ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. Do not attach hearing evidence to this application.

Non-refundable processing fee to be paid at time of filing.

\$35 for residential property up to three (3) uninecellar (3) uninecellar (4) uninecellar (5) unin

SPACE CO.

JUN 1 0 2020

CLERK OF THE BOARD
255 N. FORBES STREET

COUNTY OF LAKE
BOARD OF SUPERVISORS

continuance of the hearing or denial of the a attach hearing evidence to this applicat		not LAKE	PORT	, CA 95453	APPLICATION NU	MBER	: Clerk Use Only
1. APPLICANT INFORMATION - PLEASE					03	-2	(1960)
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BU	JSINESS, OR T	RUST NAME			EMAIL ADDRESS		
Earthways Foundation, Inc., a Delawar		t corporation			earthways@ear	hway	s.org
MAILING ADDRESS OF APPLICANT (STREET ADDRESS 3700 Country Club Drive	OR P. O. BOX)						
CITY Lucerne	STATE CA	ZIP CODE 95458		TIME TELEPHONE 31) 706-6826	(310) 456-22	10NE 267	FAX TELEPHONE
2. CONTACT INFORMATION - AGENT, A	TTORNEY,	OR RELATIV	E OF A	PPLICANT if app	olicable - (REPRES	ENTA	TION IS OPTIONAL)
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRE Sheehan, Daniel	ST, MIDDLE INI	TIAL)		11 11 11	daniel.peter.she	ehan@	@gmail.com
COMPANY NAME. New Paradigm College							
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	T, MIDDLE INT	TAL)					
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)							
455 Henry Cowell Drive							
Santa Cruz	STATE	ZIP CODE 95060		TIME TELEPHONE 31) 706 -6826	(831)459-61		FAX TELEPHONE
AUTHORIZATION OF AGENT			IORIZA	TION ATTACHE			
The following information must be comp							
attorney as indicated in the Certification applicant is a business entity, the agent	n section, (t's authoriz	or a spouse, c eation must b	child, p e siane	arent, registered d bv an officer o	d domestic partnei or authorized empl	r, or th ovee c	e person affected. If the of the business.
The person named in Section 2 above is							
		ents, and oth	erwise	+	lating to this appli	cation	
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED	EMPLOYEE	1	K	President			DATE 4-72
a property identification discour	MATION			1 Troutent			470
3. PROPERTY IDENTIFICATION INFORM							
Yes X No Is this property a singl	e-family dwe	lling that is occu	ipied as t	he principal place o	of residence by the ow	ner?	
ENTER APPLICABLE NUMBER FROM Y	OUR NOT	CE/TAX BILL					
ASSESSOR'S PARCEL NUMBER 034-867-040-000		ESSMENT NUME 1-090-256-00		-090-256-000	FEE NUMBER 034-867-040-00	0	
ACCOUNT NUMBER	TAX	BILL NUMBER					
PROPERTY ADDRESS OR LOCATION	201	19-2020 Supp	lement	al Property Tax	DOING BUSINESS A	C (DDA)	if appropriate
3752 Country Club Drive, Lucerne, C	CA 95458				New Paradigm (
PROPERTY TYPE					•		·
SINGLE-FAMILY / CONDOMINIUM / TOV	WNHOUSE	/ DUPLEX		AGRICULTURAL		POSSI	ESSORY INTEREST
☐ MULTI-FAMILY/APARTMENTS: NO. OF U	UNITS			MANUFACTURED	HOME	VACAN	NT LAND
☐ COMMERCIAL/INDUSTRIAL			□ v	VATER CRAFT	П	AIRCF	RAFT
☐ BUSINESS PERSONAL PROPERTY/FIX	TURES		x c	THER: Educat	ional Institution		
4. VALUE	Α.Υ	/ALUE ON ROLL		B. APPLICANT'S	OPINION OF VALUE	C.	APPEALS BOARD USE ONLY
LAND	\$2	29,000		\$15,000			
IMPROVEMENTS/STRUCTURES							
FIXTURES							
PERSONAL PROPERTY (see instructions)							
MINERAL RIGHTS							
TREES & VINES							
OTHER							
TOTAL	\$2	9,000		\$15,000			
DENALTIES (amount or percent)							

RETURN TO:

COUNTY OF LAKE

\mathbf{x}	
x	REGULAR ASSESSMENT - VALUE AS OF JANUARY 1 OF THE CURRENT YEAR
	*DATE OF NOTICE: 04/16/2020 ROLL YEAR: 2019-2020
	DING 10 VINDO
Ц	ROLL CHANGE
	*Must attach copy of notice or bill, where applicable **Each roll year requires a separate application
RE	ASON FOR FILING APPEAL (FACTS) See instructions before completing this section.
lf yo	ou are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application reasons that I rely upon to support requested changes in value are as follows:
	DECLINE IN VALUE
	☐ The assessor's roll value exceeds the market value as of January 1 of the current year. CHANGE IN OWNERSHIP
	1. No change in ownership occurred on the date of
1	\times 2. Base year value for the change in ownership established on the date of $\frac{02/28/2019}{}$ is incorrect.
	NEW CONSTRUCTION
1	1. No new construction occurred on the date of
ľ	2. Base year value for the completed new construction established on the date of is incorrect.
	☐ 3. Value of construction in progress on January 1 is incorrect.
D.	CALAMITY REASSESSMENT
	Assessor's reduced value is incorrect for property damaged by misfortune or calamity.
	BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.
	☐ 1. All personal property/fixtures.
	2. Only a portion of the personal property/fixtures. Attach description of those items.
	PENALTY ASSESSMENT
	Penalty assessment is not justified.
	CLASSIFICATION/ALLOCATION 1. Classification of property is incorrect.
	☐ 2. Allocation of value of property is incorrect (e.g., between land and improvements).
	APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.
	1. Amount of escape assessment is incorrect.
	2. Assessment of other property of the assessee at the location is incorrect.
I. (OTHER
	Explanation (attach sheet if necessary) See attached explanation titled "Reasons for Filing Appeal"
-	ITTEN FINDINGS OF FACTS (\$_00.00 per)
	Are requested. Are not requested.
X	
X THI	Are requested.
X THI	Are requested.
X THI	Are requested.
X TH	Are requested.
X TH	Are requested.
X TH	Are requested.
THI	Are requested. Are not requested. S APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions. Yes No CERTIFICATION Ty (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an
THI	Are requested. Are not requested. S APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions. Yes No CERTIFICATION Ty (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an appanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the
THI x	Are requested. Are not requested. S APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions. Yes No CERTIFICATION Ty (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an apanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the refunction of the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property — "The Applicant"), (2) a
THI X	Are requested. Are not requested. S APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions. Yes No CERTIFICATION Ty (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an apanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the refunction of the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property — "The Applicant"), (2) a authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Ba
THI x	Are requested. Are not requested. S APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions. Yes No CERTIFICATION Ty (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an appanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the refunction of the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property — "The Applicant"), (2) a authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Ba
THI \(\text{x} \) ertincone concepte entimble tentimber (a)	Are requested. Are not requested. S APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions. Yes No CERTIFICATION Ty (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an apparying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the dry or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property — "The Applicant"), (2) a authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Beller — who has been retained by the applicant and has been authorized by that person to file this application. URE (Use Blue Pen Original signature required in paper-filed application) SIGNED AT (CITY STATE) DATE
THI X	Are requested. Are not requested. S APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions. Yes No CERTIFICATION Ty (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an inpanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the rity or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property — "The Applicant"), (2) a authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Base er, who has been retained by the applicant and has been authorized by that person to file this application. URE (Use Blue Pen- Original signature required on paper-filed application) SIGNED AT (CITY, STATE) DATE A DATE Please Print)
ertingon ppe ent emb	Are requested. Are not requested. S APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions. Yes No CERTIFICATION Ty (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an appaying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the rety or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) a authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Beller who has been retained by the applicant and has been authorized by that person to file this application. URE (Use Blue Peo Original signature required on paper-filed application) SIGNED AT (CITY, STATE) DATE Please Print) Andrew Beath
ertingon ppe ent emb	Are requested. Are not requested. S APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions. Yes No CERTIFICATION Ty (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an inpanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the rity or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) a authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Beller — , who has been retained by the applicant and has been authorized by that person to file this application. URE (Use Blue Pen Original signature required on paper-filed application) SIGNED AT (CITY STATE) DATE A California SIGNED AT (CITY STATE)

