		JOAQUIN C	. 5	Steve J. Best	olarides	
-264-АН-R13-0522-39000057-1 ВОЕ-264-АН (Р1) REV. 13 (05-22)		A A A	4	Assessor-Re	corder-County	y Clerk
COLLEGE EXEMPTION CLAIM			7) 4	4 N San Joaquir	n Street Suite 230	
This claim is filed for fiscal year 20 (Example: a person filing a t imely claim in J a would enter "2011-2012.")		CALIFORTUP	E 1	tockton, CA 95 exemptions: (209 ttps://www.sjgov		ssessor
This claim must be filed by 5:00 p.m., Feb	oruary 15.					
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	and mailing address)		F	OR ASSESSO	OR'S USE ONLY	
	and maning address)		Received by	(40000	or's designee)	
				(A33633	or s designee)	
			of	(cou	inty or city)	
			on			
					(date)	
If you no longer seek an exemption at this loo	cation, check here] Sign and retur	n this form to th	e Assessor. Da	ite vacated:	
NAME OF CLAIMANT						
TITLE OF CLAIMANT					DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE					()	
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCI	RIPTION			DATE PROPER	TY WAS FIRST USE	D BY CLAIMANT
1. Owner and operator: (check applicable bo	xes)					
Claimant is: Owner and operator		Operator only				
and claims exemption on all	Buildings and in	mprovements	and/or	Personal prope	erty	
2. Does the above institution qualify as a coll	lege or seminary of le	earning under the	e laws of the Sta	ate of California	?	
3. Is the institution conducted as a non-profit	entity?					
YES NO	-					
4. Does the institution require for regular adr	nission the completio	on of a four-year	high school cou	rse or its equiva	alent?	
		mia or profossio	aldograa baa		f at locat two year	ra in liboral arta
5. Does the institution confer upon its graduat and sciences, or on a course of at least th	ree years in professio	onal studies, suc	h as law, theolog			
veterinary medicine, pharmacy, architectur	re, fine arts, commer	ce, or journalism	?			
YES NO						
6. Is the property for which the exemption is	claimed used exclus	sively for the pur	poses of educat	tion?		
YES NO						
7. List all buildings and other improvements a sheet if necessary. Indicate whether lease						
BUILDING & IMPROVEMENTS	PRIMARY			ITAL USE		
						OWN
						OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

□ LEASE □ OWN □ LEASE □ OWN



EF-264-AH-R13-0522-39000057-2 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?
 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?
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				
	T					
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				

