EF-264-AH-R12-0516-26000656-1 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.")



## Mono County Office of the Assessor Barry Beck, Assessor

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 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., February 15.

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)			
Γ	٦	F	OR ASSESSOR'S USE ON	ILY
		Received by		
			(Assessor's designee)	
		of	(county or city)	
L	ل	on		
			(date)	
NAME OF CLAIMANT				
TITLE OF CLAIMANT			DAYTIME TELE	PHONE NUMBER
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR		DATE PROPERTY WAS FIRST U	JSED BY CLAIMANT	
1. Owner and operator: (check applicable book Claimant is:	Owner only Operator on Buildings and improvements lege or seminary of learning under the entity?  The entity?  The entity of learning under the entity?  The entity of learning under the entity?  The entity of learning under the entity of learning under the entity?  The entity of learning under the entity	and/or  and/or  the laws of the State the primary	rse or its equivalent? ed on a course of at least two y gy, education, medicine, dent ion? and incidental use of each. A	istry, engineering ttach a separate
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	ITAL USE	
			LEAS	E OWN
			LEAS	E OWN
			LEAS	E OWN
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-264-AH-R12-0516-26000656-2 BOE-264-AH (P2) REV. 12 (05-16)

8. Has any construction commenced an YES NO If <b>YES</b> , plea		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 <b>YES</b> , plea	···	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 <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>					
<ul> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree.</li> </ul>					
<ul> <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 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		

