	TT OF N	IEV I	Rolf D. Klein	hans			
F-264-AH-R13-0522-29000134-1 BOE-264-AH (P1) REV. 13 (05-22)				Nevada County Assessor			
COLLEGE EXEMPTION CLAIM		F F	P.O. Box 599002				
This claim is filed for fiscal year 20 2 (Example: a person filing a t imely claim in Jan would enter "2011-2012.")		F	Nevada City, CA Telephone (530) Fax (530) 265-98 Assessor@nevad	265-1232 58			
would enter 2011-2012.)		c	issessoi @nevau	acountyca.gov			
This claim must be filed by 5:00 p.m., Febr	uary 15.	F	OR ASSESSO	OR'S USE ONLY	1		
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name a 							
I	-	Received by	(Assess	sor's designee)			
		of	(20)	unty or city)			
			(200	any or eny)			
L	-	on		(date)			
If you no longer seek an exemption at this loca	ation, check here 🗌 Sign and re	turn this form to th	e Assessor. Da	ate vacated:			
NAME OF CLAIMANT							
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER		
CORPORATE NAME OF THE COLLEGE				()			
ADDRESS (Street, City, County, State, Zip Code)							
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCR	IPTION		DATE PROPER	TY WAS FIRST USE	D BY CLAIMANT		
1. Owner and operator: (check applicable box	res)						
	Owner only Operator or	nly					
and claims exemption on all 🛛 🗌 Land	Buildings and improvements	and/or	Personal prop	erty			
2. Does the above institution qualify as a colle	ege or seminary of learning under	the laws of the St	ate of California	1?			
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-ye	ar high school cou	rse or its equiv	alent?			
5. Does the institution confer upon its graduate	os at least one academic or profess	ional degree bas		of at least two year	re in liberal arte		
and sciences, or on a course of at least three veterinary medicine, pharmacy, architecture	ee years in professional studies, s	uch as law, theolo					
YES NO							
6. Is the property for which the exemption is c	laimed used exclusively for the p	ourposes of educa	tion?				
YES NO							
 List all buildings and other improvements for sheet if necessary. Indicate whether leased 							
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDE	NTAL USE				
					OWN		
					OWN		
					OWN		
					OWN		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

□ LEASE □ OWN

OWN

LEASE



EF-	-264-AH-R13-0522-29000134-2 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					

