EF-264-AH-R13-0522-33000057-1 BOE-264-AH (P1) REV. 13 (05-22)	COUNTY OF RIV	Asse	• Aldana ssor-County Clerk- of Riverside	Recorder
COLLEGE EXEMPTION CLAIM	ACT	PO Bo	x 751	
This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in Janu would enter "2011-2012.")		Phone	de, CA 92502-0751 : (951) 413-2890 versideacr.com	
This claim must be filed by 5:00 p.m., Febru	uary 15.			
CLAIMANT NAME AND MAILING ADDRESS	-	FOR A	SSESSOR'S USE ON	LY
(Make necessary corrections to the printed name ar	nd mailing address)	Received by		
			(Assessor's designee)	
		of	(county or city)	
			(county of only)	
L	L	on	(date)	
If you no longer seek an exemption at this loca	tion, check here 🗌 Sign and ret	urn this form to the Ass	essor. Date vacated:	
NAME OF CLAIMANT				
TITLE OF CLAIMANT			DAYTIME TELE	PHONE NUMBER
			()	
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIP	PTION	DAT	E PROPERTY WAS FIRST U	SED BY CLAIMANT
1. Owner and operator: (check applicable boxe	es)			
Claimant is: Owner and operator	Owner only Operator on	ly		
and claims exemption on all	Buildings and improvements	and/or 🗌 Pers	onal property	
2. Does the above institution qualify as a colleg	ge or seminary of learning under t	he laws of the State of	California?	
3. Is the institution conducted as a non-profit e	ntity?			
4. Deep the institution require for requier edmin	acion the completion of a four ver	r high achool course o	rita aquivalant?	
4. Does the institution require for regular admis	ssion the completion of a four-yea	ir nign school course ol	its equivalent?	
 5. Does the institution confer upon its graduates and sciences, or on a course of at least thre veterinary medicine, pharmacy, architecture. YES NO 	e years in professional studies, su	uch as law, theology, ec		
 6. Is the property for which the exemption is classical strength of the exemption strength of the exemption is classical strength of the exemption s	aimed used exclusivelv for the p	urposes of education?		
		- Ferrer en en autorite		
 List all buildings and other improvements for sheet if necessary. Indicate whether leased 				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL	USE	
	-			E 🗆 OWN
				E 🗌 OWN

□ LEASE □ OWN □ LEASE □ OWN

OWN

LEASE

EF-264-AH-R13-0522-33000057-2 BOE-264-AH (P2) REV. 13 (05-22)
8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year? YES NO If YES, please explain:
 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 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 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			
()				
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		

