EF-264-AH-R12-0516-40000458-1 BOE-264-AH (P1) REV. 12 (05-16)

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 ____ - 20 ____. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")



Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

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

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)				
Г	¬	FOR ASSESSOR'S USE ONLY			
		Received by _			
			(Assessor's de	esignee)	
		of	(county or	city)	
L	ل	on			
		011	(date))	
NAME OF CLAIMANT					
TITLE OF CLAIMANT			DAY	TIME TELEPHO	ONE NUMBER
			()	
CORPORATE NAME OF THE COLLEGE					
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC		DATE PROPERTY WAS FIRST USED BY CLAIMANT			
1. Owner and operator: (check applicable bo					
	Owner only Operator on	_			
and claims exemption on all	☐ Buildings and improvements		Personal property		
Does the above institution qualify as a col YES NO	lege or seminary of learning under	the laws of the Sta	te of California?		
3. Is the institution conducted as a non-profit	t entity?				
YES NO					
4. Does the institution require for regular adr	nission the completion of a four-yea	r high school cour	se or its equivalent	?	
5. Does the institution confer upon its gradua					
and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu			gy, education, medic	cine, dentistry	y, engineering,
YES NO	,				
6. Is the property for which the exemption is	claimed used exclusively for the p	urposes of educat	ion?		
YES NO					
7. List all buildings and other improvements sheet if necessary. Indicate whether lease					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
				LEASE	\square OWN
				LEASE	\square OWN
				LEASE	\square OWN
				LEASE	\square OWN
				LEASE	\square OWN
				LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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8. Has any construction commenced an YES NO If YES , plea		e 12:01 a.m., January 1	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 YES NO If YES , plea	···	than a student booksto	re?			
11. If any business is operated by some	one other than the college, attach a cop	y of the lease or other a	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 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			

