EF-264-AH-R12-0516-41000188-1 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
CORPORA	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	PIDTION	DATE DESCRIPTIV	WAS EIDST LIGHT	D DV CLAIMANIT
HOOEOOC	OR S PARCEL NUMBER OR LEGAL DESC	AIF HON	DATE PROPERTY	WAS FIRST USE	D B T CLAIMAN I
1. Owner	r and operator: (check applicable bo	oxes)			
Claima	ant is:	Owner only Operator onl	у		
and cl	aims exemption on all	☐ Buildings and improvements	and/or Personal property	/	
		llege or seminary of learning under t	he laws of the State of California?		
YE	ES NO institution conducted as a non-profi	it optity?			
3. IS the		it Grinty !	V\JI	1	
		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		uicine, dentistry	y, engineering
YE	ES NO		<u> </u>		
6. Is the	property for which the exemption is	s claimed used exclusively for the po	urposes of education?		
YE	ES NO				
		for which exemption is claimed and ed or owned. Please use a separate			
	JILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	i arcer Numbe	
	J	TAMAKI OOL	MODENTAL OOL	LEASE	□ OWN
				LEASE	OWN
				LEASE	□ OWN
				LEASE	□ OWN
				LEASE	□ OWN
				LEASE	□ OWN
		1			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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 bookstore? YES NO If YES, please explain:
10. Has any of the property listed above been used for business purposes other than a student bookstore? YES NO If YES, please explain:
THIS IS A
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? 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 information? 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

