| -264-AH-R13-0522-22000094-1 BOE-264-AH (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM 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.") | AND F COULT | Vincent P. Kehoe County of Mariposa Assessor/Recorder 4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719 |
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| 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) | Receiv | red by |
| | | (Assessor's designee) |
| | of | (county or city) |
| L | on | (date) |
| If you no longer seek an exemption at this location, check here | ☐ Sign and return this for | m to the Assessor. Date vacated: |
| NAME OF CLAIMANT | \mathbf{C} | C |
| 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 1. Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only | □ Operator only | DATE PROPERTY WAS FIRST USED BY CLAIMANT |
| and claims exemption on all Land Buildings and | | Personal property |
| 2. Does the above institution qualify as a college or seminary o | | |
| 3. Is the institution conducted as a non-profit entity? | | |
| 4. Does the institution require for regular admission the comple | tion of a four-year high sch | ool course or its equivalent? |
| 5. Does the institution confer upon its graduates at least one aca and sciences, or on a course of at least three years in profes veterinary medicine, pharmacy, architecture, fine arts, comm | sional studies, such as law, | ee, based on a course of at least two years in liberal arts theology, education, medicine, dentistry, engineering, |
| 6. Is the property for which the exemption is claimed used excl | usively for the purposes of | education? |
| YES NO | | |
| 7. List all buildings and other improvements for which exemptio sheet if necessary. Indicate whether leased or owned. Pleas | | |

| INCIDENTAL USE | PRIMARY USE | BUILDING & IMPROVEMENTS |
|----------------|-------------|------------------------------------|
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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| 8. Hes any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year? YES NO If YES, please explain. | | | |
|---|--|--|--|
| a 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. Properly taxes, as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied. Has any of the property listed above been used for business purposes other than a student bookstore? YES NO If YES, please explain: | | | |
| YES NO If YES, please explain: 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 hame 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 listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property. If real 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 lesson, see section 202.2 of the Revenue and Taxation Code. DIDITIONAL 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 | | | |
| 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. 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 | | | |
| 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. 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 | | | |
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| 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 | | | |
| 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 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 |
| | |