S. . . -

RECEIVED

JUN 1 0 2020

COUNTY OF LAKE
BOARD OF SUPERVISORS

DECLARATION OF ANDREW BEATH, PRESIDENT OF EARTHWAYS FOUNDATION, INC., REGARDING THE TIMELY FILING OF ASSESSMENT APPEAL APPLICATIONS (Cal. Rev. & Tax. Code § 75.31(c)(3)(A))

I, Andrew Beath, President of the Earthways Foundation, Inc. ("Earthways"), submit this declaration in support of the Assessment Appeal Applications to which this Declaration is attached, as follows:

- 1. Earthways is the owner of the real property located in the County of Lake which is the subject of the instant Assessment Appeal Applications. Said real property is commonly referred to as the "Lucerne Castle" and is more particularly identified in said Assessment Appeal Applications.
- 2. Notice of the Supplemental Assessments appealed herein by Earthways was not timely received, nor at all. The Supplemental Assessments subject to the appeals are specifically identified in the Table of Supplemental Assessments provided below.
- 3. Earthways was first notified of the Supplemental Assessments when it received the Supplemental Tax Bills, with a postmarked date of April 21, 2020. The date printed on the Supplemental Tax Bills is April 16, 2020.
- 4. Accordingly, the appeals by Earthways of the Supplemental Assessments are timely pursuant to California Revenue and Taxation Code Section 75.31(c)(3)(A).

 I declare under penalty of perjury that the foregoing is true and correct.

 Executed on June 4,2020.

EARTHWAYS, FOUNDATION, INC.

Andrew Beath
Its President

RECEIVED

TABLE OF SUPPLEMENTAL ASSESSMENTS

A Programmer	В	C P P P P	1.
Property Cl. 1 D	Amount	Subject of Tax Bill	2.
3700 Country Club Dr. APN 034-182-040-000 Asmt. No. 991-090-252-000	\$91,946.64	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020	3.
		Printed Date: 04/16/2020	
2700 Ct Cl. 1. D.	#20.000.64	Postmarked Date: 04/21/2020	4.
3700 Country Club Dr. APN 034-182-040-000 Asmt. No. 990-090-252-000	\$28,898,64	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	4.
3792 Country Club Dr. APN 034-867-020-000 Asmt. No. 991-090-254-000	\$225.58	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	5.
3792 Country Club Dr. APN 034-867-020-000 Asmt. No. 990-090-254-000	\$70.88	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	6.
3812 Country Club Dr. APN 034-867-010-000 Asmt. No. 991-090-253-000	\$270.74	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	7
3812 Country Club Dr. APN 034-867-010-000 Asmt. No. 990-090-253-000	\$85.08	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	8.
6532 Thirteenth Ave. APN 034-867-050-000 Asmt. No. 991-090-257-000	\$293.28	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	9.
6532 Thirteenth Ave. APN 034-867-050-000 Asmt. No. 990-090-257-000	\$92.16	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020 Printed Date: 04/16/2020 Postmarked Date: 04/21/2020	10.
6535 Twelfth Ave. APN 034-867-070-000 Asmt. No. 991-090-259-000	\$225.58	Secured Supplemental Tax Roll for Fiscal Year July 1, 2019 – June 30, 2020 Bill Date 04/14/2020	11.

		Printed Date: 04/16/2020	
		Postmarked Date: 04/21/2020	10
6535 Twelfth Ave.	\$70.88	Secured Supplemental Tax Roll for	12.
APN 034-867-070-000		Fiscal Year July 1, 2019 – June 30, 2020	
Asmt. No. 990-090-259-000		Bill Date 04/14/2020	
		Printed Date: 04/16/2020	
		Postmarked Date: 04/21/2020	
3752 Country Club Dr.	\$327.14	Secured Supplemental Tax Roll for	13,
APN 034-867-040-000		Fiscal Year July 1, 2019 – June 30, 2020	
Asmt. No. 991-090-256-000		Bill Date 04/14/2020	
		Printed Date: 04/16/2020	
		Postmarked Date: 04/21/2020	
3752 Country Club Dr.	\$102.80	Secured Supplemental Tax Roll for	14.
APN 034-867-040-000		Fiscal Year July 1, 2019 – June 30, 2020	
Asmt. No. 990-090-256-000		Bill Date 04/14/2020	
		Printed Date: 04/16/2020	
		Postmarked Date: 04/21/2020	
3772 Country Club Dr.	\$225.58	Secured Supplemental Tax Roll for	15.
APN 034-867-030-000		Fiscal Year July 1, 2019 – June 30, 2020	
Asmt. No. 991-090-255-000		Bill Date 04/14/2020	
		Printed Date: 04/16/2020	
		Postmarked Date: 04/21/2020	
3772 Country Club Dr.	\$70.88	Secured Supplemental Tax Roll for	16.
APN 034-867-030-000		Fiscal Year July 1, 2019 – June 30, 2020	
Asmt. No. 990-090-255-000		Bill Date 04/14/2020	
		Printed Date: 04/16/2020	
		Postmarked Date: 04/21/2020	
6607 Fourteenth Ave.	\$2,143.52	Secured Supplemental Tax Roll for	17.
APN 034-182-030-000	4=,1 .5.52	Fiscal Year July 1, 2019 – June 30, 2020	
Asmt. No. 991-090-251-000		Bill Date 04/14/2020	
1101111.110.331 030 201 000		Printed Date: 04/16/2020	
		Postmarked Date: 04/21/2020	
6607 Fourteenth Ave.	\$673.70	Secured Supplemental Tax Roll for	18.
APN 034-182-030-000	\$0,5.,0	Fiscal Year July 1, 2019 – June 30, 2020	
Asmt. No. 990-090-251-000		Bill Date 04/14/2020	
7 Killit. 110. 770 070-231-000		Printed Date: 04/16/2020	
		Postmarked Date: 04/21/2020	



ASSESSMENT APPEAL APPLICATION

Reasons for Filing Appeal

Applicant, Earthways Foundation, Inc. ("Earthways"), hereby appeals the Assessments for Supplemental Tax Roll for the Fiscal Year of July 1, 2019 – June 30, 2020 because the base year value for the change in ownership established on the date of February 28, 2019 is incorrect.

The amount of the assessment is incorrect and improper. By law, the Assessor "shall appraise real property at its full cash value on the date the change of ownership occurs." (Rev. & Tax Code § 75.10(a).) Full cash value or fair market value means the amount of cash or its equivalent that the property would bring if exposed to the open market under normal conditions. The purchase price shall be presumed to be the full cash value or fair market value. (Rev. & Tax Code § 110.)

The properties which the subject of the appeal, together with 6545 Twelfth Ave., Lucerne, California 95458, APN 034 867 060 000, which is also owned by Earthways, but for which, to our knowledge, no tax bills are pending, were purchased by Earthways as of Feb. 28, 2019 for a total purchase price of \$2,500,000. Yet they are appraised by the Lake County Assessor for a value of approximately \$8,500,000. This is improper and unlawful. According to the California Constitution, the full cash value means the appraised value of real property when purchased. (Cal. Const., Art. XIII A § 2(a).) Thus, the instant appeal of the base value is submitted because that the "highest and best use" valuation, which the Assessor determined on its own accord, is erroneous and in violation of the California Constitution and Revenue & Taxation Code.

Moreover, Earthways and the County of Lake as Seller explicitly agreed that \$2,500,000 is the fair market value of the properties, as stated in the Purchase and Sale Agreement for the Lucerne Castle dated December 12, 2018 (the "Agreement"), as well as the Assessor's own records. Paragraph 4 of the Agreement states "SELLER acknowledges that the property has been appraised by the BUYER and that the foregoing purchase price is fair market value of the property as determined by said independent appraisal, which SELLER has accepted." Accordingly, it is indisputable that both the fair market value and full cash value of the properties is \$2,500,000, and thus, Earthways appeals the \$8,500,000 base value.

