EF-264-AH-R12-0516-39000773-1 BOE-264-AH (P1) REV. 12 (05-16)

## **COLLEGE EXEMPTION CLAIM**

This claim is filed for fiscal year 20 \_\_\_\_ - 20 \_\_\_\_. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")



## Steve J. Bestolarides Assessor-Recorder-County Clerk

San Joaquin County
44 N San Joaquin Street Suite 230
Stockton, CA 95202-3273
Exemptions: (209) 468-2646
https://www.sjgov.org/department/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		e and mailing address)						
	Γ	<b>3</b> ,	$\neg$	F	OR ASSESSOR'S	S USE ONLY	•	
				Received by				
				,	(Assessor's o	designee)		
				of	(county c	or city)		
	L		┙	on				
				011	(dat	e)		
NAME OF	CLAIMANT							
TITLE OF	CLAIMANT				DA	YTIME TELEPH	ONE NUMBER	
CORPOR	ATE NAME OF THE COLLEGE				(			
ADDRESS	S (Street, City, County, State, Zip Code)							
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION					DATE PROPERTY WAS FIRST USED BY CLAIMANT			
Claim and c  2. Does YI  3. Is the YI  4. Does YI  5. Does and se veterin YI  6. Is the	r and operator: (check applicable be ant is:	Owner only Operator Buildings and improvement llege or seminary of learning und it entity?  mission the completion of a fourance at least one academic or professoral studies are, fine arts, commerce, or journ a claimed used exclusively for the for which exemption is claimed as	er the ession of the service of the	and/or  e laws of the State high school cour nal degree, base h as law, theolog ?  rposes of educate tate the primary	rse or its equivalent of an a course of at gy, education, med ion?	least two year icine, dentistry	y, engineering ch a separate	
	if necessary. Indicate whether lease	<u> </u>	rate			Parcel Numbe	er.	
В	UILDING & IMPROVEMENTS	PRIMARY USE		INCIDEN	ITAL USE			
			$\perp$			LEASE	OWN	
						LEASE	OWN	
			$\dashv$			LEASE	OWN	
						LEASE		
			_			LEASE		
						LEASE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-264-AH-R12-0516-39000773-2 BOE-264-AH (P2) REV. 12 (05-16)

8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 YES NO If <b>YES</b> , please explain:	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 bookston YES NO If <b>YES</b> , please explain:	re?						
11. If any business is operated by someone other than the college, attach a copy of the lease or other and	greement. Please explain:						
12. Is any equipment or other property being leased or rented from someone else?  YES NO							
If <b>YES</b> , 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 <b>used exclusively</b> 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							
<ul> <li>Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted.</li> </ul>							
<ul> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree.</li> </ul>							
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							
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing accompanying statements or documents, is true, correct, and complete to the best of m							
SIGNATURE OF PERSON MAKING CLAIM	TITLE						
NAME OF PERSON MAKING CLAIM	DATE						
	D/112						

