264-AH-R13-0522-10000277-1 BOE-264-AH (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM		PAUL DICTOS, CPA FRESNO COUNTY ASSESSOR-RECORD P. O. Box 1146 Fresno, CA 93715
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.")	FREST	(559) 600-3534 https://assessor.fresnocountyca.gov/
This claim must be filed by 5:00 p.m., February 15.		
CLAIMANT NAME AND MAILING ADDRESS (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	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
1. Owner and operator: (check applicable boxes)         Claimant is: <ul> <li>Owner and operator</li> <li>Owner only</li> </ul>		
and claims exemption on all Land Buildings and		or Personal property
<ol> <li>Does the above institution qualify as a college or seminary of YES NO</li> </ol>		
3. Is the institution conducted as a non-profit entity?		
YES NO		
<ol> <li>Does the institution require for regular admission the complet</li> </ol>	ion of a four year high a	
	IOH OF A TOUL-VEAL HIGH S	chool course or its equivalent?
	ion of a four-year high s	chool course or its equivalent?
YES NO		
	demic or professional de	gree, based on a course of at least two years in liberal arts
<ul> <li>YES NO</li> <li>5. Does the institution confer upon its graduates at least one acad and sciences, or on a course of at least three years in profess veterinary medicine, pharmacy, architecture, fine arts, comment</li> </ul>	demic or professional de sional studies, such as la	gree, based on a course of at least two years in liberal arts
<ul> <li>YES NO</li> <li>5. Does the institution confer upon its graduates at least one acad and sciences, or on a course of at least three years in profess</li> </ul>	demic or professional de sional studies, such as la	gree, based on a course of at least two years in liberal arts
<ul> <li>YES NO</li> <li>5. Does the institution confer upon its graduates at least one acad and sciences, or on a course of at least three years in profess veterinary medicine, pharmacy, architecture, fine arts, comment</li> </ul>	demic or professional de sional studies, such as la erce, or journalism?	gree, based on a course of at least two years in liberal arts aw, theology, education, medicine, dentistry, engineering,
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<ul> <li>YES NO</li> <li>5. Does the institution confer upon its graduates at least one acad and sciences, or on a course of at least three years in profess veterinary medicine, pharmacy, architecture, fine arts, comme YES NO</li> <li>6. Is the property for which the exemption is claimed used exclusion YES NO</li> <li>7. List all buildings and other improvements for which exemption</li> </ul>	demic or professional deg sional studies, such as la erce, or journalism? <b>usively</b> for the purposes n is claimed and state th	gree, based on a course of at least two years in liberal arts aw, theology, education, medicine, dentistry, engineering, of education? e primary and incidental use of each. Attach a separate
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<ul> <li>YES NO</li> <li>5. Does the institution confer upon its graduates at least one acad and sciences, or on a course of at least three years in profess veterinary medicine, pharmacy, architecture, fine arts, comme YES NO</li> <li>6. Is the property for which the exemption is claimed used exclusion YES NO</li> <li>7. List all buildings and other improvements for which exemption sheet if necessary. Indicate whether leased or owned. Please</li> </ul>	demic or professional de sional studies, such as la erce, or journalism? usively for the purposes in is claimed and state th e use a separate claim	gree, based on a course of at least two years in liberal arts aw, theology, education, medicine, dentistry, engineering, of education? e primary and incidental use of each. Attach a separate <b>a form for each Assessor's Parcel Number.</b> INCIDENTAL USE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

□ LEASE □ OWN □ LEASE □ OWN

OWN

LEASE



EF-	-264-AH-R13-0522-10000277-2 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 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	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		