Please note, the following persons are hereby authorized to discuss all matters relative to the above referenced parcels, their tax bills, their assessment appeals, and their claims of college exemption, with the Assessor, the Tax Collector, or any other County official:

Robert R. Riggs, Katzoff & Riggs, LLP – attorney for Earthways and New Paradigm College George MacDonald, Katzoff & Riggs, LLP – attorney for Earthways and New Paradigm College Denise Rushing, Director, New Paradigm College Daniel P. Sheehan, President, New Paradigm College

New Paradigm College
P.O. Box 1082
Upper Lake, CA 95485
WWW.newparadigmcollege.org 707-276-8101

90-7759/3211

90-7759/3211

91-10-2020

Plate

Photo Safe
Departe
Dep

County Of Lake Lakeport, California	Receipt No. 1340169 Date 4-10-2020
Department:	_ Date 4 10 0000
Received of Now Paradismo	College \$ 800
Eight Hundles) and Dollar
Detail of Deposit	
Assessment Appea	1 Applications
	H
CASH 🗆	00/100
CHECK 777/289	By KK Joseph
OTHER C	-1-1-0

Domestic Return Receipt ;		PS Form 3811, July 2020 PSN 7530-02-000-9053
☐ Signature Confirmation Restricted Delivery	Certified Mail Restricted Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail Restricted Delivery (over \$500)	9590 9402 6814 1074 6032 46 7 Number (Transfer from service label) 111 2280 0001 9999 9159
☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted ☐ Delivery ☐ Confirmation 114	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail®	
	11.	Tookhames reconscient, the
n item 17 Li Yes below: I No	D. Is delivery address different from item 17 if YES, enter delivery address below:	1. Article Addressed to:
C. Date of Delivery	B. Accepted by (Printed Name)	Attach this card to the back of the mailpiece, or on the front if space permits.
M Agent	* Signature & Munder	 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you.
DELIVERY	COMPLETE THIS SECTION ON DELIVERY	SENDER: COMPLETE THIS SECTION

ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. **Do not attach hearing evidence to this application.**

Non-refundable processing fee to be paid at time of fing. VED \$35 for residential property up to three (3) units \$100 for all other property types

JUN 1 0 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

RETURN TO: COUNTY OF LAKE CLERK OF THE BOARD 255 N. FORBES STREET LAKEPORT, CA 95453

the appeals board considers necessary ma	y roodit in the	FORBES STREE				
continuance of the hearing or denial of the a attach hearing evidence to this application		ORT, CA 95453	APPLICATION NU	MBER: Clerk Use Only		
1. APPLICANT INFORMATION - PLEASE	PRINT		04-8	7070		
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUS Earthways Foundation, Inc., a Delaware			EMAIL ADDRESS	harrara ara		
MAILING ADDRESS OF APPLICANT (STREET ADDRESS O 3700 Country Club Drive			earthways@eart	nways.org		
CITY Lucerne	STATE ZIP CODE CA 95458	(831)706-6826	(310) 456-22	ONE FAX TELEPHONE		
2. CONTACT INFORMATION - AGENT, AT						
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRS			EMAIL ADDRESS			
Sheehan, Daniel COMPANY NAME New Paradigm College			damei.peter.sne	ehan@gmail.com		
	LUDDUE INTERNAL					
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST,	, MIDDLE INTITAL)					
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 455 Henry Cowell Drive		-				
CITY Santa Cruz	STATE ZIP CODE CA 95060	DAYTIME TELEPHONE (831) 706-6826	(831)459-61			
AUTHORIZATION OF AGENT	73000	RIZATION ATTACHE		,		
applicant is a business entity, the agent's The person named in Section 2 above is enter in stipulation		as my agent in this a	application, and ma	y inspect assessor's records,		
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED		TITLE	,,	DATE		
ann to	em	President		13 4 DV		
3. PROPERTY IDENTIFICATION INFORMA	ATION					
Yes X No Is this property a single	-family dwelling that is occupied	d as the principal place	of residence by the owr	ner?		
ENTER APPLICABLE NUMBER FROM YO	OUR NOTICE/TAX BILL					
ASSESSOR'S PARCEL NUMBER	ASSESSMENT NUMBER		FEE NUMBER			
034-867-050-000	991-090-257-000 /	990-090-257-000	034-867-050-000			
ACCOUNT NUMBER	TAX BILL NUMBER 2019-2020 Supplen	nental Property Tax	Bill			
PROPERTY ADDRESS OR LOCATION			DOING BUSINESS AS (DBA), if appropriate New Paradigm College			
6532 Thirteenth Ave., Lucerne, CA 95	438		New Paradigm C	onege		
PROPERTY TYPE V	AUTOLICE / DUDI EV	☐ AGRICULTURAL				
SINGLE-FAMILY / CONDOMINIUM / TOW		_		POSSESSORY INTEREST		
MULTI-FAMILY/APARTMENTS: NO. OF U	,	MANUFACTURED		VACANT LAND		
COMMERCIAL/INDUSTRIAL	· · · · · · · · · · · · · · · · · · ·	WATER CRAFT X OTHER: Educat		AIRCRAFT		
☐ BUSINESS PERSONAL PROPERTY/FIXT	URES					
4. VALUE	A. VALUE ON ROLL		S OPINION OF VALUE	C. APPEALS BOARD USE ONLY		
LAND	\$26,000	\$14,000				
IMPROVEMENTS/STRUCTURES						
FIXTURES						
PERSONAL PROPERTY (see instructions)						
MINERAL RIGHTS						
TREES & VINES						
OTHER	#B C 0 C 2	#14.000				
TOTAL	\$26,000	\$14,000				
PENALTIES (amount or percent)						

DE-305-AH (P2) REV. 08 (01-15)
TYPE OF ASSESSMENT BEING APPEALED 🗹 Check only one. See instructions for filing periods
☐ REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR
SUPPLEMENTAL ASSESSMENT **DATE OF NOTICE: 04/16/2020 ROLL YEAR: _2019-2020
□ ROLL CHANGE □ ESCAPE ASSESSMENT □ CALAMITY REASSESSMENT □ PENALTY ASSESSMENT *DATE OF NOTICE: **ROLL YEAR:
*Must attach copy of notice or bill, where applicable **Each roll year requires a separate application
REASON FOR FILING APPEAL (FACTS) See instructions before completing this section.
If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this applicati The reasons that I rely upon to support requested changes in value are as follows:
A. DECLINE IN VALUE
☐ The assessor's roll value exceeds the market value as of January 1 of the current year. B. CHANGE IN OWNERSHIP
☐ 1. No change in ownership occurred on the date of
☑ 2. Base year value for the change in ownership established on the date of <u>02/28/2019</u> is incorrect.
C. NEW CONSTRUCTION
☐ 1. No new construction occurred on the date of
2. Base year value for the completed new construction established on the date of is incorrect.
☐ 3. Value of construction in progress on January 1 is incorrect.
D. CALAMITY REASSESSMENT
Assessor's reduced value is incorrect for property damaged by misfortune or calamity.
E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value. 1. All personal property/fixtures.
2. Only a portion of the personal property/fixtures. Attach description of those items.
F. PENALTY ASSESSMENT
☐ Penalty assessment is not justified.
G. CLASSIFICATION/ALLOCATION
☐ 1. Classification of property is incorrect.
2. Allocation of value of property is incorrect (e.g., between land and improvements).
H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.
☐ 1. Amount of escape assessment is incorrect.
2. Assessment of other property of the assessee at the location is incorrect.
I. OTHER
Explanation (attach sheet if necessary) See attached explanation titled "Reasons for Filing Appeal"
WRITTEN FINDINGS OF FACTS (\$ 00.00 per)
🗴 Are requested. 🗌 Are not requested.
THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.
😠 Yes 🗌 No
CERTIFICATION
pertify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of
operty or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2)
ent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State
umber, who has been retained by the applicant and has been authorized by that person to file this application.
SNATURE (Use Blue Pen/Original signature required on paper-filed application) SIGNED AT (CITY, STATE) DATE 6-4-7
ME (Please Print) Andrew Beath
ING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)
OWNER GAGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PERSON AFFEC
X CORPORATE OFFICER OR DESIGNATED EMPLOYEE

y to

ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing

Non-refundable processing fee to be paid at time of filing. \$35 for residential property up to three (3) white EIVLD

