EF-264-AH-R12-0516-04000106-1 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.")



Diane Brown Butte County Assessor

25 County Center Dr Suite 100 Oroville, CA 95965-3382 (530)552-3800

Email: assessorsoffice@buttecounty.net Website: www.buttecounty.net/assessor

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

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	e and mailing address)					
	ř ,	-		F	OR ASSESSOR'S	USE ONLY	
				Received by _			
					(Assessor's de	signee)	
				of	(county or	city)	
	L			on	(date)		
NAME OF	CLAIMANT				(date)		
NAIVIE OF	CLAIMANT						
TITLE OF	CLAIMANT		DAYTIME TELEPHONE NUMBER				
CORPOR	ATE NAME OF THE COLLEGE				()	
ADDRES:	S (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION					DATE PROPERTY WAS FIRST USED BY CLAIMANT		
	er and operator: <i>(check applicable bo</i> nant is:		ator only				
	slaims exemption on all		•		Personal property		
2. Does	the above institution qualify as a co	-					
	ES NO	, ,					
	institution conducted as a non-profi	t entity?					
	ES NO						
	the institution require for regular add	mission the completion of a f	our-year	high school cour	se or its equivalent?	?	
	the institution confer upon its gradua						
	ciences, or on a course of at least th nary medicine, pharmacy, architectu				ly, education, medic	cine, dentistry	y, engineering
Y	ES NO						
6. Is the	property for which the exemption is	claimed used exclusively for	or the pur	poses of educati	on?		
Y	ES NO						
	Il buildings and other improvements if necessary. Indicate whether lease						
В	UILDING & IMPROVEMENTS	PRIMARY USE		INCIDEN	TAL USE		
						LEASE	\square OWN
						LEASE	\square OWN
						LEASE	\square OWN
						LEASE	\square OWN
						LEASE	\square OWN
						LEASE	\square OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-264-AH-R12-0516-04000106-2 BOE-264-AH (P2) REV. 12 (05-16)

8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 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 bookston YES NO If YES , please explain:	re?						
11. If any business is operated by someone other than the college, attach a copy of the lease or other and	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 information?							
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 accompanying statements or documents, is true, correct, and complete to the best of m							
SIGNATURE OF PERSON MAKING CLAIM	TITLE						
NAME OF PERSON MAKING CLAIM	DATE						
	D/112						

