EF-264-AH-R13-0522-40000090-1	San Luis Obispo County Assessor
BOE-264-AH (P1) REV. 13 (05-22)	County Government Center
COLLEGE EXEMPTION CLAIM	1055 Monterey Street, Suite D360
This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")	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 and mailing address)	FOR ASSESSOR'S USE ONLY
F · · · · · · · ·	□ Received by
	of (county or city)
	(county or city)
	on
L	(date)
If you no longer seek an exemption at this location, check here \Box Si	on and return this form to the Assessor. Date vacated
NAME OF CLAIMANT	
TITLE OF CLAIMANT	
CORPORATE NAME OF THE COLLEGE	
ADDRESS (Street, City, County, State, Zip Code)	
ADDRESS (Street, City, County, State, ZIP Coue)	
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes)	
Claimant is: Owner and operator Owner only O	perator only
and claims exemption on all Land Duildings and impro	ovements and/or 🗌 Personal property
2. Does the above institution qualify as a college or seminary of learni	ing under the laws of the State of California?
3. Is the institution conducted as a non-profit entity?	
4. Does the institution require for regular admission the completion of	a four-year high school course or its equivalent?
5. Does the institution confer upon its graduates at least one academic	or professional degree, based on a course of at least two years in liberal arts
and sciences, or on a course of at least three years in professional	studies, such as law, theology, education, medicine, dentistry, engineering,
veterinary medicine, pharmacy, architecture, fine arts, commerce, c	or journalism?
YES NO	
6. Is the property for which the exemption is claimed used exclusivel	y for the purposes of education?

Office of Tom J. Bordonaro, Jr.

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	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

	4-AH-R13-0522-40000090-2)E-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 YES NO If YES , please explain:	1 of last year?
	Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that gen 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 m as determined by establishing a ratio of the unrelated business taxable income to the bookstore's	ust accompany this claim. Property taxes,
10	 Has any of the property listed above been used for business purposes other than a student bookst YES NO If YES, please explain: 	tore?
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? YES NO If YES, list on a separate sheet the name and address of the owner and the type, make, model property listed is not used exclusively for educational purposes at the collegiate level, please s 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 less Taxation Code.	sor, see section 202.2 of the Revenue and
	 Attach a separate page showing the requirements for admission. A current catalog should be substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the graduate degree. Attach a copy of the financial statements (balance sheet and operating statement for the provided statement). 	es and the requirements for each
	Whom should we contact during normal business hours for additior	nal information?
NA	ME	TITLE
DA (YTIME TELEPHONE EMAIL ADDRESS	I
<u>\</u>	CERTIFICATION	
l c	ertify (or declare) under penalty of perjury under the laws of the State of California that the foregoing	g and all information hereon, including any
	accompanying statements or documents, is true, correct, and complete to the best of	

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

