EF-264-AH-R13-0522-26000052-1	Barry Beck, Assessor
BOE-264-AH (P1) REV. 13 (05-22)	PO Box 456
COLLEGE EXEMPTION CLAIM	Bridgeport, CA 93517-0456
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")	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 and mailing address)	FOR ASSESSOR'S USE ONLY
	□ Received by
	(Assessor's designee)
	of (county or city)
L	_J ON(date)
If you no longer seek an exemption at this location, check here 🗌 S	ign and return this form to the Assessor. Data vegeted:
NAME OF CLAIMANT	
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER
CORPORATE NAME OF THE COLLEGE	
ADDRESS (Street, City, County, State, Zip Code)	
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only C	Deerator only
and claims exemption on all Land Duildings and impr	
2. Does the above institution qualify as a college or seminary of learn	ning under the laws of the State of California?
YES NO	
3. Is the institution conducted as a non-profit entity?	
4. Does the institution require for regular admission the completion of	f a four-year high school course or its equivalent?
YES NO	
	or professional degree, based on a course of at least two years in liberal arts I studies, such as law, theology, education, medicine, dentistry, engineering or journalism?
6. Is the property for which the exemption is claimed used exclusive	ly for the purposes of education?
YES NO	

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Mono County Office Of The Assessor

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	
			OWN
			OWN
			OWN
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

F-264-AH-R13-0522-26000052-2 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., Jan YES NO If YES , please explain:	nuary 1 of last year?
 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore th 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 Ser as determined by establishing a ratio of the unrelated business taxable income to the bookstore 	vice must accompany this claim. Property taxes,
10. Has any of the property listed above been used for business purposes other than a student YES NO If YES , please explain:	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? YES NO If YES, list on a separate sheet the name and address of the owner and the type, make, property listed is not used exclusively for educational purposes at the collegiate level, pla 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 to Taxation Code.	the lessor, see section 202.2 of the Revenue and
 Attach a separate page showing the requirements for admission. A current catal substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the gr degree. Attach a copy of the financial statements (balance sheet and operating statement for admission). 	aduates and the requirements for each
Whom should we contact during normal business hours for ad	lditional information?
NAME	TITLE
DAYTIME TELEPHONE EMAIL ADDRESS	I
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the for	regoing and all information hereon. including any
accompanying statements or documents, is true, correct, and complete to the b	

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

