUS		Fax: 760-932-5511 Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor			
This claim must be filed by 5:00 p.m., Fe	bruary 15.						
CLAIMANT NAME AND MAILING ADDRESS	-		F	OR ASSESSO	OR'S USE ONLY	,	
(Make necessary corrections to the printed nam	ne and mailing address)	Г	Received by				
				(Assess	or's designee)		
			of	(COL	inty or city)		
			0.0	,	,		
L			on		(date)		
If you no longer seek an exemption at this lo	ocation, check here] Sign and retu	n this form to the	e Assessor. Da	ite vacated:		
NAME OF CLAIMANT							
TITLE OF CLAIMANT						ONE NUMBER	
CORPORATE NAME OF THE COLLEGE					()		
ADDRESS (Street, City, County, State, Zip Code)							
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC					TY WAS FIRST USE		
ASSESSON'S PARGEL NOWBEN ON LEGAL DESC				DATE FROFER	TT WAS TIKST USE	D DT CLAIMANT	
 Owner and operator: (check applicable b Claimant is: Owner and operato and claims exemption on all Land Does the above institution qualify as a co 	r Owner only Buildings and ir	nprovements	and/or	Personal prope	•		
	siege of seminary of le				1		
3. Is the institution conducted as a non-prof	ït entity?						
4. Does the institution require for regular ad	Imission the completio	n of a four-year	high school cou	rse or its equiva	alent?		
5. Does the institution confer upon its gradua and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu YES NO	hree years in professio	nal studies, suc	h as law, theolog				
6. Is the property for which the exemption is YES NO	s claimed used exclus	ively for the pu	poses of educat	ion?			
 List all buildings and other improvements sheet if necessary. Indicate whether leas 							
BUILDING & IMPROVEMENTS	PRIMARY	-		ITAL USE			
						OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

LEASE

LEASE

OWN

OWN



EF-	-264-AH-R13-0522-26000110-2 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						
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					

