## **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) 413-2890 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 nam	e and mailing address)					
	Г		Г	F	OR ASSESS	OR'S USE ONLY	(
				Received by _			
					(Asse	essor's designee)	
				of	(0	county or city)	
	L			on			
						(date)	
NAME	OF CLAIMANT						
TITLE	OF CLAIMANT					DAYTIME TELEPH	IONE NUMBER
CORP	ORATE NAME OF THE COLLEGE					( /	
ADDR	ESS (Street, City, County, State, Zip Code)						
					1		
ASSE	SSOR'S PARCEL NUMBER OR LEGAL DESC	CRIPTION			DATE PROPE	RTY WAS FIRST USE	D BY CLAIMANT
Cla and 2. Do 3. Is t 4. Do 5. Do and vet 6. Is t 7. Lis	rner and operator: <i>(check applicable be</i> simant is: Owner and operator d claims exemption on all Land es the above institution qualify as a co YES NO he institution conducted as a non-profection YES NO es the institution require for regular ad YES NO es the institution confer upon its graduated a sciences, or on a course of at least the erinary medicine, pharmacy, architectuan YES NO he property for which the exemption is YES NO t all buildings and other improvements et if necessary. Indicate whether lease	T Owner only Operat Operat D Buildings and improvem Ilege or seminary of learning un it entity? mission the completion of a fount tes at least one academic or pro- bree years in professional studi ure, fine arts, commerce, or jou c claimed used <b>exclusively</b> for for which exemption is claimed	ents nder th ur-year ofessio es, suc rnalism the pur d and s	and/or e laws of the Sta high school cour hal degree, base h as law, theolog ? poses of educati tate the primary a	se or its equi d on a course ly, education, on? and incidenta	ia? valent? e of at least two yea , medicine, dentistr	y, engineering, ch a separate
	BUILDING & IMPROVEMENTS	PRIMARY USE	aidle (	INCIDEN			51.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



<ul> <li>8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?</li> <li>YES NO If YES, please explain:</li> </ul>							
<ul> <li>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?</li> <li>YES NO</li> <li>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.</li> </ul>							
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:							
<ul> <li>12. Is any equipment or other property being leased or rented from someone else?</li> <li>YES NO</li> <li>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.</li> </ul>							
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							
<ul> <li>Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted.</li> </ul>							
<ul> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree.</li> </ul>							
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							
DAYTIME TELEPHONE EMAIL ADDRESS 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

