EF-264-AH-R10-0512-06000745-1 BOE-264-AH (P1) REV. 10 (05-12)

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.")



Bob Buckner Colusa County Assessor

547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

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

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)						
			٦	FOR ASSESSOR'S USE ONLY			
				Received by _			
					(Assessor's de	signee)	
				of	(county or c	city)	
	L			on			
					(date)		
NAME OF	F CLAIMANT						
TITLE OF	CLAIMANT				DAY"	TIME TELEPHO	ONE NUMBER
CORPOR	RATE NAME OF THE COLLEGE						
ADDRES	S (Street, City, County, State, Zip Code)						
	5 (5.155), 55amy, 5tate, 2/p 55aby						
ASSESS	OR'S PARCEL NUMBER OR LEGAL DESC	RIPTION			DATE PROPERTY WA	AS FIRST USE	D BY CLAIMANT
Claim and control of the control of	er and operator: (check applicable between the second operator) of the above institution qualify as a confession of the above institution conducted as a non-profit of the institution conducted as a non-profit of the institution require for regular address of the institution confer upon its gradual of the institution confer upon its gradual of the institution, pharmacy, architectures of the property for which the exemption is the property for which the exemption is the property for which the exemption is the property for which the improvements at it necessary. Indicate whether lease	Owner only Ope Buildings and improve lege or seminary of learning t entity? mission the completion of a tes at least one academic or here years in professional str here, fine arts, commerce, or j claimed used exclusively for which exemption is claimed ed or owned.	four-year profession udies, suc journalism	and/or e laws of the State high school cour hal degree, base h as law, theolog poses of education	se or its equivalent? d on a course of at le py, education, medic on? and incidental use o	east two year ine, dentistry	y, engineering
	LOCATIONS	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



8. Has any construction commenced ar YES NO If YES , plea		el since 12:01 a.m., January 1	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 NO If YES , plea		s other than a student booksto	re?				
11. If any business is operated by some	one other than the college, attach	a copy 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 exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the Revenue and Taxation Code.							
	ADDITIONAL REQUIRE	D 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	l we contact during normal bu	siness hours for additiona	I information?				
NAME			TITLE				
DAYTIME TELEPHONE	EMAIL ADDRESS						
()							
	CERTIFIC	ATION					
	rjury under the laws of the State o nts or documents, is true, correct,		and all information hereon, including any y knowledge and belief.				
SIGNATURE OF PERSON MAKING CLAIM			TITLE				
NAME OF PERSON MAKING CLAIM			DATE				

