EF-264-AH-R12-0516-39000171-1 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 Telephone (209) 468-2658 www.sjgov.org/assessor\_recorder

## This claim must be filed by 5:00 p.m., February 15.

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)			
Ė.	٦	FOR ASSESSOR	'S USE ONLY	
		Received by		
		(Assessor's	s aesignee)	
		of(county	or city)	
L	ل	on	1-4-)	
NAME OF CLAIMANT	110	(a	late)	
TITLE OF CLAIMANT	11.5	D	AYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)  ASSESSOR'S PARCEL NUMBER OR LEGAL DESC.	DIDTION	DATE DEODEDTY	IWAS EIDET LISE	D DV CLAIMANI
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	WAS FIRST USE	D BY CLAIMAN I
1. Owner and operator: (check applicable book) Claimant is:		ly		
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal property	у	
2. Does the above institution qualify as a col	lege or seminary of learning under t	the laws of the State of California?		
3. Is the institution conducted as a non-profit YES NO	t entity?	$V \cup I$		
4. Does the institution require for regular adr	mission the completion of a four-year	r high school course or its equivale	nt?	
5. Does the institution confer upon its graduat and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu	ree years in prof <mark>es</mark> sional studies, su	uch as law, theology, education, me		
YES NO				
6. Is the property for which the exemption is  YES NO	claimed used <b>exclusively</b> for the p	urposes of education?		
7. List all buildings and other improvements	for which exemption is alaimed and	atata the primary and incidental us	o of ooob Attac	ah a aanarata
sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	
			LEASE	
			LEASE	OWN
			LEASE	
			LEASE	
			LEASE	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced an YES NO If <b>YES</b> , plea	d/or been completed on this parcel since 12:01 a.m., Ja se explain:	nuary 1 of last year?			
2. 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 taxe as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied.					
	been used for business purposes other than a student	-			
YES NO If <b>YES</b> , plea		DOOKS1016 :			
11. If any business is operated by some	one other than the college, attach a copy of the lease or	other agreement. Please explain:			
YES NO  If <b>YES</b> , list on a separate sheet the property listed is not <b>used exclusi</b> property, provide the name and add	peing leased or rented from someone else?  e name and address of the owner and the type, make, vely for educational purposes at the collegiate level, plaress of the owner.  Stion must inure to the lessee institution. If taxes paid by	ease state the other uses of the property. If rea			
Taxation Code.	ADDITIONAL REQUIRED DOCUMENTATION				
substituted.	nowing the requirements for admission. A current catalogurer catalogurer to current catalogues, listing the degrees conferred upon the grant catalogues.				
<ul> <li>Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)</li> </ul>					
NAME Whom should	I we contact during normal business hours for ad	ditional information?			
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			
NAME OF LENGUN MANING CENTRE		DAIL			

