EF-264-AH-R12-0516-58000370-1 BOE-264-AH (P1) REV. 12 (05-16)

COLLEGE EXEMPTION CLAIM

* CALLE

Yuba County Assessor 915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

Stephen S. Duckels

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 ADDRESS	and mailing addraga)				
(Make necessary corrections to the printed name	and mailing address) —		FOR ASSESSOR'S USE ONLY		
		Received by			
		T to convoca by	(Assessor's	s designee)	
		of	(county	or city)	
L	_	on			
		011	(0	late)	
NAME OF CLAIMANT					
TITLE OF CLAIMANT			[C	AYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				.)	
ADDDEGO (01 - 1 - 01 - 0 - 1 - 01 - 7 - 0 - 1)					
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR		DATE PROPERTY WAS FIRST USED BY CLAIMANT			
1. Owner and operator: <i>(check applicable bo.</i> Claimant is:	xes) ☐ Owner only ☐ Operator or	nlv			
and claims exemption on all	☐ Buildings and improvements	_	Personal propert	у	
Does the above institution qualify as a coll YES NO	lege or seminary of learning under	the laws of the S	tate of California?		
3. Is the institution conducted as a non-profit YES NO	entity?				
Does the institution require for regular adm YES NO	nission the completion of a four-ye	ar high school co	urse or its equivale	ent?	
5. Does the institution confer upon its graduat and sciences, or on a course of at least the veterinary medicine, pharmacy, architecture YES NO	ree years in professional studies, s	uch as law, theol			
6. Is the property for which the exemption is	claimed used exclusively for the r	ournoses of educ	ation?		
YES NO	cialified used exclusively for the p	diposes of educe	20011:		
7. List all buildings and other improvements f sheet if necessary. Indicate whether leased					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDE	NTAL 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



EF-264-AH-R12-0516-58000370-2 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 of 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 bookstor 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 ag	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					
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				

