This claim must be filed by 5:00 p.m., February 15.       FOR ASSESSOR'S USE ONLY         Construction Number Mode Manifer Address of the profeed new exit maining address of the profeed new exit method new exit maining address of the profeed new exit method ne	<ul> <li>'-264-AH-R13-0522-16000170-1 BOE-264-AH (P1) REV. 13 (05-22)</li> <li>COLLEGE EXEMPTION CLAIM</li> <li>This claim is filed for fiscal year 20</li></ul>			H 1 F 5	Kristine Lee Kings County 400 W. Lacey Bl lanford, CA 9323 59-852-2486 Fax: 559-582-279	lvd. 30	
What metersary contributes the printed and mailing address)     \[         \[         \[         \]     \[         \[         \]     \[         \[         \[         \]     \[         \[         \[         \[	This claim must be filed by 5:00 p.m., Feb	oruary 15.					
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NAME OF CLAIMANT       DAYTIME TELEPHONE NUMBER         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 CLAIM         1. Owner and operator: (check applicable boxes)       Claimant is:Owner and operatorOwner onlyOperator only         and claims exemption on allLandBuildings and improvements and/orPersonal property       2. Does the above institution qualify as a college or seminary of learning under the laws of the State of California?        YESNO       NO         3. Is the institution require for regular admission the completion of a four-year high school course or its equivalent?        YESNO         4. Does the institution confer upon its graduates at least one academic or professional degree, based on a course of at least two years in liberal and sciences, or no acourse of at least three years in professional studies, such as law, theology, education, medicine, dentistry, engineer veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?        YESNO       NO         6. Is the property for which the exemption is claimed used exclusively for the purposes of education?	L					(date)	
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THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION 

EF-	-264-AH-R13-0522-16000170-2 BOE-264-AH (P2) REV. 13 (05-22)
	<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> </ul>
	<ul> <li>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?</li> <li>YES</li> <li>NO</li> </ul>
	If <b>YES</b> , 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 <b>YES</b> , 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 <b>used exclusively</b> 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			
DAYTIME TELEPHONE	EMAILADDRESS				
	EMAL 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			