\$100 for all other property types

RETURN TO: COUNTY OF LAKE CLERK OF THE BOARD JUN 1 0 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

the appeals board considers necessary may continuance of the hearing or denial of the ap attach hearing evidence to this application	peal. Do	<u> </u>		CA 95453		PLICA	TION NUMBE	R: Clerk L	Jse Only	
1. APPLICANT INFORMATION - PLEASE I							05-20	220		
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUS	INESS, OR T	RUST NAME			EM	AIL ADDR	ESS			
Earthways Foundation, Inc., a Delaware	nonprofit	corporation			e	arthwa	ys@earthwa	ys.org		
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OF 3700 Country Club Drive								leve	FRUINE	
city Lucerne	STATE	ZIP CODE 95458		ME TELEPHONE 1) 706-6826		alterna (310) 456-2267	(EPHONE)	
2. CONTACT INFORMATION - AGENT, AT	TORNEY,	OR RELATIVE	OF APE	PLICANT if ap	plica	ble - (l	REPRESENT	ATION IS	OPTIONAL	L)
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST Sheehan, Daniel					EM.	AIL ADDR		Automatical Section		
COMPANY NAME New Paradigm College				8						
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST,	MIDDLE INTI	TAL)								
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX)						_				
455 Henry Cowell Drive										
CITY	STATE	ZIP CODE	DAYTI	ME TELEPHONE 1) 706 -6826			1459-6136	FAX TE	LEPHONE	
Santa Cruz AUTHORIZATION OF AGENT	CA	95060		ION ATTACHE	_	(031	1439-0130	10	/	$\overline{}$
The following information must be compl attorney as indicated in the Certification applicant is a business entity, the agent'	section, (s authoriz	or a spouse, ca ation must be	hild, pai signed	rent, registere by an officer	ed do or au	mestic uthoriz	c partner, or ed employee	the person of the b	n affected usiness.	. If the
The person named in Section 2 above is egter in stipulation	hereby au on agreen	ithorized to ac ents, and othe	t as my erwise s	agent in this ettle issues r	appli elatii	ication ng to ti	, and may in his application	spect ass on.	essor's re	cords,
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED	EMPLOYEE	16	1	TITLE			***************************************		G V Z	101
Men 15	0	The state of the s		President					6.7	+.01
3. PROPERTY IDENTIFICATION INFORMA	ATION									
Yes No Is this property a single	-family dwe	lling that is occup	oied as th	e principal place	of res	sidence	by the owner?			
ENTER APPLICABLE NUMBER FROM YO	OUR NOT	CE/TAX BILL								
ASSESSOR'S PARCEL NUMBER 034-867-070-000		ESSMENT NUMB 1-090-259-000)90-259-000		E NUME 34-86	BER 7-070-000			
ACCOUNT NUMBER		BILL NUMBER 19-2020 Suppl	emental	Property Tax	x Bill					
PROPERTY ADDRESS OR LOCATION				DOING BUSINESS AS (DBA), if appropriate New Paradigm College			priate			
6535 Twelfth Ave., Lucerne, CA 9545	8					lew Pa	iradigm Coll	ege		_
PROPERTY TYPE										
SINGLE-FAMILY / CONDOMINIUM / TOW	NHOUSE	/ DUPLEX	☐ A	GRICULTURAL	-		_		Y INTEREST	Ţ
	INITS			ANUFACTURE	D HO	ME	☐ VAC	ANT LAN)	
☐ COMMERCIAL/INDUSTRIAL				WATER CRAFT AIRCRAFT						
■ BUSINESS PERSONAL PROPERTY/FIXT	URES		x 01	THER: Educa	ation	al Insti	tution			
4. VALUE	Α.	VALUE ON ROLL		B. APPLICANT	'S OP	INION O	F VALUE	C. APPEAL	S BOARD US	SE ONLY
LAND	\$:	20,000		\$10,000						
IMPROVEMENTS/STRUCTURES	-									
FIXTURES										
PERSONAL PROPERTY (see instructions)										
MINERAL RIGHTS										
TREES & VINES										
OTHER										a .
TOTAL	\$2	0,000		\$10,000						
PENALTIES (amount or percent)	<u> </u>	-,200								

Dr	EOULAD ACCECCATENT ACCES TO	ck only one. See instructions for filing p	7011043
	EGULAR ASSESSMENT – VALUE AS OF JAN	UARY 1 OF THE CURRENT YEAR	
	UPPLEMENTAL ASSESSMENT	2010 2020	
	DATE OF NOTICE: 04/16/2020	ROLL YEAR:	
	OLL CHANGE SESCAPE ASSESSMENT DATE OF NOTICE: ***		☐ PENALTY ASSESSMENT
	fust attach copy of notice or bill, where applica	ROLL YEAR:	
	ON FOR FILING APPEAL (FACTS)	ble **Each roll year requires a sep See instructions before completing	
If you a The rea A. DEC B. CHA 1 C. NEV 1 3	are uncertain of which item to check, please check assons that I rely upon to support requested change CLINE IN VALUE The assessor's roll value exceeds the market value assessment 2. Base year value for the change in ownership was construction occurred on the date of assessing year value for the completed new constant value of construction in progress on January LAMITY REASSESSMENT	"I. OTHER" and provide a brief explanations in value are as follows: alue as of January 1 of the current year. of established on the date of cruction established on the date of	on of your reasons for filing this application.
☐ <i>A</i> E. BUS ☐ 1 ☐ 2 F. PEN ☐ F	Assessor's reduced value is incorrect for proper SINESS PERSONAL PROPERTY/FIXTURES. / 1. All personal property/fixtures. 2. Only a portion of the personal property/fixture NALTY ASSESSMENT Penalty assessment is not justified. ASSIFICATION/ALLOCATION	Assessor's value of personal property ar	nd/or fixtures exceeds market value.
1 2 H. APF 1 2 I. OTH	 Classification of property is incorrect. Allocation of value of property is incorrect (e.genus AFTER AN AUDIT. Must include description. Amount of escape assessment is incorrect. Assessment of other property of the assessed. 	on of each property, issues being appeal e at the location is incorrect.	
WRITT	EN FINDINGS OF FACTS (\$_00.00 per_)	
	e requested. Are not requested.		
. THIS A	APPLICATION IS DESIGNATED AS A CLAIM FOR		
		CERTIFICATION	
compan roperty o gent auth umber	or declare) under penalty of perjury under the laws mying statements or documents, is true, correct, an or the person affected (i.e., a person having a direct horized by the applicant under item 2 of this applicant, who has been retained by the Blue Pen - Original signature required on paper-filed applications.	d complete to the best of my knowledge ar t economic interest in the payment of taxes ⊵ation, or (3) an attorney licensed to practi ne applicant and has been authorized by the	nd belief and that I am (1) the owner of the s on that property – "The Applicant"), (2) an ice law in the State of California. State Bar
	Andrew Beath	Malis	4 CH & Junio
/	US (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION	1)	
<i>1</i>	OWNER AGENT ATTORNEY SPOUSE	REGISTERED DOMESTIC PARTNER	CHILD ☐ PARENT ☐ PERSON AFFECTED
∫□o	MILLY NOCINI NITOKNET SPOUSE	- I I I I I I I I I I I I I I I I I I I	LITANENT TENSON AFFECTED

ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. Do not attach hearing evidence to this application.

