EF-263-C-R03-0522-43000128-1

BOE-263-C (P1) REV. 03 (05-22)

CHURCH LESSORS' EXEMPTION CLAIM

PROPERTY LEASED BY A CHURCH TO A PUBLIC SCHOOL, COMMUNITY COLLEGE, STATE COLLEGE, OR STATE UNIVERSITY, INCLUDING THE UNIVERSITY OF CALIFORNIA, USED JOINTLY WITH A CHURCH

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Lawrence E. Stone Santa Clara County Assessor

Exemption Division 70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org www.sccassessor.org

To receive the full exemption, this claim must

L		be filed with the Assessor by February 15.
If you no longer seek an exemption at this location	on, check here	n to the Assessor Date vacated:
, ,		
IDENTIFICATION OF APPLICANT		
LESSOR'S CHURCH OR ORGANIZATION NAME	$H \subset H$	<u>C. //</u>
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)	TIVII	FISCAL YEAR OF CLAIM 20 - 20
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER
USE OF PROPERTY Check and state the The exemption claim is made for the following pr		please attach a list th <mark>at</mark> clearly identifies the
PROPERTY TYPE	PRIMARY USE(S)	INCIDENTAL USE
Land		
☐ Buildings and Improvements		
Personal Property		-
NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION		
MAILING ADDRESS		CITY, STATE, ZIP CODE
	he church in the form of rents, fees, or chaining and operating the leased property.	arges from the lease does not exceed the ordinary
An affidavit must be attached in	which the lessee declares it uses	the property for exempt purposes.
	CERTIFICATION	
	er the laws of the State of California that the or documents, is true and correct to the be	e foregoing and all information hereon, including any est of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
EMAIL ADDRESS		DAYTIME TELEPHONE
LIVIN IL / IDDINEOU		/ \

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



INSTRUCTIONS FOR FILING CHURCH LESSORS' EXEMPTION CLAIM

IMPORTANT NOTICE

This claim may be filed to claim the welfare exemption on property leased by a church to a public school, community college, state college, state university, including the University of California when the church and public school or college both use the property in a joint manner. (See Revenue and Taxation Code section 214.6.)

Although the church has previously been granted the religious exemption, which only requires a one-time filing, annual filing of this claim form is required for a property used in conjunction with a public school to be granted the welfare exemption.

Failure to submit the public school or college lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the lessors' claim form is due will result in a portion of the exemption being denied. A sample affidavit is included as page 3 of this form.

IDENTIFICATION OF APPLICANT

Enter your church, corporate or organization information.

IDENTIFICATION OF PROPERTY

Enter the address of the property for which you are seeking exemption.

FISCAL YEAR

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

USES OF PROPERTY

Check each of the types of property being claimed, and state the primary and incidental uses of the property. Primary use may include both church and school use; incidental uses would include others who use the property for meetings, receptions, etc.

Enter the name and address of the public school or college lessee. If additional space is required, or if more than one lessee is being listed, attach an itemized list.

Check the appropriate box to affirm that the total income received by the church in the form of rents, fees, or charges from the lease does not exceed the ordinary and usual expenses in maintaining and operating the leased property. The exemption is not available if the income exceeds the ordinary and usual expenses in maintaining and operating the leased property.

Attach an affidavit in which the public school or college lessee declares it uses the property for exempt purposes.

If the property, or a portion thereof, for which exemption is claimed is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code, property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.



EF-263-C-R03-0522-4300012

RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING PUBLIC SCHOOL LESSEES

NAME OF QUALIFYING P	UBLIC SCHOOL LESSEE		
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
✓ Check the type of	qualifying use of the pi	roperty	
☐ PUBLIC S	SCHOOL	☐ STATE UNIVERSITY	
☐ COMMUNITY COLLEGE ☐ UNIVERSITY OF CALIFORNIA			
☐ STATE C	OLLEGE		
NAME OF CHURCH			
MAILING ADDRESS			$\mathcal{O}(\mathcal{A})$
CITY, STATE, ZIP CODE			
DATE LEASE SIGNED The following property etc. Attach a separate	is leased as of Janua	ASSESSOR MAY REQUEST A COPY OF THE LEASE A ry 1 of this year. If personal property is being lea	COMMENCEMENT DATE OF LEASE GREEMENT ased, indicate the type, make, model, serial number
PROPERTY TYPE (REAL OR PERSONAL)		PROPERTY DESCRIPT	ION
		HSF	
	respect to lessees the pt government entity		property is located within the boundaries of the
section If Yes affida	on 512 of the Internal s, a copy of the institu	Revenue Code. tution's most recent tax return filed with the	unrelated business taxable income as defined in Internal Revenue Service must accompany this elated business taxable income to the bookstore's
		CERTIFICATION	
		under the laws of the State of California that the ents or documents, is true and correct to the bes	e foregoing and all information hereon, including any st of my knowledge and belief.
SIGNATURE OF PERSON MAR	KING CLAIM		DATE
NAME OF PERSON MAKING O	CLAIM		TITLE
EMAIL ADDRESS			DAYTIME TELEPHONE
			\ /

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