EF-264-AH-R13-0522-33000055-1 BOE-264-AH (P1) REV. 13 (05-22)	CUNITY OF RIV	Assess	Idana or-County Clerk-Re f Riverside	ecorder
COLLEGE EXEMPTION CLAIM	ACT	PO Box 7		
This claim is filed for fiscal year 20 (Example: a person filing a t imely claim in Jan would enter "2011-2012.")			, CA 92502-0751 951) 413-2890 pacr.org	
This claim must be filed by 5:00 p.m., Feb	ruary 15.			
CLAIMANT NAME AND MAILING ADDRESS	and mailing address)	FOR AS	SESSOR'S USE ONL	(
(Make necessary corrections to the printed name ┌		Received by	(Assessor's designee)	
			(Assessor's designee)	
		of	(county or city)	
		0.0		
L	ل	on	(date)	
	_			
If you no longer seek an exemption at this loo	cation, check here 🔝 Sign and ref	urn this form to the Asses	sor. Date vacated:	
NAME OF CLAIMANT				
TITLE OF CLAIMANT			DAYTIME TELEPH	IONE NUMBER
			()	
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR	RIPTION	DATE F	PROPERTY WAS FIRST USE	ED BY CLAIMANT
1. Owner and operator: (check applicable bo	xes)			
Claimant is: Owner and operator	Owner only Operator on	ly		
and claims exemption on all	Buildings and improvements	and/or Derson	al property	
2. Does the above institution qualify as a coll	lege or seminary of learning under	the laws of the State of Ca	alifornia?	
3. Is the institution conducted as a non-profit	entity?			
4. Deep the institution require for require of	niccion the completion of a four ver	r high achool course or it	a aquivalant?	
4. Does the institution require for regular adn	nission the completion of a four-yea	ar nigh school course of h	s equivalent?	
 5. Does the institution confer upon its graduate and sciences, or on a course of at least the veterinary medicine, pharmacy, architectur YES NO 	ree years in professional studies, s	uch as law, theology, educ		
6. Is the property for which the exemption is	claimed used exclusively for the p	urposes of education?		
	······	,		
List all buildings and other improvements f sheet if necessary. Indicate whether lease				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL US	SE	
				OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

□ LEASE □ OWN □ LEASE □ OWN

OWN

LEASE



EF-264-AH-R13-0522-33000055-2 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	EMAILADDRESS			
()				
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		

