EF-264-AH-R13-0522-41000151-1	ALL OF S	1	RK CHURCH		Doordor
BOE-264-AH (P1) REV. 13 (05-22)			sessor - County County Center	/ Clerk - r	Recorder
COLLEGE EXEMPTION CLAIM		Red Red	wood City, CA 9406		
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in J and would enter "2011-2012.")		ema	50.363.4500 F 650 il: assessor@smcad : www.smcacre.gov	cre.gov	
This claim must be filed by 5:00 p.m., Febru	ary 15.				
CLAIMANT NAME AND MAILING ADDRESS	-	FOF	R ASSESSOR'S L	JSE ONLY	
(Make necessary corrections to the printed name and	- ,	□ Received by	(Assessor's desig		
		of	(county or cit	y)	
L		on	(date)		
If you no longer seek an exemption at this loca	tion, check here 🗌 Sign and r	eturn this form to the A	ssessor. Date vac	ated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT			DAYTI		ONE NUMBER
CORPORATE NAME OF THE COLLEGE				)	
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIF	PTION	D	ATE PROPERTY WAS	FIRST USED	D BY CLAIMANT
	es)  Owner only  Operator of  Buildings and improvements	•	ersonal property		
2. Does the above institution qualify as a collect YES NO	ge or seminary of learning unde	r the laws of the State	of California?		
3. Is the institution conducted as a non-profit e	ntity?				
4. Does the institution require for regular admis	ssion the completion of a four-y	ear high school course	or its equivalent?		
5. Does the institution confer upon its graduates and sciences, or on a course of at least three veterinary medicine, pharmacy, architecture,	e years in professional studies,	such as law, theology,			
6. Is the property for which the exemption is cla	aimed used <b>exclusively</b> for the	purposes of educatior	!?		
YES NO	which exemption is plained an	d atota tha mimory	d incidental was of	anah Atta-	h a concret-
7. List all buildings and other improvements for sheet if necessary. Indicate whether leased					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTA	LUSE		
			□	LEASE	OWN
				LEASE	OWN
				LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

□ LEASE □ OWN □ LEASE □ OWN □ LEASE □ OWN



EF	-264-AH-R13-0522-41000151-2 BOE-264-AH (P2) REV. 13 (05-22)			
	<ul> <li>8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?</li> <li>YES NO If YES, please explain:</li> </ul>			
	<ul> <li>9. 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?</li> <li>YES NO</li> </ul>			
	If <b>YES</b> , a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes, as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied.			
	10. Has any of the property listed above been used for business purposes other than a student bookstore? YES NO If YES, please explain:			
	11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please explain:			
	12. Is any equipment or other property being leased or rented from someone else?			
	If <b>YES</b> , list on a separate sheet the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not <b>used exclusively</b> for educational purposes at the collegiate level, please state the other uses of the property. If real property, provide the name and address of the owner.			
	The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the Revenue and Taxation Code.			

## ADDITIONAL REQUIRED DOCUMENTATION

- Attach a separate 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 of the financial statements (balance sheet and operating statement for the preceding fiscal year.)

## Whom should we contact during normal business hours for additional information?

NAME	TITLE					
	1					
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				

