	an OF	Claude Parrish
EF-264-AH-R13-0522-30000035-1	S	Orange County Assessor
BOE-264-AH (P1) REV. 13 (05-22)	S (S (S (S (S (S (S (S (S (S (Civic Center Plaza, Building 11 625 N. Ross Street, Room 142
COLLEGE EXEMPTION CLAIM	C NT	P.O. Box 628
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in January 2011	FOR	Santa Ana, CA 92702-0628 (714) 834-2779
would enter "2011-2012.")		www.ocgov.com/assessor
This claim must be filed by 5:00 p.m. Eabruary 15		
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)		i vad hv
Г		ived by(Assessor's designee)
	of	
		(county or city)
	on	
L		(date)
If you no longer seek an exemption at this location, check here 🗌 Si	an and return this f	orm 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 O		
and claims exemption on all Land Duildings and impro		
2. Does the above institution qualify as a college or seminary of learn	ing under the laws	of 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	a four-year high so	hool course or its equivalent?
YES NO		
E. Dess the institution conferumen its graduates at least one appendix		real based on a source of at least two years in liberal arts
 Does the institution confer upon its graduates at least one academic and sciences, or on a course of at least three years in professional 		
veterinary medicine, pharmacy, architecture, fine arts, commerce, c		,
YES NO		
 Is the property for which the exemption is claimed used exclusivel 	v for the purposes	of education?
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.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

64-AH-R13-0522-30000035-2 30E-264-AH (P2) REV. 13 (05-22)	
B. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., Jar YES NO If YES, please explain:	nuary 1 of last year?
 Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that 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 Server 	vice must accompany this claim. Property taxes,
as determined by establishing a ratio of the unrelated business taxable income to the books	tore's gross income, will be levied.
0. Has any of the property listed above been used for business purposes other than a student bound of YES NO If YES, please explain:	bookstore?
1. If any business is operated by someone other than the college, attach a copy of the lease or	other agreement, Please explain:
 2. Is any equipment or other property being leased or rented from someone else? YES NO If YES, list on a separate sheet the name and address of the owner and the type, make, property listed is not used exclusively for educational purposes at the collegiate level, ple 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 Taxation Code.	he lessor, see section 202.2 of the Revenue and
Attach a separate page showing the requirements for admission. A current catalogue to the second secon	og showing the requirements may be
 substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the gradering the degrees conferred upon the grade	aduates and the requirements for each
 degree. Attach a copy of the financial statements (balance sheet and operating statement for 	r the preceding fiscal year.)
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Whom should we contact during normal business hours for ad	
DAYTIME TELEPHONE EMAIL ADDRESS	

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

