| EF-264-AH-R13-0522-24000036-1  |                           | MATT H. MAY, ASSESSOR  |
|--|---------------------------|--|
| BOE-264-AH (P1) REV. 13 (05-22)  |                           | 2222 M STREET  |
| COLLEGE EXEMPTION CLAIM  |                           | MERCED, CA 95340   |
| This claim is filed for fiscal year 20 20<br>(Example: a person filing a t imely claim in J anuary 2011<br>would enter "2011-2012.")   |                           | TELEPHONE (209) 385-7631<br>FAX (209) 725-3956<br>www.co.merced.ca.us\assessor |
| This claim must be filed by 5:00 p.m., February 15.  |                           |  |
| CLAIMANT NAME AND MAILING ADDRESS<br>(Make necessary corrections to the printed name and mailing address)  |                           | FOR ASSESSOR'S USE ONLY  |
|  | □ Rec                     | eived by   |
|  |                           |  |
|  | of                        | (county or city)   |
|  |                           |  |
| L  | on                        | (date)   |
|  |                           |  |
| If you no longer seek an exemption at this location, check here $\Box$   | Sign and return this      | form to the Assessor. Date vacated:  |
| NAME OF CLAIMANT   |                           |  |
|  |                           |  |
| 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 CLAIMANT                                       |
| AGGEOGOR OF ARGEE NOWIDER OFFELSALE DEGORAL TION   |                           |  |
| A Community of the stand standing the standing the standing of the standing standing to the standing standing to the standing s |                           |  |
| 1. Owner and operator: (check applicable boxes)  | Operator only             |  |
| and claims exemption on allLand Buildings and imp  |                           | or Personal property   |
|  |                           |  |
| 2. Does the above institution qualify as a college or seminary of lear<br>YES NO   | rning under the laws      | of the State of California?  |
|  |                           |  |
| 3. Is the institution conducted as a non-profit entity?  |                           |  |
| YES NO   |                           |  |
| 4. Does the institution require for regular admission the completion   | of a four-year high s     | chool course or its equivalent?  |
| YES NO   |                           |  |
| <ol> <li>Does the institution confer upon its graduates at least one academ<br/>and sciences, or on a course of at least three years in profession<br/>veterinary medicine, pharmacy, architecture, fine arts, commerce</li> </ol>   | al studies, such as la    |  |
|  |                           |  |
| 6. Is the property for which the exemption is claimed used exclusiv  | ely for the purposes      | of education?  |
| YES NO   |                           |  |
|  | alation of an electric de |  |

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MERCED COUNTY

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.

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

| F-264-AH-R13-0522-24000036-2<br>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., Jan YES NO If <b>YES</b> , please explain:   | nuary 1 of last year?                           |
| <ul> <li>9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that 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 Serve as determined by establishing a ratio of the unrelated business taxable income to the bookstop</li> </ul> | rice must accompany this claim. Property taxes, |
| 10. Has any of the property listed above been used for business purposes other than a student b   | bookstore?                                      |
| 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, r property listed is not used exclusively for educational purposes at the collegiate level, ple 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 Taxation Code.   | ne lessor, see section 202.2 of the Revenue and |
| <ul> <li>Attach a separate page showing the requirements for admission. A current catalor substituted.</li> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the gradegree.</li> <li>Attach a copy of the financial statements (balance sheet and operating statement for</li> </ul>  | aduates and the requirements for each           |
| Whom should we contact during normal business hours for add   | ditional information?                           |
| NAME  | TITLE   |
| DAYTIME TELEPHONE EMAIL ADDRESS   |   |
| ( )<br>CERTIFICATION  |   |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the fore   | agoing and all information hereon including any |
| accompanying statements or documents, is true, correct, and complete to the be  |   |

| SIGNATURE OF PERSON MAKING CLAIM | TITLE |
|----------------------------------|-------|
|                                  |       |
| NAME OF PERSON MAKING CLAIM      | DATE  |
|                                  |       |