Non-refundable processing fee to be paid at time of filing \$35 for residential property up to three (3) units CELVED \$100 for all other property types

RETURN TO:
COUNTY OF LAKE
CLERK OF THE BOARD
255 N. FORBES STREET
LAKEPORT. CA 95453

JUN 1 0 2020

COUNTY OF LAKE
BOARD OF SUPERVISORS

attach hearing evidence to this applicatio	APPLICATION NUMBER: Clerk Use Only								
1. APPLICANT INFORMATION - PLEASE F	PRINT				06-203-0				
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSI Earthways Foundation, Inc., a Delaware	NESS, OR T	RUST NAME			earthways@earthways.org				
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OF		corporation			eartnways(a)ea	rtnway	s.org		
3700 Country Club Drive									
city Lucerne	STATE	ZIP CODE 95458		ME TELEPHONE 1) 706-6826	(310) 456-2	2267	FAX TELEPHONE		
2. CONTACT INFORMATION - AGENT, ATT	ORNEY,	OR RELATIVE	OF API	PLICANT if app	licable - (REPRE	SENTA	TION IS OPTIONAL)		
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, Sheehan, Daniel	MIDDLE INI	TIAL)			email address daniel.peter.sh	neehan(@gmail.com		
COMPANY NAME New Paradigm College									
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST,	MIDDLE INTI	TAL)							
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 455 Henry Cowell Drive									
CITY Santa Cruz	STATE	ZIP CODE 95060		ME TELEPHONE 1) 706 -6826	(831)459-6	PHONE	FAX TELEPHONE		
attorney as indicated in the Certification a applicant is a business entity, the agent's The person named in Section 2 above is I enter in stipulation	authoriz nereby au	ation must be thorized to ac	signed at as my	by an officer of agent in this a	or authorized emp pplication, and n	oloyee d nay insi	of the business. Dect assessor's records,		
enter in stipulation SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED E		ents, and othe	erwise s	eπie issues re TITLE	iaung to uns app	ncation	DATE		
· (MAN	1	1XX	-)	President			6-4-20		
Yes X No 1s this property a single-	UR NOTI	CE/TAX BILL		e principal place c		WIICI:			
ASSESSOR'S PARCEL NUMBER 034-182-030-000		ESSMENT NUMB -090-251-000		90-251-000	FEE NUMBER 034-182-030-0	000			
ACCOUNT NUMBER		BILL NUMBER 9-2020 Suppl	lemental	Property Tax	Bill				
PROPERTY ADDRESS OR LOCATION 6607 Fourteenth Ave., Lucerne, CA 95458					DOING BUSINESS AS (DBA), if appropriate New Paradigm College				
PROPERTY TYPE									
☐ SINGLE-FAMILY / CONDOMINIUM / TOW	NHOUSE A	DUPLEX	☐ A	GRICULTURAL		POSS	ESSORY INTEREST		
☐ MULTI-FAMILY/APARTMENTS: NO. OF U	NITS		□ M/	ANUFACTURED	HOME	VACA	NT LAND		
☐ COMMERCIAL/INDUSTRIAL				ATER CRAFT		AIRC	RAFT		
BUSINESS PERSONAL PROPERTY/FIXTO	JRES		X OT	THER: Educat	ional Institution				
4. VALUE	A. \	/ALUE ON ROLL		B. APPLICANT'S	OPINION OF VALUE	С	. APPEALS BOARD USE ONLY		
LAND	\$1	90,000		\$101,000					
IMPROVEMENTS/STRUCTURES									
FIXTURES									
PERSONAL PROPERTY (see instructions)			3						
MINERAL RIGHTS									
TREES & VINES									
OTHER							A B_, I		
TOTAL	\$19	90,000		\$101,000					
PENALTIES (amount or percent)									

	05-AH (P2) REV. 08 (01-15) PE OF ASSESSMENT BEING APPEALED Check only one. See instructions for filing periods
	REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR
x	SUPPLEMENTAL ASSESSMENT
1	*DATE OF NOTICE: 04/16/2020 ROLL YEAR: 2019-2020
	ROLL CHANGE
	*DATE OF NOTICE: **ROLL YEAR:
	*Must attach copy of notice or bill, where applicable **Each roll year requires a separate application
If y The A. B.	ASON FOR FILING APPEAL (FACTS) See instructions before completing this section. Ou are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application are reasons that I rely upon to support requested changes in value are as follows: DECLINE IN VALUE The assessor's roll value exceeds the market value as of January 1 of the current year. CHANGE IN OWNERSHIP 1. No change in ownership occurred on the date of 2. Base year value for the change in ownership established on the date of NEW CONSTRUCTION 1. No new construction occurred on the date of is incorrect. 2. Base year value for the completed new construction established on the date of is incorrect. 3. Value of construction in progress on January 1 is incorrect. CALAMITY REASSESSMENT
Ē.	 □ Assessor's reduced value is incorrect for property damaged by misfortune or calamity. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value. □ 1. All personal property/fixtures. □ 2. Only a portion of the personal property/fixtures. Attach description of those items. PENALTY ASSESSMENT
G. H. I.	 □ Penalty assessment is not justified. CLASSIFICATION/ALLOCATION □ 1. Classification of property is incorrect. □ 2. Allocation of value of property is incorrect (e.g., between land and improvements). APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value. □ 1. Amount of escape assessment is incorrect. □ 2. Assessment of other property of the assessee at the location is incorrect.
	Explanation (attach sheet if necessary) See attached explanation titled "Reasons for Filing Appeal"
X	RITTEN FINDINGS OF FACTS (\$ 00.00 per) Are requested. Are not requested. IS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions. Yes No
	CERTIFICATION
cor ope gent umb	fy (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any inpanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the rty or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) and authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bail and the state of the specification of the specific property – who has been retained by the applicant and has been authorized by that person to file this application.
	Please Print) Andrew Beath
ING	STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)
	☐ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTER
	☐ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECTE ☐ CORPORATE OFFICER OR DESIGNATED EMPLOYEE

ASSESSMENT APPEAL APPLICATION

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Non-refundable processing fee to be paid at time of filing.

\$35 for residential property up to three (3) units

\$100 for all other property types

RETURN TO: COUNTY OF LAKE CLERK OF THE BOARD 255 N. FORBES STREET

JUN 1 0 2020 **COUNTY OF LAKE**

RECEIVED

the appeals board considers necessary may		KEPORT, CA 95453	BUAN	O OF SUPERVISORS	
continuance of the hearing or denial of the appeal. Do not attach hearing evidence to this application.			APPLICATION NUMBER: Clerk Use Only		
1. APPLICANT INFORMATION - PLEASE P	01-	0000			
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSI Earthways Foundation, Inc., a Delaware	earthways@earth	wave ora			
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR 3700 Country Club Drive			cartiiways@cartii	ways.org	
CITY Lucerne	STATE ZIP CODE 95458	(831)706-6826	(310) 456-226	FAX TELEPHONE	
2. CONTACT INFORMATION - AGENT, ATT	ORNEY, OR RELA	TIVE OF APPLICANT if app	olicable - (REPRESE	NTATION IS OPTIONAL)	
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, Sheehan, Daniel	MIDDLE INITIAL)		email.address daniel.peter.shee	han@gmail.com	
COMPANY NAME New Paradigm College					
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, I	MIDDLE INTITAL)				
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 455 Henry Cowell Drive	7				
Santa Cruz	CA 25060	(831)706-6826	(831)459-613		
AUTHORIZATION OF AGENT	ПА	UTHORIZATION ATTACHE			
The following information must be comple attorney as indicated in the Certification s applicant is a business entity, the agent's The person named in Section 2 above is h	section, or a spous authorization mus	se, child, parent, registere st be signed by an officer o	d domestic partner, or authorized emplo	or the person affected. If the yee of the business.	
enter in stipulațion	agreements, and	otherwise settle issues re			
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED E	MPLOYEE	TITLE		DATE	
(MINN)	em	President		6.4.7	
3. PROPERTY IDENTIFICATION INFORMA	TION				
Yes No Is this property a single-	amily dwelling that is	occupied as the principal place o	of residence by the owner	r?	
ENTER APPLICABLE NUMBER FROM YO	UR NOTICE/TAX B	ILL			
ASSESSOR'S PARCEL NUMBER 034-182-040-000	ASSESSMENT N 991-090-252	IUMBER 2-000 / 990-090-252-000	FEE NUMBER 034-182-040-000		
ACCOUNT NUMBER	TAX BILL NUMBE 2019-2020 S	R upplemental Property Tax	Bill		
PROPERTY ADDRESS OR LOCATION		11 1 2	DOING BUSINESS AS (DBA), if appropriate		
3700 Country Club Drive, Lucerne, CA	95458	58		New Paradigm College	
PROPERTY TYPE 🗹					
SINGLE-FAMILY / CONDOMINIUM / TOWN	HOUSE / DUPLEX	AGRICULTURAL	_ P	OSSESSORY INTEREST	
☐ MULTI-FAMILY/APARTMENTS: NO. OF UN	IITS	☐ MANUFACTURED	HOME U	ACANT LAND	
☐ COMMERCIAL/INDUSTRIAL		☐ WATER CRAFT		IRCRAFT	
■ BUSINESS PERSONAL PROPERTY/FIXTU	JRES	X OTHER: _Educat	ional Institution		
4. VALUE	A. VALUE ON F	ROLL B. APPLICANT'S	OPINION OF VALUE	C. APPEALS BOARD USE ONLY	
LAND	\$600,000	\$315,000			
IMPROVEMENTS/STRUCTURES	\$7,550,000	\$2,000,00	00		
FIXTURES					
PERSONAL PROPERTY (see instructions)					
MINERAL RIGHTS				(4	
TREES & VINES			*		
OTHER					
TOTAL	\$8,150,000	\$2,315,000)		
PENALTIES (amount or percent)					

