EF-264-AH-R12-0516-23000520-1 BOE-264-AH (P1) REV. 12 (05-16)

## **COLLEGE EXEMPTION CLAIM**

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



## Katrina Bartolomie MENDOCINO COUNTY ASSESSOR

501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 234-6800 Fax: (707) 463-6597

## This claim must be filed by 5:00 p.m., February 15.

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed nar	ne and mailing address)					
Г				FOR ASSESSOR'S USE ONLY			
				Received by			
				,	(Assess	sor's designee)	
				of	(cou	ınty or city)	
	L		_	on			
						(date)	
NAME O	F CLAIMANT						
TITLE OF CLAIMANT						DAYTIME TELEPHO	ONE NUMBER
CORPOR	RATE NAME OF THE COLLEGE					( )	
ADDRES	SS (Street, City, County, State, Zip Code)						
A00500	PODIO DADOEL NUMBER OD LEGAL DEG	CDIDTION			DATE DRODER	TV WAS FIRST LISE	D DV OLAIMANIT
ASSESS	SOR'S PARCEL NUMBER OR LEGAL DES	CRIPTION			DATE PROPER	TY WAS FIRST USE	D BY CLAIMAN I
Clain and (2. Does Yes)  3. Is the Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	er and operator: (check applicable be nant is:	or Owner only Oper of Owner only Oper of Owner only Oper of Owner only Oper of Owner on Owner on Owner on Owner on Owner on Owner on Owner owner on Owner ow	our-year profession idies, succournalism	and/or  e laws of the State high school cour nal degree, base h as law, theology reposes of educate	rse or its equivand on a course of gy, education, r	alent? of at least two year nedicine, dentistry	y, engineering.
	if necessary. Indicate whether leas						
E	BUILDING & IMPROVEMENTS	PRIMARY USE		INCIDEN	TAL USE		
						LEASE	☐ OWN
						LEASE	OWN
						LEASE	OWN
						LEASE	OWN
						LEASE	OWN
						LEASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-264-AH-R12-0516-23000520-2 BOE-264-AH (P2) REV. 12 (05-16)

8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1  YES NO If <b>YES</b> , please explain:	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 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							
as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gr	ross 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 <b>YES</b> , please explain:							
11. If any business is operated by someone other than the college, attach a copy of the lease or other age.	greement. Please explain:						
12. Is any equipment or other property being leased or rented from someone else?							
YES NO							
If <b>YES</b> , 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 <b>used exclusively</b> 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							
<ul> <li>Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted.</li> </ul>							
Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each							
<ul> <li>degree.</li> <li>Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)</li> </ul>							
Whom should we contact during normal business hours for additiona	I 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						

