EF-264-AH-R12-0516-35000131-1 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.")



Tom J. Slavich San Benito County Assessor

440 Fifth St. Rm. 108 Hollister, CA 95023-3893 Tel: 831-636-4030 Fax: 831-636-4033

www.cosb.us/government/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) | | | |
|-------------|---|---|--|----------------|------------------|
| ŗ | - | · | FOR ASSESSOR | S USE ONLY | |
| | | | Received by | do signo a) | |
| | | | (Assessor's | aesignee) | |
| | | | Of(county | or city) | |
| L | - | _ | on(da | fol | |
| NAME OF C | LAIMANT | 110 | (OE | ite) | |
| TITLE OF CL | AIMANT | 41.5 | D | YTIME TELEPHO | ONE NUMBER |
| CORPORAT | E NAME OF THE COLLEGE | | | , | |
| ADDRESS (S | Street, City, County, State, Zip Code) | | | | |
| ACCECCOD | S PARCEL NUMBER OR LEGAL DESC | PURTION | DATE PROPERTY | MAC FIDET LICE | D DV CLAIMANI |
| ASSESSUR | S PARCEL NUMBER OR LEGAL DESC | RIPTION | DATE PROPERTY | WAS FIRST USE | D BY CLAIMAN |
| 1. Owner a | and operator: (check applicable but is: ☐ Owner and operator | | y | | |
| and clai | ms exemption on all | ☐ Buildings and improvements | and/or | , | |
| 2. Does the | | llege or seminary of learning under t | he laws of the State of California? | | |
| | stitution conducted as a non-prof | t entity? | | | |
| YES | | | V 🔾 / | | |
| 4. Does the | | mission the completion of a four-yea | r high school course or its equivale | nt? | |
| | | tes at least one academic or professi | onal degree, based on a course of a | least two year | s in liberal art |
| and scie | nces, or on a course of at least th | nree y <mark>ea</mark> rs in prof <mark>es</mark> siona <mark>l stu</mark> dies, su | ich <mark>as law, theology, e</mark> ducation, med | | |
| veterina | | ire, fine arts, commerce, or journalis | m? | | |
| | | claimed used exclusively for the po | urposes of education? | | |
| YES | | , | | | |
| | | for which exemption is claimed and | state the primary and incidental use | of each. Attac | h a separate |
| | | ed or owned. Please use a separate | | Parcel Numbe | r. |
| BUI | LDING & IMPROVEMENTS | PRIMARY USE | INCIDENTAL USE | | |
| | | | | LEASE | OWN |
| | | | | LEASE | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



| 8. Has any construction commenced an YES NO If YES , plea | - | since 12:01 a.m., January 1 o | of last year? |
|--|--|---|--|
| | aal Revenue Code? | ternal Revenue Service mus | at accompany this claim. Property taxes, |
| 10. Has any of the property listed above YES NO If YES , plea | | ther than a student bookstor | e? |
| 11. If any business is operated by some | one other than the college, attach a | copy of the lease or other ag | greement. Please explain: |
| property listed is not used exclusi property, provide the name and add. The benefit of a property tax exemp Taxation Code. | e name and address of the owner a vely for educational purposes at the lress of the owner. | on. If taxes paid by the lesson | and serial number of the property. If the te the other uses of the property. If real r, see section 202.2 of the Revenue and |
| substituted.Attach a separate page, or of degree. | current catalog, listing the degrees co | onferred upon the graduates | and the requirements for each |
| Attach a copy of the financia | al statem <mark>ents (balanc</mark> e sh <mark>eet</mark> and op | <mark>er</mark> atin <mark>g statement for the pre</mark> | ceding fiscal year.) |
| Whom should | we contact during normal busi | ness hours for additional | |
| NAIVIE | | | TITLE |
| DAYTIME TELEPHONE () | EMAIL ADDRESS | | |
| () | CERTIFICA | TION | |
| | rjury under the laws of the State of C nts or documents, is true, correct, a | | and all information hereon, including any |
| SIGNATURE OF PERSON MAKING CLAIM | into or documento, is true, correct, di | ia complete to the best of III. | TITLE |
| | | | |
| NAME OF PERSON MAKING CLAIM | | | DATE |