BOE-305-AH (P2) REV. 08 (01-15)
5. TYPE OF ASSESSMENT BEING APPEALED Check only one. See instructions for filing periods
REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR
SUPPLEMENTAL ASSESSMENT
*DATE OF NOTICE:04/16/2020 ROLL YEAR:2019-2020
☐ ROLL CHANGE ☐ ESCAPE ASSESSMENT ☐ CALAMITY REASSESSMENT ☐ PENALTY ASSESSMENT *DATE OF NOTICE: **ROLL YEAR*
**Must attach copy of notice or bill, where applicable **Each roll year requires a separate application
6. REASON FOR FILING APPEAL (FACTS) See instructions before completing this section.
If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. The reasons that I rely upon to support requested changes in value are as follows:
A. DECLINE IN VALUE
☐ The assessor's roll value exceeds the market value as of January 1 of the current year.B. CHANGE IN OWNERSHIP
☐ 1. No change in ownership occurred on the date of
C. NEW CONSTRUCTION
☐ 1. No new construction occurred on the date of
2. Base year value for the completed new construction established on the date of is incorrect.
3. Value of construction in progress on January 1 is incorrect.
D. CALAMITY REASSESSMENT
☐ Assessor's reduced value is incorrect for property damaged by misfortune or calamity.
E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.
☐ 1. All personal property/fixtures.
 2. Only a portion of the personal property/fixtures. Attach description of those items.
F. PENALTY ASSESSMENT
Penalty assessment is not justified.
G. CLASSIFICATION/ALLOCATION
 ☐ 1. Classification of property is incorrect. ☐ 2. Allocation of value of property is incorrect (e.g., between land and improvements).
H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.
☐ 1. Amount of escape assessment is incorrect.
2. Assessment of other property of the assessee at the location is incorrect.
I. OTHER
Explanation (attach sheet if necessary) See attached explanation titled "Reasons for Filing Appeal"
7. WRITTEN FINDINGS OF FACTS (\$_00.00 per)
□ Are not requested. □ Are not requested.
8. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.
x Yes No
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 a
accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of
property or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2)
agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State of Number, who has been retained by the applicant and has been authorized by that person to file this application.
SIGNATURE (Use Blue, Pen - Original signature required on paper-filed application) SIGNATURE (Use Blue, Pen - Original signature required on paper-filed application) DATE
NAME (Please Print) Maliby CA 6-4-7
Andrew Beath
FILING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)
☑ ☐ OWNER ☐ AGENT ☐ ATTORNEY ☐ SPOUSE ☐ REGISTERED DOMESTIC PARTNER ☐ CHILD ☐ PARENT ☐ PERSON AFFECT

. .

ASSESSMENT APPEAL APPLICATION

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Non-refundable processing fee to be paid at time of filing. \$35 for residential property up to three (3) units ECETVED \$100 for all other property types

JUN 1 0 2020

COUNTY OF LAKE BOARD OF SUPERVISORS

RETURN TO:
COUNTY OF LAKE
CLERK OF THE BOARD
255 N. FORBES STREET
LAKEPORT. CA 95453

attach hearing evidence to this application	EMAIL ADDRESS earthways@earthways.org					
1. APPLICANT INFORMATION - PLEASE P						
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUSINESS, OR TRUST NAME Earthways Foundation, Inc., a Delaware nonprofit corporation						
MAILING ADDRESS OF APPLICANT (STREET ADDRESS OR 3700 Country Club Drive		· vo.posmuos		Cartiiways(@cartiiwa	ys.org	
CITY Lucerne	STATE CA	ZIP CODE 95458	(831)706-6826	(310) 456-2267	FAX TELEPHONE	
2. CONTACT INFORMATION - AGENT, ATT	ORNEY,	OR RELATIV	/E OF APPLICANT if ap		ATION IS OPTIONAL)	
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRST, I Sheehan, Daniel	MIDDLE INI	TIAL)		email address daniel.peter.sheehar	n@gmail.com	
COMPANY NAME New Paradigm College						
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST, N	IDDLE INTI	TAL)				
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 455 Henry Cowell Drive						
CITY Santa Cruz	STATE	ZIP CODE 95060	DAYTIME TELEPHONE (831) 706 -6826	(831)459-6136	FAX TELEPHONE	
	ereby au agreem	ıthorized to a	act as my agent in this a herwise settle issues re	application, and may in	spect assessor's records,	
SIGNATURE OF APPLICANT, OFFICER, OR AUTHORIZED EN	PLOYEE		President		6-4-20	
ENTER APPLICABLE NUMBER FROM YOU				l ees waare		
ASSESSOR'S PARCEL NUMBER 034-867-010-000		ESSMENT NUM 1-090-253-00	00 / 990-090-253-000	FEE NUMBER 034-867-010-000		
ACCOUNT NUMBER		BILL NUMBER 19-2020 Supp	plemental Property Tax	Bill		
PROPERTY ADDRESS OR LOCATION 3812 Country Club Drive, Lucerne, CA 95458			DOING BUSINESS AS (DBA), if appropriate New Paradigm College			
PROPERTY TYPE						
SINGLE-FAMILY / CONDOMINIUM / TOWN	HOUSE	/ DUPLEX	☐ AGRICULTURAL	☐ POS	SESSORY INTEREST	
☐ MULTI-FAMILY/APARTMENTS: NO. OF UN	ITS		☐ MANUFACTURED	HOME VAC	ANT LAND	
☐ COMMERCIAL/INDUSTRIAL			☐ WATER CRAFT		CRAFT	
☐ BUSINESS PERSONAL PROPERTY/FIXTU	RES		X OTHER: Educat	tional Institution		
4. VALUE	A. \	VALUE ON ROLI	L B. APPLICANT'S	S OPINION OF VALUE	C. APPEALS BOARD USE ONLY	
LAND	\$2	24,000	\$14,000			
IMPROVEMENTS/STRUCTURES						
FIXTURES						
PERSONAL PROPERTY (see instructions)						
MINERAL RIGHTS						
TREES & VINES						
OTHER						
TOTAL	\$2	4,000	\$14,000			
PENALTIES (amount or percent)						

BOE-305-AH	I (P2) REV. 08 (01-15)
	F ASSESSMENT BEING APPEALED V Check only one. See instructions for filing periods
	GULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR
	PPLEMENTAL ASSESSMENT
	ATE OF NOTICE: 04/16/2020 ROLL YEAR: 2019-2020
	avarue 30 dhe sa
	ATT OF MOTIOE
*M	ATE OF NOTICE: **ROLL YEAR: ust attach copy of notice or bill, where applicable **Each roll year requires a separate application
	N FOR FILING APPEAL (FACTS) See instructions before completing this section.
If you ar The rea	e uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application. sons that I rely upon to support requested changes in value are as follows:
	LINE IN VALUE
B. CHA	he assessor's roll value exceeds the market value as of January 1 of the current year. NGE IN OWNERSHIP
	. No change in ownership occurred on the date of
x 2	. Base year value for the change in ownership established on the date of $02/28/2019$ is incorrect.
C. NEV	CONSTRUCTION
□ 1	. No new construction occurred on the date of
□ 2	. Base year value for the completed new construction established on the date of is incorrect.
□ 3	. Value of construction in progress on January 1 is incorrect.
	AMITY REASSESSMENT
	ssessor's reduced value is incorrect for property damaged by misfortune or calamity.
	INESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value. All personal property/fixtures.
□ 2	. Only a portion of the personal property/fixtures. Attach description of those items.
	ALTY ASSESSMENT
_	renalty assessment is not justified.
	SSIFICATION/ALLOCATION
	. Classification of property is incorrect Allocation of value of property is incorrect (e.g., between land and improvements).
	EAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.
	. Amount of escape assessment is incorrect.
☐ 2 I. OTH	. Assessment of other property of the assessee at the location is incorrect. ER
X E	xplanation (attach sheet if necessary) See attached explanation titled "Reasons for Filing Appeal"
	EN FINDINGS OF FACTS (\$ 00.00 per)
	requested. Are not requested.
	PPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.
x Yes	No
X 162	
	CERTIFICATION
ccompan operty o	r declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any ying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the reference to the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property — "The Applicant"), (2) are person affected (i.e., a person having a direct economic interest in the payment of taxes on that property — "The Applicant"), (2) are person affected by the applicant and has been authorized by that person to file this application.
GNATURE (Use Blue Pen - Original signature requirest on paper-filed application) SIGNED AT (CITY, STATE) May Upby C4 DATE 6-4-20
	IS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)
1	
	WNER AGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER CHILD PARENT PERSON AFFECTED
11-0	ODBODATE OFFICER OF DESIGNATED EMPLOYEE

y di

1000

ASSESSMENT APPEAL APPLICATION

This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information at the hearing the appeals board considers necessary may result in the continuance of the hearing or denial of the appeal. Do not attach hearing evidence to this application.

