EF-264-AH-R13-0522-39000056-1 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						
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")	CORNEL OF	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 and mailing address)		FOR ASSESSOR'S USE ONLY						
Г		d by(Assessor's designee)						
	- 6							
	OT	(county or city)						
	on	(11)						
L		(date)						
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		CV						
TITLE OF CLAIMANT								
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 allLandBuildings and improvements and/orPersonal property								
2. Does the above institution qualify as a college or seminary of le								
	January and the land of a							
3. Is the institution conducted as a non-profit entity?								
4. Does the institution require for regular admission the completio	n of a four-year high schoo	ol course or its equivalent?						
YES NO		-						
5. Does the institution confer upon its graduates at least one academic or professional degree, based on a course of at least two years in liberal arts and sciences, or on a course of at least three years in professional studies, such as law, theology, education, medicine, dentistry, engineering, veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism?								
6. Is the property for which the exemption is claimed used exclusively for the purposes of education?								
YES NO								

QUIN

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.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
				OWN
				OWN
			-	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

	64-AH-R13-0522-390000 3OE-264-AH (P2) REV. 13 (05-2				
8		nmenced and/or been completed on this parcel sin If YES , please explain:	ce 12:01 a.m., January 1 of last year?		
ę	as defined in section 512	of the Internal Revenue Code?	dent bookstore that generates unrelated business taxable income nal Revenue Service must accompany this claim. Property taxes,		
	as determined by estab	plishing a ratio of the unrelated business taxable inc	ome to the bookstore's gross income, will be levied.		
		listed above been used for business purposes other If YES , please explain:	er than a student bookstore?		
	1. If any business is opera	ted by someone other than the college, attach a co	by of the lease or other agreement. Please explain:		
	YES NO If YES , list on a separa property listed is not us		the type, make, model, and serial number of the property. If the ollegiate level, please state the other uses of the property. If real		
	The benefit of a proper Taxation Code.	ty tax exemption must inure to the lessee institution ADDITIONAL REQUIRED DO	If taxes paid by the lessor, see section 202.2 of the Revenue and DCUMENTATION		
		ate page showing the requirements for admission	. A current catalog showing the requirements may be		
 Substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each 					
	degree.Attach a copy c	of the financial statem <mark>ent</mark> s (balance sheet and opera	ating statement for the preceding fiscal year.)		
ī	Wh NAME	nom should we contact during normal busine	ss hours for additional information?		
_		EMAIL ADDRESS			
(
_	CERTIFICATION				
I	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
P NAME OF PERSON MAKING CLAIM	DATE
	1

