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.")

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



Alyssa Douglass Butte County Assessor 25 County Center Dr Suite 100 Oroville, CA 95965-3382 (530)538-7721 Fax (530) 538-7991 Email: assessorsoffice@buttecounty.net Website: www.buttecounty.net/assessor

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	
Γ	FOR ASSESSOR'S USE ONLY
	Received by
	of(county or city)
L	
NAME OF CLAIMANT	
TITLE OF CLAIMANT	DAYTIME TELEPHONE NUMBER
CORPORATE NAME OF THE COLLEGE	
ADDRESS (Street, City, County, State, Zip Code)	
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION	DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only Operation	ator only
and claims exemption on all \Box Land \Box Buildings and improven	nents and/or Personal property
 2. Does the above institution qualify as a college or seminary of learning u YES NO 3. Is the institution conducted as a non-profit entity? YES NO 	under the laws of the State of California?
4. Does the institution require for regular admission the completion of a fo	ur-year high school course or its equivalent?
 5. Does the institution confer upon its graduates at least one academic or pl and sciences, or on a course of at least three years in professional stud veterinary medicine, pharmacy, architecture, fine arts, commerce, or jour YES NO 	lies, such as law, theology, education, medicine, dentistry, engineering,
6. Is the property for which the exemption is claimed used exclusively for	r the purposes of education?
YES NO	

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	
			OWN
			OWN
			OWN
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



,				and/or been		on this	parcel sir	nce 12:01	a.m.,	January ?	l of last y	/ear?
YES	N	10	lf YES , pl	lease explair	ו:							

9. Is the property, or a portion thereof,	, for which an exemption is claimed a studen	it bookstore that generates	unrelated business t	axable income
as defined in section 512 of the Inte	rnal Revenue Code?			

YES

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 bookstore?
 - YES NO If **YES**, please explain:

NO

- 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
 - 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 information?

NAME	TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS	
	CERTIFICA	TION
, , ,		California that the foregoing and all information hereon, including any and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLA	IM	TITLE

DATE

NAME OF PERSON MAKING CLAIM

