EF-264-AH-R11-0514-51000824-1 BOE-264-AH (P1) REV. 11 (05-14)

## **COLLEGE EXEMPTION CLAIM**

SUTTER

1190 Civic Center Blvd.

**KATHY SCRIVEN** 

Yuba City, CA 95993 Phone: (530) 822-7160 Fax: (530) 822-7198

SUTTER COUNTY ASSESSOR

www.suttercounty.org/assessor E-mail: assessor@co.sutter.ca.us

This claim is filed for fiscal year 20 \_\_\_\_ - 20 \_\_\_ . (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

This claim must be filed by 5:00 p.m	., February 15.				
CLAIMANT NAME AND MAILING ADDR (Make necessary corrections to the print					
Γ	7	FOR ASSESSOR'S USE ONLY			
		Received by			
		of	(co	unty or city)	
L	L	on			
NAME OF CLAIMANT					
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				( )	
ADDRESS (Street, City, County, State, Zip Coo	de)				
ACCECCODE DADOEL NUMBER OF LEGAL	DECORIDATION		DATE DRODED	TV MAC FIDOT LICE	D DV CLAIMANI
ASSESSOR'S PARCEL NUMBER OR LEGAL	DESCRIPTION		DATE PROPER	TY WAS FIRST USE	D BY CLAIMAN
and claims exemption on all  2. Does the above institution qualify as YES NO  3. Is the institution conducted as a non YES NO  4. Does the institution require for regulating YES NO  5. Does the institution confer upon its grand sciences, or on a course of at leveterinary medicine, pharmacy, arching YES NO  6. Is the property for which the exempting YES NO	ar admission the completion of a four-year aduates at least one academic or profession ast three years in professional studies, suitecture, fine arts, commerce, or journalisation is claimed used exclusively for the putnents for which exemption is claimed and	and/or   ne laws of the Start high school could be could	rse or its equivered on a course of gy, education, reducation?	alent? of at least two year medicine, dentistr	y, engineering
LOCATIONS	PRIMARY USE	INCIDEN	ITAL USE		
				LEASE	$\square$ OWN
				LEASE	$\square$ OWN
				LEASE	$\square$ OWN
		·	·	LEASE	$\square$ OWN
				LEASE	$\square$ OWN
				LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced an YES NO If <b>YES</b> , plea		ce 12:01 a.m., January 1	of last year?		
8. 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 YES NO If <b>YES</b> , plea	·	er than a student booksto	re?		
11. If any business is operated by some	one other than the college, attach a co	by of the lease or other a	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 exemp Taxation Code.	tion must inure to the lessee institution	If taxes paid by the lesso	or, see section 202.2 of the Revenue and		
	ADDITIONAL REQUIRED DO	CUMENTATION			
substituted.	owing the requirements for admission current catalog, listing the degrees conf	_			
<ul><li>degree.</li><li>Attach a copy of the financia</li></ul>	al statements (balance sheet and opera	ating statement for the pre	eceding fiscal year.)		
Whom should we contact during normal business hours for additional information?					
NAME			TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS				
( )					
CERTIFICATION					
	rjury under the laws of the State of Cal nts or documents, is true, correct, and		and all information hereon, including any y knowledge and belief.		
SIGNATURE OF PERSON MAKING CLAIM			TITLE		
NAME OF PERSON MAKING CLAIM			DATE		

