	TY OF	NE.	Rolf D. Klein	hans	
-264-AH-R13-0522-29000263-1 BOE-264-AH (P1) REV. 13 (05-22)	OUT - O		Nevada Cour 950 Maidu Avenu	nty Assessor	
COLLEGE EXEMPTION CLAIM	*	20 45	P.O. Box 599002		
This claim is filed for fiscal year 20 2 (Example: a person filing a t imely claim in J and would enter "2011-2012.")		RAL	Nevada City, CA Telephone (530) Fax (530) 265-98 assessor@nevad	265-1232 358	
This claim must be filed by 5:00 p.m., Febru	uarv 15.				
CLAIMANT NAME AND MAILING ADDRESS	-	I	FOR ASSESSO	OR'S USE ONLY	1
(Make necessary corrections to the printed name a	nd mailing address) –	Received by			
			(Assess	sor's designee)	
		of	(co	unty or city)	
		on			
L	-	」 on		(date)	
If you no longer seek an exemption at this loca	ation, check here 🗌 Sign and re	eturn this form to th	ne Assessor. Da	ate vacated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				()	
CORFORATE NAME OF THE COLLEGE					
ADDRESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRI	PTION		DATE PROPER	TY WAS FIRST USE	D BY CLAIMANT
and claims exemption on all Land 2. Does the above institution qualify as a colle YES NO 3. Is the institution conducted as a non-profit end YES NO 4. Does the institution require for regular admit YES NO 5. Does the institution confer upon its graduate and sciences, or on a course of at least three veterinary medicine, pharmacy, architecture YES NO 6. Is the property for which the exemption is classed or other is not specified or other is nother is nother is not specified or other is	Owner only Operator o Buildings and improvements ge or seminary of learning under entity? sat least one academic or profess e years in professional studies, s e, fine arts, commerce, or journali laimed used exclusively for the	and/or and/or and/or the laws of the Si ear high school consional degree, bas such as law, theolo sm?	urse or its equiv ed on a course o ogy, education, r ation?	alent? of at least two year nedicine, dentistr	y, engineering,
7. List all buildings and other improvements fo sheet if necessary. Indicate whether leased	or owned. Please use a separa	ate claim form fo	r each Assess		
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDE	NTAL USE		
					OWN
					OWN
					OWN

HIS	DOCUMENT	S SUBJECT	TO PUBLIC	

□ LEASE □ OWN □ LEASE □ OWN



EF-	264-AH-R13-0522-29000263-2 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					

