-264-AH-R13-0522-51000192-1	SU	ITER	SUTTER CO	UNTY ASSES	SOR
BOE-264-AH (P1) REV. 13 (05-22)			1190 Civic Cente		
COLLEGE EXEMPTION CLAIM			Yuba City, CA 9 Phone: (530) 82	2-7160 Fax: (530)	822-7198
This claim is filed for fiscal year 20 2 (Example: a person filing a t imely claim in J ar would enter "2011-2012.")			www.suttercoun		
This claim must be filed by 5:00 p.m., Feb	ruary 15.				
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	and mailing address)		FOR ASSESS	OR'S USE ONLY	
Г	, , , , , , , , , , , , , , , , , , ,	□ Received by	(Asses	ssor's designee)	
		of	(cc	ounty or city)	
		on			
L				(date)	
If you no longer seek an exemption at this loc	ation, check here 🗌 Sign and	d return this form to th	he Assessor. D	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 DESCR	RIPTION		DATE PROPER	RTY WAS FIRST USE	D BY CLAIMANT
<ul> <li>and claims exemption on all Land</li> <li>2. Does the above institution qualify as a colle</li> <li>YES NO</li> <li>3. Is the institution conducted as a non-profit</li> <li>YES NO</li> <li>4. Does the institution require for regular adm</li> <li>YES NO</li> <li>5. Does the institution confer upon its graduate and sciences, or on a course of at least thr veterinary medicine, pharmacy, architectur</li> <li>YES NO</li> <li>6. Is the property for which the exemption is on YES NO</li> </ul>	ege or seminary of learning un entity? hission the completion of a four es at least one academic or pro ee years in professional studie e, fine arts, commerce, or jour	der the laws of the S -year high school cor fessional degree, bas s, such as law, theolo nalism?	urse or its equiv sed on a course ogy, education,	a? valent? of at least two yea	
<ol><li>List all buildings and other improvements for sheet if necessary. Indicate whether lease</li></ol>					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDE	NTAL USE		
					OWN

**KATHY SCRIVEN** 

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

□ LEASE □ OWN

OWN

LEASE



EF-	-264-AH-R13-0522-51000192-2 BOE-264-AH (P2) REV. 13 (05-22)		
	<ul> <li>8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?</li> <li>YES NO If YES, please explain:</li> </ul>		
	<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				
	1					
DAYTIME TELEPHONE	EMAILADDRESS					
( )						
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				

