EF-264-AH-R12-0516-19000212-1 BOE-264-AH (P1) REV. 12 (05-16)

COLLEGE EXEMPTION CLAIM

500 W Temple ST Los Angeles, CA 90012-2770

Los Angeles County Assessor

Ms. Sharon Moeller

Phone: (213) 974-3341

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

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	FOR ASSESSOR	'S USE ONLY	
		Received by		
		(Assessor	s designee)	
		of(county	or city)	
L	اــ	on		
			late)	
NAME OF CLAIMANT				
TITLE OF CLAIMANT			DAYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
	Λ Λ Λ			DV OLABANIT
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	WAS FIRST USEL	D BY CLAIMAN I
1. Owner and operator: (check applicable bo	xes)			
Claimant is:		ly		
and claims exemption on all	☐ Buildings and improvements	and/or Personal propert	у	
2. Does the above institution qu <mark>ali</mark> fy as a col	lege or seminary of learning under	the laws of the State of California?		
YES NO				
3. Is the institution conducted as a non-profit	entity?	V (
YES NO		V		
 Does the institution require for regular adr YES NO 	nission the completion of a four-yea	ar high school course or its equivale	ent?	
5. Does the institution confer upon its graduat	res at least one academic or profess	ional degree hased on a course of	at least two year	s in liheral arts
and sciences, or on a course of at least th	ree y <mark>ea</mark> rs in prof <mark>es</mark> sional studies, si	uch <mark>as law, theology, e</mark> ducation, me		
veterinary medicine, pharmacy, architectu	re, fine arts, commerce, or journalis	m?		
YES NO				
6. Is the property for which the exemption is	claimed used exclusively for the p	urposes of education?		
YES NO			6 1 44	
List all buildings and other improvements sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	OWN
			LEASE	OWN
			LEASE	□ OWN
			LEASE	_ ☐ OWN
			LEASE	_ ☐ OWN
			LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of YES NO If YES , 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 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 bookstor YES NO If YES , please explain:	e?			
11. If any business is operated by someone other than the college, attach a copy of the lease or other ag	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 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 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			
IVANIE OF FERSON WARNING CLAIM	DAIE			

