F-264-AH-R13-0522-54000036-1	(Sin Contraction of the second s	107 × 20	-	essor/Clerk-Re	ecorder
BOE-264-AH (P1) REV. 13 (05-22)	3		221 S. Mooney E /isalia, CA 9329	Blvd., Room 102-E	
COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20 (Example: a person filing a t imely claim in J a would enter "2011-2012.")		FOR BALL	Ph: (559) 636-5 ⁷ Fax: (559) 737-4	100	
This claim must be filed by 5:00 p.m., Feb	oruary 15.				
CLAIMANT NAME AND MAILING ADDRESS	-	F	OR ASSESSO	OR'S USE ONLY	,
(Make necessary corrections to the printed name	e and mailing address)	□ Received by	(4	sor's designee)	
				sor's designee)	
		of	(00)	unty or city)	
		on			
L				(date)	
If you no longer seek an exemption at this lo	cation, check here 🗌 Sign an	d return this form to th	e Assessor. Da	ate vacated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE					
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION		DATE PROPER	TY WAS FIRST USE	D BY CLAIMANT
and claims exemption on all Land 2. Does the above institution qualify as a col YES NO 3. Is the institution conducted as a non-profit YES NO 4. Does the institution require for regular adr YES NO 5. Does the institution confer upon its graduat and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu YES NO 6. Is the property for which the exemption is YES NO 7. List all buildings and other improvements	llege or seminary of learning un t entity? mission the completion of a four tes at least one academic or pro ree years in professional studie re, fine arts, commerce, or jour claimed used exclusively for t for which exemption is claimed	ents and/or der the laws of the St r-year high school cou fessional degree, base es, such as law, theolo nalism? he purposes of educa and state the primary	Irse or its equived ed on a course o gy, education, r tion?	alent? of at least two year medicine, dentistr use of each. Attac	y, engineering, ch a separate
sheet if necessary. Indicate whether lease BUILDING & IMPROVEMENTS	ed or owned. Please use a sep PRIMARY USE		r each Assess	or's Parcel Num	ber.
					OWN
					OWN
					OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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EF-264-AH-R13-0522-54000036-2 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			
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			

