		JOAQUIN C	. 5	Steve J. Best	olarides	
-264-АН-R13-0522-39000064-1 ВОЕ-264-АН (Р1) REV. 13 (05-22)		A A A	4	Assessor-Re San Joaquin Cou	corder-Count	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 ar would enter "2011-2012.")		CALIFORNI	E 1	tockton, CA 95 Exemptions: (209 ttps://www.sjgov		ssessor
This claim must be filed by 5:00 p.m., Feb	ruary 15.					
CLAIMANT NAME AND MAILING ADDRESS			F	OR ASSESSO	R'S USE ONLY	,
(Make necessary corrections to the printed name	and mailing address)	Г	Received by .	(4	or's designee)	
				(Assess	or s designee)	
			of	(cou	inty or city)	
			on			
L			<u> </u>		(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:	
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 DESCR	RIPTION			DATE PROPER	TY WAS FIRST USE	D BY CLAIMANT
1. Owner and operator: <i>(check applicable bo.</i> 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?					
4. Does the institution require for regular adm	nission the completio	on of a four-year	high school cou	rse or its equiva	alent?	
 5. Does the institution confer upon its graduat and sciences, or on a course of at least the veterinary medicine, pharmacy, architectur YES NO 	ree years in profession re, fine arts, comment	onal studies, suc ce, or journalism	h as law, theolog ?	gy, education, n		
6. Is the property for which the exemption is	claimed used exclus	sively for the pur	poses of educat	tion?		
List all buildings and other improvements f sheet if necessary. Indicate whether lease						
BUILDING & IMPROVEMENTS	PRIMARY	USE	INCIDEN	NTAL USE		
						OWN
						OWN
						OWN
						_

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

□ LEASE □ OWN □ LEASE □ OWN



EF-264-AH-R13-0522-39000064-2 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?
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	EMAILADDRESS	
()		
	CERTIFICATIO	ON CONTRACTOR OF CONT
	nalty of perjury under the laws of the State of Cali ng statements or documents, is true, correct, and c	fornia that the foregoing and all information hereon, including any complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLA	TITLE	
NAME OF PERSON MAKING CLAIM		DATE

