EF-264-AH-R13-0522-42000155-1 BOE-264-AH (P1) REV. 13 (05-22)	SOF SAVE R		-	k, Recorder and Assessor anta Barbara, CA 93102-0159
COLLEGE EXEMPTION CLAIM	one one	UNTY S	anta Barbara: (805) 568-2550
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.")	FÜTU	re S	anta Maria: (80	5) 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)		F	OR ASSESS	OR'S USE ONLY
Г. Г.	Г	Received by		
		of	(co	
		of	(co	unty or city)
		on		(date)
L				(date)
If you no longer seek an exemption at this location, check here	Sign and retur	n this form to th	e Assessor. D	ate 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 PROPER	RTY WAS FIRST USED BY CLAIMANT
Owner and operator: <i>(check applicable boxes)</i> Claimant is: Owner and operator Owner only and claims exemption on all Dand Buildings and			Personal prop	erty
2. Does the above institution qualify as a college or seminary of YES NO	learning under th	e laws of the Sta	ate of California	a?
3. Is the institution conducted as a non-profit entity?				
4. Does the institution require for regular admission the complet	ion of a four-year	high school cou	rse or its equiv	alent?
 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, comment 	sional studies, suc	h as law, theolog		
YES NO				
6. Is the property for which the exemption is claimed used exclu	usively for the pur	poses of educat	tion?	
YES NO				
 List all buildings and other improvements for which exemption sheet if necessary. Indicate whether leased or owned. Please 				

Joseph E. Holland

	INCIDENTAL USE	PRIMARY USE	BUILDING & IMPROVEMENTS
LEASE OWN			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

EF-	264-AH-R13-0522-42000155-2 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:
	 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 been used for business purposes other than a student bookstore? YES NO If YES, please explain:
	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 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						
	f perjury under the laws of the State of California that the foreg ements or documents, is true, correct, and complete to the bes					
SIGNATURE OF PERSON MAKING CLAIM		TITLE				
NAME OF PERSON MAKING CLAIM		DATE				

