EF-264-AH-R13-0522-23000030-1	MENDOCINO COUNTY ASSESSOR
BOE-264-AH (P1) REV. 13 (05-22)	501 Low Gap Road, Room 1020 Ukiah, CA 95482
COLLEGE EXEMPTION CLAIM	Telephone: (707) 234-6800
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")	Fax: (707) 463-6597
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
$\Gamma$	□ Received by
	of(county or city)
	ON((ate)
L	(date)
If you no longer seek an exemption at this location, check here 🗌 Sign and	return this 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: ( <i>check applicable boxes</i> ) Claimant is: Owner and operator Owner only Operator	
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2. Does the above institution qualify as a college or seminary of learning und YES NO	en the laws of the State of California?
3. Is the institution conducted as a non-profit entity?	
YES NO	
4. Does the institution require for regular admission the completion of a four-	year high school course or its equivalent?
YES NO	
5. Does the institution confer upon its graduates at least one academic or profe and sciences, or on a course of at least three years in professional studies	such as law, theology, education, medicine, dentistry, engineering,
veterinary medicine, pharmacy, architecture, fine arts, commerce, or journal YES NO	
	a purposes of education?
6. Is the property for which the exemption is claimed used <b>exclusively</b> for the	
YES NO	

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Katrina Bartolomie

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			
LEASE OWN			
-			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

<ul> <li>8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?</li> <li>YES NO If YES, please explain:</li> <li>9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated be 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 Service must accompany thi as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will</li> <li>10. Has any of the property listed above been used for business purposes other than a student bookstore?</li> <li>YES NO If YES, please explain:</li> <li>11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Pleas</li> <li>YES NO</li> </ul>	is claim. Property taxes,	
<ul> <li>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 Service must accompany the as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will</li> <li>10. Has any of the property listed above been used for business purposes other than a student bookstore?</li> <li>YES NO If YES, please explain:</li> </ul> 11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please 12. Is any equipment or other property being leased or rented from someone else? <ul> <li>YES NO</li> <li>YES NO</li> <li>YES, list on a separate sheet the name and address of the owner and the type, make, model, and serial number property listed is not used exclusively for educational purposes at the collegiate level, please state the other used</li> </ul>	is claim. Property taxes,	
<ul> <li>YES NO If YES, please explain:</li> <li>11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please</li> <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, make, model, and serial numbric property listed is not used exclusively for educational purposes at the collegiate level, please state the other use</li> </ul>	be levied.	
<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, make, model, and serial number property listed is not used exclusively for educational purposes at the collegiate level, please state the other use</li> </ul>		
YES NO If <b>YES</b> , list on a separate sheet the name and address of the owner and the type, make, model, and serial number property listed is not <b>used exclusively</b> for educational purposes at the collegiate level, please state the other use	e explain:	
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 20 Taxation Code.	)2.2 of the Revenue and	
Attach a separate page showing the requirements for admission. A current catalog showing the requirer	ments may be	
<ul> <li>substituted.</li> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirer degree.</li> <li>Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year)</li> </ul>		
When should we contact during normal business hours for additional information?		
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		

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

