EF-264-AH-R12-0516-54000134-1 BOE-264-AH (P1) REV. 12 (05-16)

COLLEGE EXEMPTION CLAIM

County Assessor/Clerk-Recorder 221 S. Mooney Blvd., Room 102-E

Tara K. Freitas

Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

This claim is filed for fiscal year 20 - 20

(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)			
Ė į	٦ -	FOR ASSESSO	R'S USE ONLY	,
		Received by		
		(Assesso	r's designee)	
		of(coun	ty or city)	
L	_	on		
			(date)	
NAME OF CLAIMANT				
TITLE OF CLAIMANT			DAYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERT	Y WAS FIRST USEI	D BY CLAIMAN
ACCESSION OF A WOLL NO WILLIAM SIN ELSA LE BESS		BATE I TO EAT	T WILL THE COLL	<i>B B T G B t t t t t t t t t t</i>
1. Owner and operator: (check applicable bo	exes)			
Claimant is:	Owner only Operator only	у		
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal proper	rty	
2. Does the above institution qualify as a col	lege or seminary of learning under t	he laws of the State of California?		
YES NO				
3. Is the institution conducted as a non-profit YES NO	t entity?	$\mathbf{V} \mathbf{V} \mathbf{J} \mathbf{J} \mathbf{J}$		
4. Does the institution require for regular adr	mission the completion of a four-year	r high school course or its equival	ent?	
YES NO				
5. Does the institution confer upon its graduat				
and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu			edicine, dentistry	y, engineering
YES NO				
6. Is the property for which the exemption is	claimed used exclusively for the pr	urposes of education?		
YES NO				
7. List all buildings and other improvements				
sheet if necessary. Indicate whether lease	d or owned. Please use a separate	claim form for each Assessor's	s Parcel Numbe	er.
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	_	
			LEASE	OWN
			LEASE	OWN
			LEASE	
			LEASE	
			LEASE	
			LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced an YES NO If YES , plea	d/or been completed on this parcel since 12:01 a.m., Ja se explain:	nuary 1 of last year?			
2. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable incom 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 Service must accompany this claim. Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied.					
		-			
10. Has any of the property listed above been used for business purposes other than a student bookstore? YES NO If YES, please explain:					
11. If any business is operated by some	one 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, 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. ADDITIONAL 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 degree. 					
 Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.) 					
NAME Whom should	I we contact during normal business hours for ad	ditional information?			
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			
IVANIL OF FLINDON MANINU CLAIM		DAIL			

