EF-264-AH-R11-0514-26000356-1 BOE-264-AH (P1) REV. 11 (05-14)

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.")

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



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

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)			
r ,	, , , , , , , , , , , , , , , , , , ,	FOR ASSI	ESSOR'S USE ONLY	r
		Received by		
			(Assessor's designee)	
		of	(county or city)	
L	_	on	(date)	
NAME OF CLAIMANT	110	10	(uate)	
TITLE OF CLAIMANT			DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE C <mark>OL</mark> LEGE				
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PR	OPERTY WAS FIRST USE	D BY CLAIMANT
 Owner and operator: (check applicable both Claimant is: ☐ Owner and operator) 	oxes) Owner only Operator on	lly		
and claims exemption on all	☐ Buildings and improvements	and/or Personal	property	
2. Does the above institution qualify as a co	llege or seminary of learning under	the laws of the State of Cali	fornia?	
3. Is the institution conducted as a non-profi	t entity?			
4. Does the institution require for regular ad	mission the completion of a four-year	ar high school course or its e	equivalent?	
5. Does the institution confer upon its gradua and sciences, or on a course of at least th veterinary medicine, pharmacy, architectumy YES NO	ree y <mark>ea</mark> rs in prof <mark>es</mark> siona <mark>l stud</mark> ies, s	uch as law, theology, educat		
6. Is the property for which the exemption is	claimed used exclusively for the n	urposes of education?		
YES NO	, and a document of the part o	an pooded on outdood.com		
 List all buildings and other improvements sheet if necessary. Indicate whether lease 		state the primary and incide	ental use of each. Attac	ch a separate
LOCATIONS	PRIMARY USE	INCIDENTAL USE		
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	\square OWN
			LEASE	□ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced ar YES NO If YES , plea	d/or been completed on this parcel since 12:01 a.m se explain:	., 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 YES , plea	been used for business purposes other than a stud se explain:	lent bookstore?			
11. If any business is operated by some	one other than the college, attach a copy of the leas	se or other agreement. 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 information?					
NAME		TITLE			
DAYTIME TELEPHONE	EMAIL ADDRESS				
()	OF DIFFICATION				
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			

