EF-264-AH-R13-0522-20000216-1 BOE-264-AH (P1) REV. 13 (05-22)	PERA	Brett Frazier Madera Cour 200 West 4th Str		
COLLEGE EXEMPTION CLAIM		Madera, CA 9363	37-3548	
This claim is filed for fiscal year 20 2 (Example: a person filing a t imely claim in J an would enter "2011-2012.")	20 uary 2011	Phone: (559) 675 Fax: (559) 675-70 www.maderacou		ent/assessor
This claim must be filed by 5:00 p.m., Febr	uary 15.			
CLAIMANT NAME AND MAILING ADDRESS	-	FOR ASSESSO	OR'S USE ONLY	(
(Make necessary corrections to the printed name a	na mailing address)	Received by	sor's designee)	
		(Assess	;or's designee)	
		of(cou	unty or city)	
			5 - 57	
L	L	on	(date)	
If you no longer seek an exemption at this loc	ation, check here 🗌 Sign and retu	Irn this form to the Assessor. Da	ate 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	PTION	DATE PROPER	TY WAS FIRST USE	D BY CLAIMAN
1. Owner and operator: (check applicable box	es)			
	Owner only Operator onl	V		
	Buildings and improvements		ertv	
2. Does the above institution qualify as a colle			-	
3. Is the institution conducted as a non-profit	entity?			
YES NO	Shirty .			
		- Later to a state of the second state of the second state	-1	
4. Does the institution require for regular adm	ission the completion of a four-yea	r nigh school course or its equiva	alent?	
Does the institution confer upon its graduate and sciences, or on a course of at least three				
veterinary medicine, pharmacy, architecture			neulcine, dentisti	y, engineerin
	-			
6 Is the property for which the exemption is a	laimed used exclusively for the p	irpassas of adjugation?		
6. Is the property for which the exemption is c	ianneu useu exclusively loi lile pl	iposes of education?		
YES NO				
List all buildings and other improvements for sheet if necessary. Indicate whether leased				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
				OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

□ LEASE □ OWN □ LEASE □ OWN

OWN

LEASE

EF	-264-AH-R13-0522-20000216-2 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? YES NO If YES, please explain:			
	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	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				

