	NA CO	Kenneth L. Brown
EF-264-AH-R13-0522-52000067-1		County of Tehama Assessor
BOE-264-AH (P1) REV. 13 (05-22)	*	444 Oak Street - Room B
COLLEGE EXEMPTION CLAIM		P. O. Box 428 Red Bluff, CA 96080
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")	FORM	(530) 527-5931 Fax (530) 529-4019
This claim must be filed by 5:00 p.m., February 15.		
CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY
(Make necessary corrections to the printed name and mailing address)		eceived by
		(Assessor's designee)
	of	(county or city)
		(county or city)
L	_ or	(<i>date</i>)
If you no longer seek an exemption at this location, check here	Sign and return th	is form to the Assessor. Date vacated
in you no longer seek an exemption at this location, shock here		
NAME OF CLAIMANT		
TITLE OF CLAIMANT		DAYTIME TELEPHONE NUMBER
CORPORATE NAME OF THE COLLEGE		
ADDRESS (Street, City, County, State, Zip, Code)		
Abbriede (direct, ony, dourny, diate, 20 bodd)		
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION		DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes)		
	Operator only	
and claims exemption on all Land Buildings and	l improvements ar	nd/or Personal property
2. Does the above institution qualify as a college or seminary of	learning under the la	ws of the State of California?
YES NO		
3. Is the institution conducted as a non-profit entity?		
YES NO		
4. Does the institution require for regular admission the complet	tion of a four-year high	n school course or its equivalent?
YES NO		
5. Does the institution confer upon its graduates at least one acac and sciences, or on a course of at least three years in profess veterinary medicine, pharmacy, architecture, fine arts, comme	sional studies, such as	
YES NO		
6. Is the property for which the exemption is claimed used exclu	usively for the purpos	es of education?
YES NO		
7 List all buildings and other improvements for which every	n is alsimed and state	the primery and incidental use of each. Attach a concrete

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

 B. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 YES NO If YES, please explain: P. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that gene as defined in section 512 of the Internal Revenue Code? YES NO 			
as defined in section 512 of the Internal Revenue Code?	erates unrelated business taxable income		
If YES , a copy of the institution's most recent tax return filed with the Internal Revenue Service mu as determined by establishing a ratio of the unrelated business taxable income to the bookstore's g			
10. Has any of the property listed above been used for business purposes other than a student booksto YES NO If YES , please explain:	pre?		
11. If any business is operated by someone other than the college, attach a copy of the lease or other a	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, property listed is not used exclusively for educational purposes at the collegiate level, please st property, provide the name and address of the owner. 	and serial number of the property. If the are the other uses of the property. If real		
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the less Taxation Code.	or, see section 202.2 of the Revenue and		
• Attach a separate page showing the requirements for admission. A current catalog sho	wing the requirements may be		
 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 presence of the financial statements). 	receding fiscal year.)		
Whom should we contact during normal business hours for additionation	al information?		
NAME			
DAYTIME TELEPHONE EMAIL ADDRESS			
CERTIFICATION			

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

