EF-264-AH-R13-0522-33000110-1 BOE-264-AH (P1) REV. 13 (05-22)	CONTRACTOR OF THE	Assessor-County Clerk-Recorder County of Riverside
COLLEGE EXEMPTION CLAIM		PO Box 751
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")	OR COUNTY CLERK RU	Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/
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)	□ Recei	ved by(Assessor's designee)
		(Assessor's designee)
	of	(county or city)
L	on	(date)
If you no longer seek an exemption at this location, check here $\Box$ :	Sign and return this fo	rm to the Assessor. Date vacated:
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	Operator only	
and claims exemption on all Land Buildings and imp	provements and/or	Personal property
2. Does the above institution qualify as a college or seminary of lear	ming under the laws o	f 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 completion of	of a four-year high sch	nool course or its equivalent?
		_
5. Does the institution confer upon its graduates at least one academ		
and sciences, or on a course of at least three years in professiona veterinary medicine, pharmacy, architecture, fine arts, commerce		, theology, education, medicine, dentistry, engineering,
6. Is the property for which the exemption is claimed used <b>exclusive</b>	ely for the purposes o	t equcation?

NTY OF RIVER

Peter Aldana

- 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.

<b>BUILDING &amp; IMPROVEMENTS</b>	PRIMARY USE	INCIDENTAL USE	
			OWN
			OWN

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

F-264-AH-R13-0522-33000110-2 BOE-264-AH (P2) REV. 13 (05-22)				
	and/or been completed on this parcel sinc ase explain:	ce 12:01 a.m., January 1 of last year?		
as defined in section 512 of the Inte	rnal Revenue Code? most recent tax return filed with the Interr	dent bookstore that generates unrelated business taxable nal Revenue Service must accompany this claim. Property come to the bookstore's gross income, will be levied.		
	ve been used for business purposes othe ease explain:	er than a student bookstore?		
11. If any business is operated by som	eone other than the college, attach a cop	py of the lease or other agreement. Please explain:		
YES NO	sively for educational purposes at the co	the type, make, model, and serial number of the property ollegiate level, please state the other uses of the property		
The benefit of a property tax exem Taxation Code.	aption must inure to the lessee institution. ADDITIONAL REQUIRED DO	If taxes paid by the lessor, see section 202.2 of the Reven	nue and	
<ul><li>substituted.</li><li>Attach a separate page, or degree.</li></ul>	r current catalog, listing the degrees confe	n. A current catalog showing the requirements may be erred upon the graduates and the requirements for each ating statement for the preceding fiscal year.)		
Whom shou	ld we contact during normal busines	ss hours for additional information?		
NAME				
DAYTIME TELEPHONE	EMAIL ADDRESS			
CERTIFICATION				
Leartify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information bereon, including any				

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

