	OF OF T	TON .	Kaenan Whitr	man	
-264-AH-R13-0522-55000207-1 BOE-264-AH (P1) REV. 13 (05-22)	State 21		Tuolumne Co 2 South Green Str		or-Recorde
COLLEGE EXEMPTION CLAIM			Sonora, CA 95370		
This claim is filed for fiscal year 20 2 (Example: a person filing a t imely claim in J an would enter "2011-2012.")		EIL	Phone: (209) 533- Fax: (209) 533-56 Email: assessor@	74	ca.gov
This claim must be filed by 5:00 p.m., Febr	uary 15.				
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name a	and mailing address)		FOR ASSESSO	R'S USE ONLY	
F		Received by	(Assess)	pr's designee)	
				or s designee)	
		of	(cour	nty or city)	
		on			
L	-			(date)	
If you no longer seek an exemption at this loc	ation, check here 🗌 Sign and re	turn this form to t	ne Assessor. Dat	te vacated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT				DAYTIME TELEPH	
				()	
CORPORATE NAME OF THE COLLEGE					
ADDRESS (Street, City, County, State, Zip Code)					
	INTION				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR	IPTION		DATE PROPERT	Y WAS FIRST USE	D BY CLAIMAN I
1. Owner and anotatory (about analizable bay					
1. Owner and operator: <i>(check applicable box</i> Claimant is: □ Owner and operator	Owner only Operator on	nlv			
and claims exemption on all	Buildings and improvements	•] Personal prope	rtv	
2. Does the above institution qualify as a colle	. .			,	
YES NO	.g				
3. Is the institution conducted as a non-profit of	entity?				
YES NO	,				
 4. Does the institution require for regular adm 	ission the completion of a four-ye	ar high school co	urse or its equiva	lent?	
YES NO		C C	·		
5. Does the institution confer upon its graduate	es at least one academic or profess	sional degree, bas	ed on a course of	f at least two year	rs in liberal arts
and sciences, or on a course of at least three	ee years in professional studies, s	such as law, theolo			
veterinary medicine, pharmacy, architecture	e, fine arts, commerce, or journali	sm?			
		<i>.</i>			
6. Is the property for which the exemption is c	claimed used exclusively for the presence of	ourposes of educa	ation?		
YES NO					
7. List all buildings and other improvements for sheet if necessary. Indicate whether leased					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDE	NTAL USE		
					OWN
		1		1	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

LEASE

LEASE

OWN

OWN



EF-	264-AH-R13-0522-55000207-2 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 property listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property 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				

