EF-264-AH-R13-0522-54000096-1 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.")	Tara K. FreitasCounty Assessor/Clerk-Recorder221 S. Mooney Blvd., Room 102-EVisalia, CA 93291-4593Ph: (559) 636-5100Fax: (559) 737-4468
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         Received by
If you no longer seek an exemption at this location, check here Sign NAME OF CLAIMANT TITLE OF CLAIMANT CORPORATE NAME OF THE COLLEGE	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 improve         2. Does the above institution qualify as a college or seminary of learning         YES       NO         3. Is the institution conducted as a non-profit entity?         YES       NO	ements and/or Personal property
<ul> <li>4. Does the institution require for regular admission the completion of a f</li> <li>YES</li> <li>NO</li> <li>5. Does the institution confer upon its graduates at least one academic or and sciences, or on a course of at least three years in professional stuveterinary medicine, pharmacy, architecture, fine arts, commerce, or joint YES</li> <li>NO</li> <li>6. Is the property for which the exemption is claimed used exclusively for YES</li> <li>NO</li> </ul>	professional degree, based on a course of at least two years in liberal arts idies, such as law, theology, education, medicine, dentistry, engineering, ournalism?

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
			OWN
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

-264-ан-R13-0522-5400009 BOE-264-АН (Р2) REV. 13 (05-22)	5-2			
	nenced and/or been completed on this p YES, please explain:	arcel since 12:01 a.m., January 1 of I	ast year?	
as defined in section 512 of YES NO If <b>YES</b> , a copy of the inst	thereof, for which an exemption is clain the Internal Revenue Code? tution's most recent tax return filed with hing a ratio of the unrelated business ta	the Internal Revenue Service must a	ccompany this claim. Property taxes,	
	ted above been used for business purp YES, please explain:	oses other than a student bookstore?		
11. If any business is operated	d by someone other than the college, at	ach a copy of the lease or other agre	ement, Please explain:	
YES NO If <b>YES</b> , list on a separate property listed is not <b>use</b>	property being leased or rented from so sheet the name and address of the ov d exclusively for educational purposes e and address of the owner.	vner and the type, make, model, and	serial number of the property. If the the other uses of the property. If rea	
The benefit of a property Taxation Code.	tax exemption must inure to the lessee in ADDITIONAL REQU	nstitution. If taxes paid by the lessor, s	see section 202.2 of the Revenue and	
	e page showing the requirements for a	dmission. A current catalog showing	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>				
degree. <ul> <li>Attach a copy of t</li> </ul>	he financial statements (balance sheet a	and operating statement for the prece	ding fiscal year.)	
Who NAME	m should we contact during norma	I business hours for additional in	formation?	
DAYTIME TELEPHONE	EMAIL ADDRESS			
	CERT	FICATION		
	nalty of perjury under the laws of the Sta g statements or documents, is true, corr			

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

