EF-264-AH-R13-0522-39000026-1 BOE-264-AH (P1) REV. 13 (05-22)		Assessor-Recorder-County Clerk San Joaquin County					
COLLEGE EXEMPTION CLAIM		44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273					
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")	CHIEGE BUILT	Telephone (209) 468-2658 www.sjgov.org/assessor_recorder					
This claim must be filed by 5:00 p.m., February 15.		FOR ASSESSOR'S USE ONLY					
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)							
Г		eived by					
	of	(county or city)					
L	on	(date)					
If you no longer seek an exemption at this location, check here 🗌 Sig	gn and return this	form to the Assessor. Date vacated:					
NAME OF CLAIMANT							
TITLE OF CLAIMANT		DAYTIME TELEPHONE NUMBER					
CORPORATE NAME OF THE COLLEGE							
ADDRESS (Street, City, County, State, Zip Code)							
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION							
1. Owner and operator: ( <i>check applicable boxes</i> )							
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 learni	ng under the laws	of the State of California?					
3. Is the institution conducted as a non-profit entity?	Ι						
4. Does the institution require for regular admission the completion of YES NO	a four-year high s	chool course or its equivalent?					
<ul> <li>5. Does the institution confer upon its graduates at least one academic and sciences, or on a course of at least three years in professional veterinary medicine, pharmacy, architecture, fine arts, commerce, or YES NO</li> </ul>	studies, such as la						
6. Is the property for which the exemption is claimed used exclusively for the purposes of education?							
YES NO							

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Steve J. Bestolarides

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.

	INCIDENTAL USE	PRIMARY USE	<b>BUILDING &amp; IMPROVEMENTS</b>
_		* *	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

F-264-AH-R13-0522-39000026-2 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., Jan YES NO If <b>YES</b> , please explain:	nuary 1 of last year?			
<ul> <li>9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore th as defined in section 512 of the Internal Revenue Code?</li> <li>YES NO</li> <li>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</li> </ul>	vice must accompany this claim. Property taxes,			
10. Has any of the property listed above been used for business purposes other than a student I YES NO If <b>YES</b> , please explain:	bookstore?			
11. If any business is operated by someone other than the college, attach a copy of the lease or	other agreement. Please explain:			
<ul> <li>12. Is any equipment or other property being leased or rented from someone else?</li> <li>YES NO</li> <li>If YES, list on a separate sheet the name and address of the owner and the type, make, property listed is not used exclusively for educational purposes at the collegiate level, pla property, provide the name and address of the owner.</li> </ul>				
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by to Taxation Code.	the lessor, see section 202.2 of the Revenue and			
<ul> <li>Attach a separate page showing the requirements for admission. A current catale substituted.</li> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the gr degree.</li> <li>Attach a copy of the financial statements (balance sheet and operating statement for admission).</li> </ul>	aduates and the requirements for each			
Whom should we contact during normal business hours for additional information?				
NAME	TITLE			
DAYTIME TELEPHONE EMAIL ADDRESS	I			
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

