EF-264-AH-R12-0516-41000289-1 BOE-264-AH (P1) REV. 12 (05-16)

COLLEGE EXEMPTION CLAIM

This claim is filed for fiscal year 20 ____ - 20 ____. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")



MARK CHURCH Assessor - County Clerk - Recorder

555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500 Fax: (650) 599-7435

email: assessor@smcacre.gov web: www.smcacre.gov

This claim must be filed by 5:00 p.m., February 15.

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed nam	e and mailing address)				
		7	FOR ASSESSOR	'S USE ONLY		
			Received by			
			(Assessor's	designee)		
			of(county	or city)		
	L	_	on			
			(da	ate)		
NAME OF	CLAIMANT					
TITLE OF	CLAIMANT		D	AYTIME TELEPHO	ONE NUMBER	
CORPOR	ATE NAME OF THE C <mark>OL</mark> LEGE					
ADDRESS	S (Street, City, County, State, Zip Code)					
A Q Q E Q Q C	DR'S PARCEL NUMBER OR LEGAL DESC	PIPTION	DATE DROPERTY	WAS EIDST LIST	D DV CLAIMANIT	
nooeool	DIX 3 FARGEL NUMBER OR LEGAL DESC	ANT HON	DATE PROPERTY	WAS FIRST USEL	DI CLAIIVIAN I	
1. Owne	r and operator: (check applicable bo	oxes)				
Claim	ant is:	Owner only Operator on	у			
and c	aims exemption on all	☐ Buildings and 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?						
	ES NO	it Griffity !	V\J	l .		
		mission the completion of a four-year	r high school course or its equivale	nt?		
	ES NO					
		ites at least one academic or professi				
		nree y <mark>ear</mark> s in prof <mark>es</mark> sion <mark>al studies, su</mark> ure, fi <mark>ne</mark> arts, commerce, or journalis		alcine, dentistry	, engineering	
YI	ES NO		<u> </u>			
6. Is the	property for which the exemption is	claimed used exclusively for the p	urposes of education?			
YI	ES NO					
		for which exemption is claimed and ed or owned. Please use a separate				
	UILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE			
	J. L. L. C. C. M. I. C. T. EMERTIO	TRIMARI OUL	MODENTAL OOL	LEASE	OWN	
				LEASE	□ OWN	
				LEASE	□ OWN	
				LEASE	□ OWN	
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				LEASE	□ OWN	
		1			· · · ·	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of 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 generates unrelated business taxable income 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 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 bookstor YES NO If YES , please explain:	e?					
11. If any business is operated by someone other than the college, attach a copy of the lease or other ag	greement. 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, and serial number of the property. If the property listed is not used exclusively 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 NAME	TITLE					
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					
IVANIE OF FERSON WARNING CLAIM	DAIE					

