	Steve J. Bestolarides
EF-264-AH-R13-0522-39000133-1	Assessor-Recorder-County Clerk
BOE-264-AH (P1) REV. 13 (05-22)	San Joaquin County 44 N San Joaquin Street Suite 230
COLLEGE EXEMPTION CLAIM	Stockton, CA 95202-3273
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in J anuary 2011	Telephone (209) 468-2658 www.sigov.org/assessor recorder
would enter "2011-2012.")	www.sjgov.org/2555501_1001401
This claim must be filed by 5:00 p.m., February 15.	
CLAIMANT NAME AND MAILING ADDRESS	FOR ASSESSOR'S USE ONLY
(Make necessary corrections to the printed name and mailing address)	□ Received by
	(Assessor's designee)
	of
	OI (county or city)
L	on
If you no longer seek an exemption at this location, check here [Sign 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	DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes)	
Claimant is: Owner and operator Owner only	Operator only
and claims exemption on all Land Duildings and	l improvements and/or 🔲 Personal property
2. Does the above institution qualify as a college or seminary of	learning under the laws of 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 completi	ion of a four-year high school course or its equivalent?
YES NO	
	demic or professional degree, based on a course of at least two years in liberal arts
	sional studies, such as law, theology, education, medicine, dentistry, engineering
veterinary medicine, pharmacy, architecture, fine arts, comme	arce, or journalism?
6. Is the property for which the exemption is claimed used exclu	usively for the purposes of 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.

	INCIDENTAL USE	PRIMARY USE	BUILDING & IMPROVEMENTS
LEASE OWN			
LEASE OWN			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

-264-AH-R13-0522-39000133-2 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., January 1 YES NO If YES , please explain:	of last year?		
 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that gene 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 mu as determined by establishing a ratio of the unrelated business taxable income to the bookstore's generative statement. 	ist accompany this claim. Property taxes		
10. Has any of the property listed above been used for business purposes other than a student booksto YES NO If YES , please explain:	pre?		
11. If any business is operated by someone other than the college, attach a copy of the lease or other a	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, model, property listed is not used exclusively for educational purposes at the collegiate level, please staproperty, provide the name and address of the owner. 	and serial number of the property. If the ate the other uses of the property. If rea		
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the less Taxation Code. ADDITIONAL REQUIRED DOCUMENTATION	or, see section 202.2 of the Revenue and		
 Attach a separate page showing the requirements for admission. A current catalog show substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the graduates degree. Attach a copy of the financial statements (balance sheet and operating statement for the principle). 	s and the requirements for each		
Whom should we contact during normal business hours for additiona	al information?		
NAME	TITLE		
DAYTIME TELEPHONE EMAIL ADDRESS	1		
CERTIFICATION			
Leartify (or declare) under penalty of perjuny under the laws of the State of California that the foregoing and all information bereon, 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

