EF-264-AH-R13-0522-26000038-1		COUNTY OF MC		Iono 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 (Example: a person filing a t imely claim in J would enter "2011-2012.")				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)	
			a n	,	,	
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	CRIPTION			DATE PROPER	TY WAS FIRST USE	D BY CLAIMANT
 Owner and operator: (check applicable b Claimant is: Owner and operator and claims exemption on all Land Does the above institution qualify as a co YES NO Is the institution conducted as a non-prof YES NO Does the institution require for regular ad YES NO 	r Owner only C Buildings and in ollege or seminary of le it entity?	mprovements earning under th	and/or □ e laws of the Sta		?	
 5. Does the institution confer upon its graduation and sciences, or on a course of at least the veterinary medicine, pharmacy, architecter YES NO 6. Is the property for which the exemption is YES NO 7. List all buildings and other improvements 	nree years in professio ure, fine arts, commer s claimed used exclus	onal studies, suc ce, or journalism s ively for the pu	h as law, theolog ? poses of educat	gy, education, n ion?	nedicine, dentistr	y, engineering,
sheet if necessary. Indicate whether leas BUILDING & IMPROVEMENTS		use a separate	claim form for			
					LEASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

LEASE

LEASE

OWN

OWN

EF-	264-AH-R13-0522-26000038-2 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	
<u> </u>	CERTIFICA	ΤΙΟΝ
		California that the foregoing and all information hereon, including any and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLA	IM	TITLE
NAME OF PERSON MAKING CLAIM	DATE	

