		J	loseph E. Holland	
264-AH-R13-0522-42000094-1 BOE-264-AH (P1) REV. 13 (05-22)			County Clerk, Recorder and Assesson P.O. Box 159, Santa Barbara, CA 93102-0159	
COLLEGE EXEMPTION CLAIM	ORE COUNTY		Santa Barbara: (805) 568-2550	
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")	FUTU	re S	Santa Maria: (805) 346-8310	
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		
$\Gamma$	Г	Received by	(Assessor's designee)	
			,	
		of	(county or city)	
		on		
L			(date)	
If you no longer seek an exemption at this location, check here	] Sign and retu	n this form to th	e 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	
<ol> <li>Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only</li> <li>and claims exemption on all Land Buildings and in</li> <li>Does the above institution qualify as a college or seminary of le</li> <li>YES NO</li> </ol>	mprovements	and/or	Personal property ate of California?	
3. Is the institution conducted as a non-profit entity?				
4. Does the institution require for regular admission the completio	on of a four-year	high school cou	rse or its equivalent?	
5. Does the institution confer upon its graduates at least one acade and sciences, or on a course of at least three years in profession veterinary medicine, pharmacy, architecture, fine arts, comment YES NO	onal studies, suc	h as law, theolog		
	sively for the nu	moses of educat	tion?	
6. Is the property for which the exemption is claimed used <b>exclus</b>			uon :	
<ol> <li>List all buildings and other improvements for which exemption i sheet if necessary. Indicate whether leased or owned. Please</li> </ol>				

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

EF-264-AH-R13-0522-42000094-2 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 1 of last year?           YES         NO         If YES, please explain:
<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</li> <li>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					
	rjury under the laws of the State of California that the foregoing a nts or documents, is true, correct, and complete to the best of m				
SIGNATURE OF PERSON MAKING CLAIM		TITLE			
NAME OF PERSON MAKING CLAIM		DATE			

