EF-264-AH-R13-0522-55000094-1		Tuolumne County Assessor - Recorder
BOE-264-AH (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20 20		2 South Green Street, Third Floor Sonora, CA 95370
		Phone: (209) 533-5535 Fax: (209) 533-5674
(Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")	CIFOR .	Email: assessor@tuolumnecounty.ca.gov
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
F	□ Rece	eived by
	01_	(county or city)
	on _	(date)
L		(date)
If you no longer seek an exemption at this location, check here 🗌 Sign a	and return this f	form to the Assessor. Date vacated:
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 Opera	ator only	
and claims exemption on all Land Buildings and improven	nents and/	or 🔲 Personal property
2. Does the above institution qualify as a college or seminary of learning u	under the laws	of the State of California?
YES NO		
3. Is the institution conducted as a non-profit entity?		
YES NO		
4. Does the institution require for regular admission the completion of a fo	our-year high so	chool course or its equivalent?
YES NO		
5. Does the institution confer upon its graduates at least one academic or p	rofessional dec	aree, based on a course of at least two years in liberal arts
and sciences, or on a course of at least three years in professional stud	dies, such as la	
veterinary medicine, pharmacy, architecture, fine arts, commerce, or joi	urnalism?	
YES NO		
6. Is the property for which the exemption is claimed used <b>exclusively</b> for	r the purposes	of education?
YES NO		

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**Kaenan Whitman** 

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.

	INCIDENTAL USE	PRIMARY USE	<b>BUILDING &amp; IMPROVEMENTS</b>
LEASE OWN			
□ LEASE □ OWN			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

EF-264-AH-R13-0522-55000094-2 BOE-264-AH (P2) REV. 13 (05-22)	
8. Has any construction commenced and/or been completed on this parcel since 12:01 a. YES NO If <b>YES</b> , please explain:	.m., January 1 of last year?
<ul> <li>9. Is the property, or a portion thereof, for which an exemption is claimed a student books as defined in section 512 of the Internal Revenue Code?</li> <li>YES NO</li> <li>If YES, a copy of the institution's most recent tax return filed with the Internal Revenue as determined by establishing a ratio of the unrelated business taxable income to the</li> </ul>	ue Service must accompany this claim. Property taxes,
10. Has any of the property listed above been used for business purposes other than a st	tudent bookstore?
11. If any business is operated by someone other than the college, attach a copy of the le	ease or other agreement. Please explain:
<ul> <li>12. Is any equipment or other property being leased or rented from someone else?</li> <li>YES NO</li> <li>If YES, list on a separate sheet the name and address of the owner and the type, a property listed is not used exclusively for educational purposes at the collegiate leaproperty, provide the name and address of the owner.</li> </ul>	
The benefit of a property tax exemption must inure to the lessee institution. If taxes paration Code.	
<ul> <li>Attach a separate page showing the requirements for admission. A curren substituted.</li> <li>Attach a separate page, or current catalog, listing the degrees conferred upon degree.</li> <li>Attach a copy of the financial statements (balance sheet and operating statements)</li> </ul>	n the graduates and the requirements for each
Whom should we contact during normal business hours	for additional 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 foregoing and all information hereon, including any
accompanying statements or documents, is true, correct, and complete t	

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

