EF-264-AH-R13-0522-42000093-1 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.")	THE SANTA BRAR	Joseph E. Holland County Clerk, Recorder and Assessor P.O. Box 159 Santa Barbara, CA 93102-0159 Santa Barbara: (805) 568-7899 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 ed by
If you no longer seek an exemption at this location, check here [ NAME OF CLAIMANT TITLE OF CLAIMANT CORPORATE NAME OF THE COLLEGE	Sign and return this form	n 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 only and claims exemption on all Land Buildings and Does the above institution qualify as a college or seminary of YES NO	improvements and/or	DATE PROPERTY WAS FIRST USED BY CLAIMANT
<ul> <li>3. Is the institution conducted as a non-profit entity?</li> <li>YES NO</li> <li>4. Does the institution require for regular admission the completi</li> <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 exclusional exercises.</li> </ul>	demic or professional degree sional studies, such as law, t erce, or journalism?	e, based on a course of at least two years in liberal arts theology, education, medicine, dentistry, engineering,

- YES NO
- 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.

BUILDING & IMPROVEMENTS PRIMARY USE INCIDENTAL USE		
	SE [	OWN

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

EF-264-AH-R13-0522-42000093-2 BOE-264-AH (P2) REV. 13 (05-22)		
8. Has any construction commenced and/or been completed on this YES NO If <b>YES</b> , please explain:	parcel since 12:01 a.m., January 1 of last year?	
as defined in section 512 of the Internal Revenue Code?	imed a student bookstore that generates unrelated business taxable income th the Internal Revenue Service must accompany this claim. Property taxes, taxable income to the bookstore's gross income, will be levied.	
10. Has any of the property listed above been used for business pu YES NO If <b>YES</b> , please explain:	poses 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:	
	someone else? owner and the type, make, model, and serial number of the property. If the es at the collegiate level, please state the other uses of the property. If real	
Taxation Code.	e institution. If taxes paid by the lessor, see section 202.2 of the Revenue and	
substituted.	admission. A current catalog showing the requirements may be	
degree.	grees conferred upon the graduates and the requirements for each t and operating statement for the preceding fiscal year.)	
Attach a copy of the financial statements (balance shee	and operating statement for the preceding instal 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

