			A [lyssa Doug	lass	
-264-AH-R13-0522-04000225-1 BOE-264-AH (P1) REV. 13 (05-22)				Sutte County 5 County Cente	-	
COLLEGE EXEMPTION CLAIM		Butte Cour	C C	roville, CA 959		
This claim is filed for fiscal year 20 (Example: a person filing a t imely claim in J a would enter "2011-2012.")		• CALIFORNI	E E		soffice@buttecount uttecounty.net/asse	
This claim must be filed by 5:00 p.m., Feb	oruary 15.					
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	and mailing addraga		F	OR ASSESS	OR'S USE ONLY	1
	e and maining address)	Г	Received by	(42222	sor's designee)	
					sor's designee)	
			of	(co	ounty or city)	
			on			
L					(date)	
If you no longer seek an exemption at this lo	cation, check here 🗌	Sign and retu	rn this form to the	e Assessor. Da	ate vacated:	
NAME OF CLAIMANT						
TITLE OF CLAIMANT					DAYTIME TELEPH	IONE NUMBER
CORPORATE NAME OF THE COLLEGE					()	
ADDRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION			DATE PROPER	RTY WAS FIRST USE	D BY CLAIMANT
1. Owner and anarator: (aback annliable be						
1. Owner and operator: (check applicable bo Claimant is: Owner and operator		Operator only	/			
and claims exemption on all	-			Personal prop	ertv	
2. Does the above institution qualify as a col	-					
YES NO						
3. Is the institution conducted as a non-profi	t entity?					
4. Does the institution require for regular ad	mission the completior	n of a four-year	high school cou	rse or its equiv	alent?	
YES NO		-	•			
5. Does the institution confer upon its gradua	tes at least one acader	nic or professio	onal degree, base	d on a course o	of at least two yea	rs in liberal arts
and sciences, or on a course of at least th				gy, education,	medicine, dentistr	y, engineering,
veterinary medicine, pharmacy, architectu	re, line ans, commerc	e, or journalist	11 ?			
		for the survey		ia na D		
6. Is the property for which the exemption is $\Box \times \Box = \Box$	claimed used exclusi	vely for the pu	irposes of educat	ion ?		
YES NO						
7. List all buildings and other improvements sheet if necessary. Indicate whether lease						
BUILDING & IMPROVEMENTS	PRIMARY U	JSE	INCIDEN	ITAL USE		
						OWN
						OWN

THIS DOCUMENT IS	SUBJECT TO	PUBLIC INSPECTION

LEASE

LEASE

OWN

OWN



EF-264-AH-R13-0522-04000225-2 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 last year? YES NO If YES, please explain:
 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?
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?
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	
	f perjury under the laws of the State of California that the foreg ements or documents, is true, correct, and complete to the bes	
SIGNATURE OF PERSON MAKING CLAIM		TITLE
NAME OF PERSON MAKING CLAIM		DATE

