| -264-AH-R13-0522-36000093-1<br>BOE-264-AH (P1) REV. 13 (05-22)  | RECOUNTY      | Assessor-Recorder-County Clerk   |
|---|---------------|--|
| COLLEGE EXEMPTION CLAIM   |               | County of San Bernardino<br>Assessor's Office  |
| This claim is filed for fiscal year 20 20<br>(Example: a person filing a t imely claim in J anuary 2011<br>would enter "2011-2012.")  |               | 222 W. Hospitality Lane - 4th Floor<br>San Bernardino, CA 92415-0311<br>www.sbcounty.gov/arc<br>Phone: (909) 387-8307<br>Toll Free: (877) 885-7654 |
| This claim must be filed by 5:00 p.m., February 15.   | [             | FOR ASSESSOR'S USE ONLY  |
| CLAIMANT NAME AND MAILING ADDRESS<br>(Make necessary corrections to the printed name and mailing address)   | _             |  |
| I   | I             | Received by  |
|   |               | of   |
|   |               | (county or city)   |
| L   |               | ON(date)   |
| If you no longer seek an exemption at this location, check here 🗌 Sig   | in and returr | n 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   |               | DATE PROPERTY WAS FIRST USED BY CLAIMANT   |
| 1. Owner and operator: (check applicable boxes)   |               |  |
| Claimant is: Owner and operator Owner only Op   | erator only   |  |
| and claims exemption on all Land Buildings and improv   | vements       | and/or Dersonal property   |
| 2. Does the above institution qualify as a college or seminary of learnin   | ng under the  | e laws of the State of California?   |
| 3. Is the institution conducted as a non-profit entity?   |               |  |
| 4. Does the institution require for regular admission the completion of a   | a four-year h | high school course or its equivalent?  |
| 5. Does the institution confer upon its graduates at least one academic c<br>and sciences, or on a course of at least three years in professional s<br>veterinary medicine, pharmacy, architecture, fine arts, commerce, or | studies, such | h as law, theology, education, medicine, dentistry, engineering,   |
|   |               |  |
| 6. Is the property for which the exemption is claimed used <b>exclusively</b>   | for the purp  | poses of education?  |
|   |               |  |

CORDER

EF

**Josie Gonzales** 

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

| 30E-264-AH (P2) REV. 13 (05-22)  |   |  |
|--|---|--|
| B. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., Januar<br>YES NO If <b>YES</b> , please explain:  | y 1 of last year?                           |  |
| <ul> <li>Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that ge 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>  | must accompany this claim. Property taxes,  |  |
| 0. Has any of the property listed above been used for business purposes other than a student book<br>YES NO If <b>YES</b> , please explain:  | sstore?                                     |  |
| 1. If any business is operated by someone other than the college, attach a copy of the lease or othe   | er agreement. Please explain:               |  |
| <ul> <li>2. 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, mod property listed is not used exclusively for educational purposes at the collegiate level, please 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 the le<br>Taxation Code.<br>ADDITIONAL REQUIRED DOCUMENTATION   | essor, see section 202.2 of the Revenue and |  |
| Attach a separate page showing the requirements for admission. A current catalog s   | howing the requirements may be              |  |
| <ul> <li>substituted.</li> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduate of the second secon</li></ul> | ates and the requirements for each          |  |
| <ul> <li>degree.</li> <li>Attach a copy of the financial statements (balance sheet and operating statement for the</li> </ul>  | preceding fiscal year.)                     |  |
|  |   |  |
|  | and information?                            |  |
| Whom should we contact during normal business hours for additio  |   |  |
| DAYTIME TELEPHONE EMAIL ADDRESS  |   |  |
| )  |   |  |
| CERTIFICATION<br>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  |   |  |

| SIGNATURE OF PERSON MAKING CLAIM | TITLE |
|----------------------------------|-------|
|                                  |       |
| NAME OF PERSON MAKING CLAIM      | DATE  |
|                                  |       |

