|  | Ms. Sharon Moeller  |      |
|--|---|------|
| EF-264-AH-R13-0522-19000112-1  | Los Angeles County Assessor   |      |
| BOE-264-AH (P1) REV. 13 (05-22)  | 500 W Temple ST<br>Los Angeles, CA 90012-2770   |      |
| COLLEGE EXEMPTION CLAIM  | Phone: (213) 974-3341   |      |
| This claim is filed for fiscal year 20 20<br>(Example: a person filing a timely claim in January 2011<br>would enter "2011-2012.") | CALIFORNIA  |      |
| This claim must be filed by 5:00 p.m., February 15.  |   |      |
| CLAIMANT NAME AND MAILING ADDRESS  | FOR ASSESSOR'S USE ONLY   |      |
| (Make necessary corrections to the printed name and mailing address)   | □ Received by   |      |
|  | (Assessor's designee)   |      |
|  | of (county or city)   |      |
|  | (county of city)  |      |
| L  | _ On (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   |   |      |
| NAME OF CLAIMANT   |   |      |
| TITLE OF CLAIMANT  |   | 3ER  |
|  |   |      |
| 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 CLAI  | MANT |
|  |   |      |
| 1. Owner and operator: (check applicable boxes)  |   |      |
| Claimant is: Owner and operator Owner only   | Operator only   |      |
| and claims exemption on all Land Duildings and   | improvements and/or  Personal property  |      |
| 2. Does the above institution qualify as a college or seminary of  | learning under the laws of the State of California?   |      |
| YES NO   |   |      |
| 3. Is the institution conducted as a non-profit entity?  |   |      |
|  |   |      |
| <ol> <li>Does the institution require for regular admission the completi</li> </ol>  | on of a four-year high school course or its equivalent?   |      |
| YES NO   |   |      |
|  |   |      |
|  | emic or professional degree, based on a course of at least two years in libera<br>ional studies, such as law, theology, education, medicine, dentistry, enginee |      |
| veterinary medicine, pharmacy, architecture, fine arts, comme  |   |      |
| YES NO   |   |      |
| 6. Is the property for which the exemption is claimed used exclu   | sively for the purposes of education?   |      |

- YES NO
- 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.

| <b>BUILDING &amp; IMPROVEMENTS</b> | PRIMARY USE | INCIDENTAL USE |     |
|------------------------------------|-------------|----------------|-----|
|                                    |             |                |     |
|                                    |             |                |     |
|                                    |             |                |     |
|                                    |             |                | OWN |
|                                    |             |                | OWN |
|                                    |             |                |     |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

| -264-AH-R13-0522-19000112-2<br>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., January 1 of la<br>YES NO If <b>YES</b> , please explain:  | ast year?                              |
| <ul> <li>9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generate 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 an analyze of the institution of the institution of the institution.</li> </ul> | ccompany this claim. Property taxes,   |
| as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross<br>10. Has any of the property listed above been used for business purposes other than a student bookstore?<br>YES NO If <b>YES</b> , please explain:   |  |
| 11. If any business is operated by someone other than the college, attach a copy of the lease or other agree  | ement. 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, make, model, and property listed is not used exclusively for educational purposes at the collegiate level, please state to property, 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 paid by the lessor, s Taxation Code.   | see section 202.2 of the Revenue and   |
| <ul> <li>Attach a separate page showing the requirements for admission. A current catalog showing substituted.</li> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and</li> </ul>   |  |
| <ul> <li>degree.</li> <li>Attach a copy of the financial statements (balance sheet and operating statement for the precedent)</li> </ul>  | ding fiscal year.)                     |
| Whom should we contact during normal business hours for additional in   | formation?                             |
| NAME  | TITLE                                  |
| DAYTIME TELEPHONE EMAIL ADDRESS   |  |
| CERTIFICATION   |  |
| L certify (or declare) under penalty of periury under the laws of the State of California that the foregoing and  | I all information berean including any |

 I certify (or deciare) under penality of perjury under the laws of the State of Galifornia 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 |
|-----------------------------|------|
|                             |      |

