	SY OF N	Rolf D.	Kleinhans
F-264-AH-R13-0522-29000048-1 BOE-264-AH (P1) REV. 13 (05-22)		Nevada 950 Maidu	County Assessor
COLLEGE EXEMPTION CLAIM	*	P.O. Box s	599002
This claim is filed for fiscal year 20 2 (Example: a person filing a t imely claim in Jan would enter "2011-2012.")		Telephone Fax (530)	ity, CA 95959-7902 e (530) 265-1232 265-9858 2nevadacountyca.gov
	<i></i>		, in the second s
This claim must be filed by 5:00 p.m., Febr CLAIMANT NAME AND MAILING ADDRESS	uary 15.	FOR ASS	SESSOR'S USE ONLY
(Make necessary corrections to the printed name a	- ,	Dessived by	
I	7	Received by	(Assessor's designee)
		of	
			(county or city)
L	L	on	(date)
If you no longer seek an exemption at this loca	ation, check here 🗌 Sign and retu	Irn this form to the Assess	sor. Date vacated:
NAME OF CLAIMANT			
TITLE OF CLAIMANT			DAYTIME TELEPHONE NUMBER
CORPORATE NAME OF THE COLLEGE			()
ADDRESS (Street, City, County, State, Zip Code)			
ADDRESS (Street, City, County, State, Zip Coue)			
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR	IPTION	DATE P	ROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable box	es)	I	
	Owner only Operator onl	y	
and claims exemption on all	Buildings and improvements	and/or 🗌 Persona	al property
2. Does the above institution qualify as a colle	ege or seminary of learning under the	ne laws of the State of Ca	lifornia?
3. Is the institution conducted as a non-profit e	entity?		
4. Does the institution require for regular adm	ission the completion of a four-yea	r high school course or its	equivalent?
5. Does the institution confer upon its graduate and sciences, or on a course of at least thre veterinary medicine, pharmacy, architecture YES NO	ee years in professional studies, su	ch as law, theology, educa	
6. Is the property for which the exemption is c	laimed used exclusively for the pu	rposes of education?	
 List all buildings and other improvements for sheet if necessary. Indicate whether leased 			
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL US	
			LEASE OWN
			LEASE OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

LEASE

LEASE

OWN

OWN



EF-	264-AH-R13-0522-29000048-2 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	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			

