-264-AH-R13-0522-51000225-1	SUTTER	S		UNTY ASSES	SOR
BOE-264-AH (P1) REV. 13 (05-22)	COUNTY	1190 Civic Center Blvd. Yuba City, CA 95993			
COLLEGE EXEMPTION CLAIM		the second se		2-7160 Fax: (530)	822-7198
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in J anuary 2 would enter "2011-2012.")		w	ww.suttercount		
This claim must be filed by 5:00 p.m., February	15.	F			,
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mai	iling address)			OR'S USE ONLY	
Г	7	Received by _	(Assess	sor's designee)	
		of	(co	unty or city)	
L	L	on		(date)	
If you no longer seek an exemption at this location,	check here 🗌 Sign and retu	rn this form to the	e Assessor. Da	ate vacated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE					
ADDRESS (Street, City, County, State, Zip Code)					
ABBILLOG (Groot, ory, County, Glate, 21 Could)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	N		DATE PROPER	RTY WAS FIRST USE	D BY CLAIMANT
and claims exemption on all       Land       I         2. Does the above institution qualify as a college of YES       NO         3. Is the institution conducted as a non-profit entity         YES       NO         4. Does the institution require for regular admission         YES       NO         5. Does the institution confer upon its graduates at least three year veterinary medicine, pharmacy, architecture, fine         YES       NO         6. Is the property for which the exemption is claimed         YES       NO         7. List all buildings and other improvements for whith	? east one academic or professional studies, such ars in professional studies, such e arts, commerce, or journalism ed used <b>exclusively</b> for the pu	high school court high school court anal degree, base ch as law, theolog n? rposes of educat	rse or its equived on a course of gy, education, r	a? alent? of at least two yea medicine, dentistr	y, engineering,
sheet if necessary. Indicate whether leased or o	wned. Please use a separate	e claim form for	each Assess		
BUILDING & IMPROVEMENTS	PRIMARY USE		ITAL USE		
					OWN

**KATHY SCRIVEN** 

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

□ LEASE □ OWN

OWN

LEASE



EF-	264-AH-R13-0522-51000225-2 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:	
	<ul> <li>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?</li> <li>YES NO</li> </ul>	
	If <b>YES</b> , 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 <b>YES</b> , 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 <b>used exclusively</b> 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 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		TITLE				
NAME OF PERSON MAKING CLAIM		DATE				

