-264-AH-R13-0522-56000076-1 BOE-264-AH (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20 20		Keith Taylor ASSESSOR OF VENTURA COUNTY 800 South Victoria Avenue Ventura, CA 93009-1270 (805) 654-2181 assessor.countyofventura.org		
(Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")				
This claim must be filed by 5:00 p.m., February 15.		FOR ASSESSOR'S USE ONLY		
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)				
F	Received by	(Assessor's designee)		
	of	(county or city)		
L	on	(date)		
If you no longer seek an exemption at this location, check here \square Sign and re	eturn this form to th	ne 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	DI	DATE PROPERTY WAS FIRST USED BY CLAIMANT		
1. Owner and operator: (check applicable boxes)				
Claimant is: Owner and operator Owner only Operator of	only			
and claims exemption on all Land Buildings and improvement	s and/or 🗆	Personal property		
2. Does the above institution qualify as a college or seminary of learning unde	r the laws of the St	ate of California?		
3. Is the institution conducted as a non-profit entity?	V			
4. Does the institution require for regular admission the completion of a four-ye	ear high school cou	urse or its equivalent?		
5. Does the institution confer upon its graduates at least one academic or profes and sciences, or on a course of at least three years in professional studies, veterinary medicine, pharmacy, architecture, fine arts, commerce, or journal YES NO	such as law, theolo			
6. Is the property for which the exemption is claimed used exclusively for the	purposes of educa	ition?		

YES NO

EF

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	
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

	54-AH-R13-0522- DE-264-AH (P2) REV.			
8.	Has any construct	ction commenced and/or been completed on this parcel since 12:01 a.m., Janua NO If YES , please explain:	ary 1 of last year?	
9.	as defined in secti	r a portion thereof, for which an exemption is claimed a student bookstore that g tion 512 of the Internal Revenue Code?] NO of the institution's most recent tax return filed with the Internal Revenue Service	e must accompany this claim. Property taxes,	
	as determined b	by establishing a ratio of the unrelated business taxable income to the bookstor	e's gross income, will be levied.	
1(D. Has any of the p	oroperty listed above been used for business purposes other than a student boo NO If YES , please explain:	vkstore?	
11	I. If any business is	is operated by someone other than the college, attach a copy of the lease or oth	ner agreement. Please explain:	
12	YES If YES If YES , list on a property listed is	nt or other property being leased or rented from someone else? NO- a separate sheet the name and address of the owner and the type, make, mo is not used exclusively for educational purposes at the collegiate level, pleas be the name and address of the owner.		
	The benefit of a Taxation Code.	a property tax exemption must inure to the lessee institution. If taxes paid by the ADDITIONAL REQUIRED DOCUMENTATION	lessor, see section 202.2 of the Revenue and	
		a separate page showing the requirements for admission. A current catalog	showing the requirements may be	
 Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each 				
	degree. • Attach a	a copy of the financial statem <mark>en</mark> ts (balance sheet and operating statement for th	e preceding fiscal year.)	
N	AME	Whom should we contact during normal business hours for addit	ional information?	
_				
(AYTIME TELEPHONE)	EMAIL ADDRESS		
_		CERTIFICATION		
10	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

