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.")



Peter Aldana Assessor-County Clerk-Recorder County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.rivcoacr.org/

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

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and	mailing address)				
	Г	Г	F	OR ASSESSOR'	S USE ONLY	,
			Received by _			
				(Assessor's	designee)	
			of	(county of	or city)	
	L	L	on			
				(da	te)	
NA	ME OF CLAIMANT					
TIT	LE OF CLAIMANT			DA (AYTIME TELEPH	ONE NUMBER
CC	RPORATE NAME OF THE COLLEGE				,	
AD	DRESS (Street, City, County, State, Zip Code)					
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESCRIPT	ION		DATE PROPERTY \	WAS FIRST USE	D BY CLAIMAN I
	Owner and operator: <i>(check applicable boxes</i> Claimant is: Owner and operator) Owner only Deprator only	y	I		
	and claims exemption on all Land	Buildings and improvements	and/or	Personal property		
2.	Does the above institution qualify as a college YES NO	e or seminary of learning under th	ne laws of the Sta	te of California?		
3.	Is the institution conducted as a non-profit ent	tity?				
4.	Does the institution require for regular admiss	ion the completion of a four-year	high school cour	se or its equivaler	nt?	
	Does the institution confer upon its graduates a and sciences, or on a course of at least three veterinary medicine, pharmacy, architecture, f	years in professional studies, su	ch as law, theolog			
6.	Is the property for which the exemption is clai	med used exclusively for the pu	rposes of educati	on?		
	YES NO					
	List all buildings and other improvements for washeet if necessary. Indicate whether leased or					
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
					LEASE	OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



DAYTIME TELEPHONE	EMAIL ADDRESS				
NAME	TITLE				
	Whom should we contact during normal business hours for additional information?				
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 Attach a separate page, or current catalog, listing the degrees contened 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.) 					
substituted.	parate page showing the requirements for admission. A current catalog showing the requirements may be parate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each				
ADDITIONAL REQUIRED DOCUMENTATION					
Taxation Code.					
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					
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.					
12. Is any equipment or other property being leased or rented from someone else?					
11. If any business is op	erated by someone other than the college, attach a copy of the lease or other agreement. Please explain:				
YES NC	If YES , please explain:				
10. Has any of the prope	erty listed above been used for business purposes other than a student bookstore?				
) e institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes, stablishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied.				
	ortion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income 512 of the Internal Revenue Code?				
YES NC					
8. Has any construction	commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?				

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



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