EF-264-AH-R13-0522-33000081-1		or I	Assessor-County Clerk-Recorder	
BOE-264-AH (P1) REV. 13 (05-22)			County of Riverside	
COLLEGE EXEMPTION CLAIM	ALAR	12	PO Box 751 Riverside, CA 92502-0751	
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")	COUNTY CLERK		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 (Make necessary corrections to the printed name and mailing address)		F	FOR ASSESSOR'S USE ONLY	
		Received by	(Assessor's designee)	
		of	(county or city)	
		on		
L		011	(date)	
If you no longer seek an exemption at this location, check here	Sign and retur	n this form to th	e Assessor. Date vacated:	
NAME OF CLAIMANT				
TITLE OF CLAIMANT				
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION		$\mathbf{D}$	DATE PROPERTY WAS FIRST USED BY CLAIMANT	
1. Owner and operator: ( <i>check applicable boxes</i> ) Claimant is:	Operator only			
and claims exemption on all Land Duildings and		and/or	Personal property	
2. Does the above institution qualify as a college or seminary of I	learning under the	e laws of the St	ate of California?	
3. Is the institution conducted as a non-profit entity?				
4. Does the institution require for regular admission the completion	on of a four-year h	high school cou	rse or its equivalent?	
<ol> <li>Does the institution confer upon its graduates at least one acade and sciences, or on a course of at least three years in professi veterinary medicine, pharmacy, architecture, fine arts, comment</li> </ol>	ional studies, such	h as law, theolo	ed on a course of at least two years in liberal arts gy, education, medicine, dentistry, engineering	
YES NO			<b>—</b>	
6. Is the property for which the exemption is claimed used exclusion	sively for the purp	poses of educa	tion?	
YES NO				

NTY OF RIVER

Peter Aldana

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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

F-264-AH-R13-0522-33000081 BOE-264-AH (P2) REV. 13 (05-22)	-2		
	enced and/or been completed on this parcel <b>/ES</b> , please explain:	since 12:01 a.m., January 1 of last	t year?
as defined in section 512 of YES NO If <b>YES</b> , a copy of the insti	thereof, for which an exemption is claimed a the Internal Revenue Code? tution's most recent tax return filed with the I hing a ratio of the unrelated business taxable	nternal Revenue Service must acc	ompany this claim. Property taxes,
	ted above been used for business purposes <b>/ES</b> , please explain:	other than a student bookstore?	
11. If any business is operated	by someone other than the college, attach a	a copy of the lease or other agreem	ient./Please explain:
YES NO If <b>YES</b> , list on a separate property listed is not <b>use</b>	property being leased or rented from someon sheet the name and address of the owner d exclusively for educational purposes at the e and address of the owner.	and the type, make, model, and so	
The benefit of a property t Taxation Code.	ax exemption must inure to the lessee institu ADDITIONAL REQUIRED		e section 202.2 of the Revenue and
<ul><li>substituted.</li><li>Attach a separate degree.</li></ul>	e page showing the requirements for admis page, or current catalog, listing the degrees ne financial statements (balance sheet and o	conferred upon the graduates and t	he requirements for each
Who	n should we contact during normal bus	iness hours for additional info	rmation?
NAME		۱	TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS	I	
<u>\                                    </u>	CERTIFIC	ATION	
l certify (or declare) under per	alty of perjury under the laws of the State of		l information hereon including any
	g statements or documents, is true, correct, a		

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

