	SOTIVE IS THE	Jordan Marks
EF-264-AH-R13-0522-37000028-1		San Diego County Assessor
BOE-264-AH (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM	Z COMPANY	1600 Pacific Highway, Suite 103 San Diego, CA 92101
This claim is filed for fiscal year 20 20		Phone: (619) 236-3771
(Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")	"With the second second	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
Г Г	□ Receiv	/ed by
		· · · · · · · · · · · · · · · · · · ·
	OT	(county or city)
	on	
L		(date)
If you no longer seek an exemption at this location, check here [Sign and return this for	rm to the Assessor. Date vacated:
NAME OF CLAIMANT		
TITLE OF CLAIMANT		
CORPORATE NAME OF THE COLLEGE		
ADDRESS (Street, City, County, State, Zip Code)		
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION		DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes)		
Claimant is: Owner and operator Owner only		
and claims exemption on all Land Buildings and		
2. Does the above institution qualify as a college or seminary of	learning under the laws of	f the State of California?
YES NO		
3. Is the institution conducted as a non-profit entity?		
YES NO		
4. Does the institution require for regular admission the completion	ion of a four-year high sch	ool course or its equivalent?
YES NO		_
Does the institution confer upon its graduates at least one acad and sciences, or on a course of at least three years in profess		
veterinary medicine, pharmacy, architecture, fine arts, comme		, theology, education, medicine, dentistry, engineering,
YES NO		-
 Is the property for which the exemption is claimed used exclu 	isively for the purposes o	f education?
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

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 Servic 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 YES NO If YES, please explain: 	-
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.	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 add	itional information?
NAME	TITLE
DAYTIME TELEPHONE EMAIL ADDRESS	
() CERTIFICATION	

SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM

DATE