Non-refundable processing fee to be paid at time of filing.

\$35 for residential property up to three (3) units RECEIVED

\$100 for all other property types

JUN 1 0 2020

COUNTY OF LAKE
BOARD OF SUPERVISORS

the hearing. Failure to provide information the appeals board considers necessary ma continuance of the hearing or denial of the attach hearing evidence to this application	ay result in the appeal. Do not	255 N. FO	RBES STREE T, CA 95453	т Ц	MBER: Clerk Use Only	SOR5
1. APPLICANT INFORMATION - PLEASE	09-2000					
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUE Earthways Foundation, Inc., a Delawar	earthways@earthways.org					
MAILING ADDRESS OF APPLICANT (STREET ADDRESS 3700 Country Club Drive				- Cartina y Stoyean		-
CITY Lucerne	STATE ZIP C		YTIME TELEPHONE 331) 706-6826	(310) 456-22	ONE FAX TELEPHONE	
2. CONTACT INFORMATION - AGENT, A	TTORNEY, OR F	RELATIVE OF A	PPLICANT if app	licable - (REPRES	ENTATION IS OPTION	AL)
NAME OF AGENT, ATTORNEY, OR RELATIVE (LAST, FIRE Sheehan, Daniel	email address daniel.peter.sheehan@gmail.com					
COMPANY NAME New Paradigm College						
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRS	T, MIDDLE INTITAL)					
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 455 Henry Cowell Drive						
CITY Santa Cruz	STATE ZIP C	ODE DA	YTIME TELEPHONE 331) 706 -6826	(831)459-61		
enter in stipulati	on agreements	, and otherwise	TITLE President	lating to this appli	0.000	1-20
3. PROPERTY IDENTIFICATION INFORM	MATION					
☐ Yes ☒ No Is this property a singl	e-family dwelling th	nat is occupied as	the principal place o	f residence by the ow	ner?	
ENTER APPLICABLE NUMBER FROM Y	OUR NOTICE/T	AX BILL				
ASSESSOR'S PARCEL NUMBER			0-090-254-000	FEE NUMBER 034-867-020-000		
ACCOUNT NUMBER		TAX BILL NUMBER 2019-2020 Supplemental Property Tax Bill				
PROPERTY ADDRESS OR LOCATION 3792 Country Club Drive, Lucerne, C		DOING BUSINESS AS (DBA), if appropriate New Paradigm College				
PROPERTY TYPE						
SINGLE-FAMILY / CONDOMINIUM / TO	WNHOUSE / DUF	PLEX	AGRICULTURAL		POSSESSORY INTERES	ST
MULTI-FAMILY/APARTMENTS: NO. OF			MANUFACTURED	номе 🗌	VACANT LAND	
COMMERCIAL/INDUSTRIAL			WATER CRAFT		AIRCRAFT	
BUSINESS PERSONAL PROPERTY/FIX	TURES	x	OTHER: Educati			
4. VALUE	A. VALUE	ON ROLL	B. APPLICANT'S	OPINION OF VALUE	C. APPEALS BOARD (JSE ONLY
LAND	\$20,00	0	\$10,000			

RETURN TO:

COUNTY OF LAKE

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE	C. APPEALS BOARD USE ONLY
LAND	\$20,000	\$10,000	
IMPROVEMENTS/STRUCTURES			
FIXTURES			
PERSONAL PROPERTY (see instructions)			
MINERAL RIGHTS			
TREES & VINES			
OTHER			
TOTAL	\$20,000	\$10,000	
PENALTIES (amount or percent)			

	a **
DE-305-AH (P2) REV. 08 (01-15)	
TYPE OF ASSESSMENT BEING APPEALED Check only one. See instructions for filing p	periods
☐ REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR	
*DATE OF NOTICE: 04/16/2020 ROLL YEAR: 2019-2020	
*DATE OF NOTICE: **ROLL YEAR:	☐ PENALTY ASSESSMENT
*Must attach copy of notice or bill, where applicable **Each roll year requires a se	parate application
. REASON FOR FILING APPEAL (FACTS) See instructions before completing	
If you are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation. The reasons that I rely upon to support requested changes in value are as follows:	on of your reasons for filing this application.
 A. DECLINE IN VALUE The assessor's roll value exceeds the market value as of January 1 of the current year. 	
B. CHANGE IN OWNERSHIP	
_	
 □ 1. No change in ownership occurred on the date of □ 2. Base year value for the change in ownership established on the date of _02/28/2019 	in in account
C. NEW CONSTRUCTION	is incorrect.
1. No new construction occurred on the date of	
2. Base year value for the completed new construction established on the date of	is incorrect.
3. Value of construction in progress on January 1 is incorrect.	is incorrect.
D. CALAMITY REASSESSMENT	
Assessor's reduced value is incorrect for property damaged by misfortune or calamity.	x
E. BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property at	nd/or fixtures exceeds market value.
☐ 1. All personal property/fixtures.	
$\ \square$ 2. Only a portion of the personal property/fixtures. Attach description of those items.	
F. PENALTY ASSESSMENT	
Penalty assessment is not justified.	
G. CLASSIFICATION/ALLOCATION	
 1. Classification of property is incorrect. 2. Allocation of value of property is incorrect (e.g., between land and improvements). 	
H. APPEAL AFTER AN AUDIT. Must include description of each property, issues being appea	led, and your opinion of value.
☐ 1. Amount of escape assessment is incorrect.	, , , , , , , , , , , , , , , , , , , ,
\square 2. Assessment of other property of the assessee at the location is incorrect.	
I. OTHER	
Explanation (attach sheet if necessary) See attached explanation titled "Reasons for	Filing Appeal"
. WRITTEN FINDINGS OF FACTS (\$_00.00per)	
. THIS APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.	
☑ Yes ☐ No	
CERTIFICATION	-
certify (or declare) under penalty of perjury under the laws of the State of California that the foregoin	ng and all information hereon, including any
accompanying statements or documents, is true, correct, and complete to the best of my knowledge a	nd belief and that I am (1) the owner of the
property or the person affected (i.e., a person having a direct economic interest in the payment of taxes agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to pract	s on that property – "The Applicant"), (2) an
lumber, who has been retained by the applicant and has been authorized by the	nat person to file this application.
SIGNATURE (Use Blue Pen Original signature required on paper-filed application) SIGNED AT (CHTY, STATE)	DATE
(Malika Malika	UCA 6-4-20
AME (Please Print) Andrew Beath	
	\
LING STATUS (IDENTIFY RELATIONSHIP TO APPLICANT NAMED IN SECTION 1)	
OWNER GAGENT ATTORNEY SPOUSE REGISTERED DOMESTIC PARTNER	CHILD PARENT PERSON AFFECTED
X CORPORATE OFFICER OR DESIGNATED EMPLOYEE	

ASSESSMENT APPEAL APPLICATION

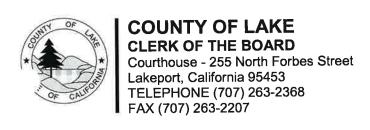
This form contains all of the requests for information that are required for filing an application for changed assessment. Failure to complete this application may

