Г-264-АН-R13-0522-10000301-1 BOE-264-АН (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM		P. C Free	UL DICTOS, CPA ESNO COUNTY ASSES 9. Box 1146 sno, CA 93715	SOR-RECORD
This claim is filed for fiscal year 20 20 20 20 20 20 20 20 20			9) 600-3534 s://assessor.fresnocountyca.go	ov/
This claim must be filed by 5:00 p.m., Februa	ry 15.			
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and	-	FOF	RASSESSOR'S USE ONL	Y
		Received by	(Assessor's designee)	
		of	(county or city)	
		on		
L			(date)	
If you no longer seek an exemption at this location				
TITLE OF CLAIMANT				HONE NUMBER
CORPORATE NAME OF THE COLLEGE			()	
ADDRESS (Street, City, County, State, Zip Code)				
· · · · · · · · · · · · · · · · · · ·		I _		
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPT	ION		ATE PROPERTY WAS FIRST US	ED BY CLAIMAN I
	Owner only Operator only Buildings and improvements	and/or 🗌 Pe	ersonal property of California?	
3. Is the institution conducted as a non-profit ent	ity?			
4. Does the institution require for regular admiss	ion the completion of a four-year	high school course	or its equivalent?	
 5. Does the institution confer upon its graduates a and sciences, or on a course of at least three veterinary medicine, pharmacy, architecture, f YES NO 	years in professional studies, suc	ch as law, theology,		
6. Is the property for which the exemption is claim	med used exclusively for the pu	rposes of educatior	1?	
7. List all buildings and other improvements for w sheet if necessary. Indicate whether leased of				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENT	L USE	
				OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

LEASE OWN □ LEASE □ OWN □ LEASE □ OWN



EF-	264-AH-R13-0522-10000301-2 BOE-264-AH (P2) REV. 13 (05-22)	
	 8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year? YES NO If YES, please explain: 	
	 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income 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?	
	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?	
	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.)

Whom should we contact during normal business hours for additional information?

NAME	TITLE					
	T					
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					

