EF-264-AH-R13-0522-10000045-1 BOE-264-AH (P1) REV. 13 (05-22) <b>COLLEGE EXEMPTION CLAIM</b> This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")	Paul Dictos, CPA Fresno County Assessor-Recorder P. O. Box 1146 Fresno, CA 93715 (559) 600-3534 www.assessor.co.fresno.ca.us
<b>This claim must be filed by 5:00 p.m., February 15.</b> CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	FOR ASSESSOR'S USE ONLY         Received by
If you no longer seek an exemption at this location, check here [ NAME OF CLAIMANT TITLE OF CLAIMANT CORPORATE NAME OF THE COLLEGE	Sign and return this form to the Assessor. Date vacated:
ADDRESS (Street, City, County, State, Zip Code)          ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION         1. Owner and operator: (check applicable boxes)         Claimant is:       Owner and operator         Owner and operator on all       Land         Buildings and         2. Does the above institution qualify as a college or seminary of         YES       NO         3. Is the institution conducted as a non-profit entity?	improvements and/or
YES NO 4. Does the institution require for regular admission the completi YES NO 5. Does the institution confer upon its graduates at least one acad	emic or professional degree, based on a course of at least two years in liberal a onal studies, such as law, theology, education, medicine, dentistry, engineer rce, or journalism?

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

<b>BUILDING &amp; IMPROVEMENTS</b>	PRIMARY USE	INCIDENTAL USE	
			OWN

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

F-264-AH-R13-0522-10000045-2 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 YES NO If <b>YES</b> , please explain:	1 of last year?			
<ul> <li>9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that gen as defined in section 512 of the Internal Revenue Code?</li> <li>YES NO</li> <li>If YES, a copy of the institution's most recent tax return filed with the Internal Revenue Service m as determined by establishing a ratio of the unrelated business taxable income to the bookstore's</li> </ul>	nust accompany this claim. Property taxes,			
10. Has any of the property listed above been used for business purposes other than a student bookst YES NO If <b>YES</b> , please explain:	tore?			
11. If any business is operated by someone other than the college, attach a copy of the lease or other	agreement. Please explain:			
<ul> <li>12. Is any equipment or other property being leased or rented from someone else?</li> <li>YES NO</li> <li>If YES, list on a separate sheet the name and address of the owner and the type, make, model property listed is not used exclusively for educational purposes at the collegiate level, please s property, provide the name and address of the owner.</li> </ul>				
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the les Taxation Code.	sor, see section 202.2 of the Revenue and			
<ul> <li>Attach a separate page showing the requirements for admission. A current catalog showing the requirements for admission.</li> </ul>	owing the requirements may be			
<ul> <li>substituted.</li> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each</li> </ul>				
<ul> <li>degree.</li> <li>Attach a copy of the financial statements (balance sheet and operating statement for the particular statement).</li> </ul>	preceding fiscal year.)			
Whom should we contact during normal business hours for addition	nal 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	g 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

