OF	SAA		MARK CHURCH
-264-AH-R13-0522-41000122-1		E	Assessor - County Clerk - Recorder
BOE-264-AH (P1) REV. 13 (05-22)			555 County Center, First Floor
COLLEGE EXEMPTION CLAIM			Redwood City, CA 94063-1665 Phone: (650) 363-4500
This claim is filed for fiscal year 20 20	ED 1856		Fax: (650) 599-7435
(Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")			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		I	FOR ASSESSOR'S USE ONLY
(Make necessary corrections to the printed name and mailing address)		Received by	(Assessor's designee)
			(Assessor's designee)
		of	
			(county or city)
	1	on	(date)
			(uare)
If you no longer seek an exemption at this location, check here 🗌 Sign and	retur	rn this form to th	ne Assessor. Date vacated:
NAME OF CLAIMANT			
TITLE OF CLAIMANT			
CORPORATE NAME OF THE COLLEGE			
ADDRESS (Street, City, County, State, Zip Code)			
ADDICESS (Street, oky, Oblinky, State, Zip Soue)			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION			DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes)	7		
Claimant is: Owner and operator Owner only Operator	r only	,	
and claims exemption on allLand Buildings and improvement			Personal property
2. Does the above institution qualify as a college or seminary of learning unc			
YES NO			
3. Is the institution conducted as a non-profit entity?			
YES NO			
4. Does the institution require for regular admission the completion of a four-	year	high school cou	urse or its equivalent?
YES NO			
5. Does the institution confer upon its graduates at least one academic or profe	essio	nal degree, bas	ed 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	s, suc	ch as law, theolo	
veterinary medicine, pharmacy, architecture, fine arts, commerce, or journ	alism	1?	_
YES NO			—
6. Is the property for which the exemption is claimed used exclusively for the	e pur	rposes of educa	ation?

YES NO

EF

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
			OWN
			OWN
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

-264-AH-R13-0522-41000122-2 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 of la YES NO If YES , please explain:	ast year?		
 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generate 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 a as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross 	ccompany this claim. Property taxes		
10. Has any of the property listed above been used for business purposes other than a student bookstore?			
11. If any business is operated by someone other than the college, attach a copy of the lease or other agree	ement, 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 property listed is not used exclusively for educational purposes at the collegiate level, please state to property, provide the name and address of the owner. 	serial number of the property. If the 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 lessor, s Taxation Code. ADDITIONAL REQUIRED DOCUMENTATION	see section 202.2 of the Revenue and		
 Attach a separate page showing the requirements for admission. A current catalog showing substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and degree. Attach a copy of the financial statements (balance sheet and operating statement for the preceded) 	d the requirements for each		
Whom should we contact during normal business hours for additional in	formation?		
NAME	TITLE		
DAYTIME TELEPHONE EMAIL ADDRESS			
CERTIFICATION			
I certify (or declare) under penalty of periury under the laws of the State of California that the foregoing and all information hereon, including any			

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

NAME OF PERSON MAKING CLAIM	DATE

