EF-264-AH-R12-0516-54000417-1 BOE-264-AH (P1) REV. 12 (05-16)

would enter "2011-2012.")

COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20 _

OF PORTE

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

Visalia, CA 93291-4593

Ph: (559) 636-5100 Fax: (559) 737-4468

Tara K. Freitas

This claim must be filed by 5:00 p.m., February 15.

(Example: a person filing a timely claim in January 2011

- 20

	CLAIMANT NAME AND MAILING ADDRESS Make necessary corrections to the printed name	e and mailing address)				
ŗ	-	·	FOR ASSESSOR	S USE ONLY		
			Received by	do signo a)		
			(Assessor's	aesignee)		
			Of(county	or city)		
L	-	_	on(da	fol		
NAME OF C	LAIMANT	110	(OE	ite)		
TITLE OF CL	AIMANT	41.5	D	YTIME TELEPHO	ONE NUMBER	
CORPORAT	E NAME OF THE COLLEGE			,		
ADDRESS (S	Street, City, County, State, Zip Code)					
ACCECCOD	S PARCEL NUMBER OR LEGAL DESC	PURTION	DATE PROPERTY	MAC FIDET LICE	D DV CLAIMANI	
ASSESSUR	S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	WAS FIRST USE	D BY CLAIMAN	
1. Owner a	and operator: (check applicable but is: ☐ Owner and operator		y			
and clai	ms exemption on all	☐ Buildings and improvements	and/or	,		
2. Does the above institution qualify as a college or seminary of learning under the laws of the State of California? YES NO						
	stitution conducted as a non-prof	t entity?				
YES			V 🔾 /			
4. Does the		mission the completion of a four-yea	r high school course or its equivale	nt?		
		tes at least one academic or professi	onal degree, based on a course of a	least two year	s in liberal art	
and scie	nces, or on a course of at least th	nree y <mark>ea</mark> rs in prof <mark>es</mark> siona <mark>l stu</mark> dies, su	ich <mark>as law, theology, e</mark> ducation, med			
veterina		ire, fine arts, commerce, or journalis	m?			
		claimed used exclusively for the po	urposes of education?			
YES		,				
		for which exemption is claimed and	state the primary and incidental use	of each. Attac	h a separate	
		ed or owned. Please use a separate		Parcel Numbe	r.	
BUI	LDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE			
				LEASE	OWN	
				LEASE		
				LEASE		
				LEASE		
				LEASE		
				LEASE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of YES NO If YES , please explain:	of last year?					
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? 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 ag	greement. 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.)						
Whom should we contact during normal business hours for additional 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					
IVANIE OF FERSON WARNING CLAIM	DATE					

