EF-264-AH-R13-0522-37000100-1 BOE-264-AH (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in J anuary 2011 would enter "2011-2012.")	Jordan Marks San Diego County Assessor 1600 Pacific Highway, Suite 103 San Diego, CA 92101 Phone: (619) 236-3771 E-mail: arcc.fgg@sdcounty.ca.gov
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 Received by
If you no longer seek an exemption at this location, check here NAME OF CLAIMANT TITLE OF CLAIMANT CORPORATE NAME OF THE COLLEGE	Sign and return this form to the Assessor. Date vacated:
ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION 1. Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only and claims exemption on all Land Buildings and	improvements and/or Personal property
 2. Does the above institution qualify as a college or seminary of YES NO 3. Is the institution conducted as a non-profit entity? YES NO 4. Does the institution require for regular admission the completion of th	NOI
	emic or professional degree, based on a course of at least two years in liberal arts ional studies, such as law, theology, education, medicine, dentistry, engineering, rce, or journalism?
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	
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

-264-AH-R13-0522-37000100-2 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., Janu YES NO If YES , please explain:	uary 1 of last year?
 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that 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 as determined by establishing a ratio of the unrelated business taxable income to the bookstore 	ce must accompany this claim. Property taxes,
10. Has any of the property listed above been used for business purposes other than a student bo	pokstore?
11. If any business is operated by someone other than the college, attach a copy of the lease or o	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, m property listed is not used exclusively for educational purposes at the collegiate level, plear 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 Taxation Code. ADDITIONAL REQUIRED DOCUMENTATION	e lessor, see section 202.2 of the Revenue and
 Attach a separate page showing the requirements for admission. A current catalog substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the grad degree. Attach a copy of the financial statements (balance sheet and operating statement for the statement). 	duates and the requirements for each
Whom should we contact during normal business hours for addi	itional information?
NAME	TITLE
DAYTIME TELEPHONE EMAIL ADDRESS	
CERTIFICATION	
Leartify (or declare) under penalty of periury under the laws of the State of California that the foreg	acing and all information baraon, including an

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	

