EF-264-AH-R12-0516-23000566-1 BOE-264-AH (P1) REV. 12 (05-16)

COLLEGE EXEMPTION CLAIM

501 Low Gap Road, Room 1020

SUSAN M. RANOCHAK

MENDOCINO COUNTY ASSESSOR

Ukiah, CA 95482

Telephone: (707) 463-4315 Fax: (707) 463-6597

This claim is filed for fiscal year 20	- 20	
(Example: a person filing a timely claim	in January	201
would enter "2011-2012.")		

This claim must be filed by 5:00 p.m.,	February 15.					
CLAIMANT NAME AND MAILING ADDRES (Make necessary corrections to the printed						
(Make Hecessary corrections to the printed	name and mailing address)	\neg	F	OR ASSESSOR	'S USE ONLY	,
			Received by _			
			,	(Assessor'	s designee)	
			of	(county	y or city)	
L			on			
NAME OF CLAIMANT				(0	date)	
NAME OF CLAIMANT						
TITLE OF CLAIMANT				[DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE					.)	
ADDRESS (Street, City, County, State, Zip Code,						
ADDRESS (Street, City, County, State, 21p Code,)					
ASSESSOR'S PARCEL NUMBER OR LEGAL D	ESCRIPTION			DATE PROPERTY	WAS FIRST USE	D BY CLAIMAN
1. Owner and operator: (check applicable Claimant is: Owner and operator: and claims exemption on all Lac 2. Does the above institution qualify as a YES NO 3. Is the institution conducted as a non-part YES NO 4. Does the institution require for regular YES NO 5. Does the institution confer upon its granger and sciences, or on a course of at leasy veterinary medicine, pharmacy, archited YES NO 6. Is the property for which the exemption YES NO 7. List all buildings and other improvemes sheet if necessary. Indicate whether least	ator Owner only Operator and Buildings and improvement college or seminary of learning uncorofit entity? The admission the completion of a four-duates at least one academic or profest three years in professional studies ecture, fine arts, commerce, or journal is claimed used exclusively for the ints for which exemption is claimed a	year ession ession alism	e laws of the Sta	se or its equivaled on a course of a gy, education, me don?	ent? at least two year edicine, dentistry	y, engineering ch a separate
BUILDING & IMPROVEMENTS	PRIMARY USE		INCIDEN			-
					LEASE	OWN
					LEASE	OWN
					LEASE	\square OWN
					LEASE	\square OWN
					LEASE	\square OWN
					LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-264-AH-R12-0516-23000566-2 BOE-264-AH (P2) REV. 12 (05-16)

8. Has any construction commenced an YES NO If YES , please		e 12:01 a.m., January 1	of last year?		
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 YES NO If YES , plea	···	r than a student booksto	re?		
11. If any business is operated by some	one other than the college, attach a cop	y of the lease or other a	greement. 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 DO	CUMENTATION			
 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					
			IIILE		
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					
NAME OF PERSON MAKING CLAIM			DATE		