Non-refundable processing fee to be paid at time of filing. \$35 for residential property up to three (3) units \$100 for all other property types

result in rejection of the application and/or appeal. Applicants should be prepared to sul information if requested by the assessor or the hearing. Failure to provide information the appeals board considers necessary macontinuance of the hearing or denial of the a attach hearing evidence to this applicati 1. APPLICANT INFORMATION - PLEASE NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL), BUE THOUGHT (LAST, FIRST, MIDDLE INITIAL), BUE ATTHWAYS FOUNDATION (STREET ADDRESS OF APPLICANT (STREET ADDRESS OF APP	count additional at the time of at the hearing by result in the appeal. Do not on. PRINT SINESS, OR TRUST NAME on nonprofit corporation or P. O. BOX) STATE CA 21P CODE CA 95458 TORNEY, OR RELATIVE	DAYTIME TELEPHO (831) 706-6	PARD REET 453 AI EM e	ADMINIS PLICATION NU ALL ADDRESS arthways@eart ALTERNATE TELEPH (310) 456-22	hways.org	LEPHONE)
COMPANY NAME. New Paradigm College	- %				, , , , , , , , , , , , , , , , , , ,	
CONTACT PERSON IF OTHER THAN ABOVE (LAST, FIRST	, MIDDLE INTITAL)					
MAILING ADDRESS (STREET ADDRESS OR P. O. BOX) 455 Henry Cowell Drive						
CITY Santa Cruz	CA STATE ZIP CODE	(831)706 -	ONE 6826	(831)459-61	ONE FAX TEI	LEPHONE)
3. PROPERTY IDENTIFICATION INFORM Yes X No Is this properly a single	ATION o-family dwelling that is occ	TITLE Preside	nt	ng to this applic	eation.	DATE 4-20
ENTER APPLICABLE NUMBER FROM Y						
ASSESSOR'S PARCEL NUMBER 034-867-030-000 ACCOUNT NUMBER	TAX BILL NUMBER	00 / 990-090-255-0 plemental Property	031 007 020 000			
PROPERTY ADDRESS OR LOCATION		prementar i roperty	DOING BUSINESS AS (DBA), if appropriate New Paradigm Coilege			oriate
3772 Country Club Drive, Lucerne, C	A 93436		I I	ew Paradigm (onege	
PROPERTY TYPE □ SINGLE-FAMILY / CONDOMINIUM / TOW □ MULTI-FAMILY / APARTMENTS: NO. OF L □ COMMERCIAL/INDUSTRIAL □ BUSINESS PERSONAL PROPERTY/FIX	UNITS	☐ AGRICULTU ☐ MANUFACT ☐ WATER CRA ▼ OTHER: _E	URED HO	ME .	POSSESSORY VACANT LAND AIRCRAFT	
4. VALUE	A. VALUE ON ROL			NION OF VALUE	C. APPEAL	S BOARD USE ONLY
LAND	\$20,000	\$10,0	000			
IMPROVEMENTS/STRUCTURES						
FIXTURES						
PERSONAL PROPERTY (see instructions)						_
MINERAL RIGHTS						
TREES & VINES OTHER						
TOTAL	\$29,000	\$10,0	00			
PENALTIES (amount or percent)	Ψ27,000	\$10,0				

Ш	PE OF ASSESSMENT BEING APPEALED Check only one. See instructions for filing periods REGULAR ASSESSMENT – VALUE AS OF JANUARY 1 OF THE CURRENT YEAR
x	*DATE OF NOTICE: 04/16/2020 ROLL YEAR: 2019-2020
	ROLL CHANGE ESCAPE ASSESSMENT CALAMITY REASSESSMENT PENALTY ASSESSMENT
	*DATE OF NOTICE: **ROLL YEAR:*Must attach copy of notice or bill, where applicable **Each roll year requires a separate application
10000	
	ASON FOR FILING APPEAL (FACTS) See instructions before completing this section.
f ye The	ou are uncertain of which item to check, please check "I. OTHER" and provide a brief explanation of your reasons for filing this application reasons that I rely upon to support requested changes in value are as follows:
Α.	DECLINE IN VALUE
	☐ The assessor's roll value exceeds the market value as of January 1 of the current year.
В.	CHANGE IN OWNERSHIP
	1. No change in ownership occurred on the date of
	x 2. Base year value for the change in ownership established on the date of 02/28/2019 is incorrect.
	NEW CONSTRUCTION
	1. No new construction occurred on the date of
	☐ 2. Base year value for the completed new construction established on the date of is incorrect.
	☐ 3. Value of construction in progress on January 1 is incorrect.
	CALAMITY REASSESSMENT
	Assessor's reduced value is incorrect for property damaged by misfortune or calamity.
	BUSINESS PERSONAL PROPERTY/FIXTURES. Assessor's value of personal property and/or fixtures exceeds market value.
	☐ 1. All personal property/fixtures.
	☐ 2. Only a portion of the personal property/fixtures. Attach description of those items.
	PENALTY ASSESSMENT
	Penalty assessment is not justified.
	CLASSIFICATION/ALLOCATION
	☐ 1. Classification of property is incorrect.
	2. Allocation of value of property is incorrect (e.g., between land and improvements).
	APPEAL AFTER AN AUDIT. Must include description of each property, issues being appealed, and your opinion of value.
	1. Amount of escape assessment is incorrect.
	2. Assessment of other property of the assessee at the location is incorrect.
	OTHER
_	Explanation (attach sheet if necessary) See attached explanation titled "Reasons for Filing Appeal"
WF	RITTEN FINDINGS OF FACTS (\$_00.00 per)
X	Are requested. Are not requested.
тн	S APPLICATION IS DESIGNATED AS A CLAIM FOR REFUND See instructions.
	Yes No
_	
_	
_	
_	
_	
_	CERTIFICATION
x	CERTIFICATION for (or declare) under penalty of perions under the laws of the State of Colifornia that the foregoing and all information become including and
erti	fy (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an
ertii con	fy (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an npanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of th rty or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) a
ertii con	fy (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an opanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the fry or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) a authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Ba
ertii con ppe ent	fy (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an inpanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the intry or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property — "The Applicant"), (2) an authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bases. Who has been retained by the applicant and has been authorized by that person to file this application.
ertii con ppe ent	fy (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an apanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the rty or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Ba
ertii con ope ent imb	fy (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an appanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Baser — who has been retained by the applicant and has been authorized by that person to file this application. USE (Use Blue Pen Original signature required on paper-filed application) SIGNEDAT (CITY, STATE) DATE DATE
ertii con ope ent emb	fy (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an apanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the rty or the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property — "The Applicant"), (2) a authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Beller — , who has been retained by the applicant and has been authorized by that person to file this application.
ertii con ppe ent imb	fy (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an appaying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the person affected (i.e., a person having a direct economic interest in the payment of taxes on that property – "The Applicant"), (2) an authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Baser, who has been retained by the applicant and has been authorized by that person to file this application. URE (Use Blue Pen Original signature required on paper-lifed application) SIGNED AT (CITY, STATE) Please Print)

x 3 1 2



HEARING DATE CONFIRMATION NOTICE THIS PORTION MUST BE RETURNED

Application No(s): 10-2020 Hearing Date: October 26, 2021
Assessee/Owner: Earthways Foundation, Inc., a Delaware nonprofit corporation APN(s): 034-867-030-000

YOU MUST COMPLETE AND RETURN THIS PORTION AT LEAST 21 DAYS PRIOR TO THE HEARING DATE

nuest must be submitted at least 21 days prior to the ion form below. Upon receipt of the form below, the opear at my scheduled hearing. Columbs Columb
EQUALIZATION ME OF HEARING Hearing Date: October 26, 2021 re nonprofit corporation APN(s): 034-867-030-000
n accordance with Revenue and Taxation Code Section the above-referenced application(s) shall be extended of my intent to terminate such extension, the two-year d to conduct a hearing and make a final determination on run until 120 days after delivery of such written notice on
Print Name of Applicant or Agent
Signature of Applicant/Agent
City, State, ZIP

Please return this form to:

Daytime Phone Number

LAKE COUNTY CLERK OF THE BOARD 255 NORTH FORBES STREET LAKEPORT, CA 95453

Alternate Telephone Number