CARSON CITY ASSESSOR'S OFFICE

201 N. Carson St., Ste 6, Carson City, NV 89701 Ph: (775) 887-2130 / Fax: (775) 887-2139

APPLICATION FOR PROPERTY TAX EXEMPTION

To be completed if requesting exemption from Real Property and/or Personal Property Taxes

THIS APPLICATION MUST BE COMPLETED AND AN OPINION LETTER MUST BE ISSUED BY THE CARSON CITY ASSESSOR'S OFFICE BEFORE YOUR REAL AND/OR PERSONAL PROPERTY CAN BE EXEMPTED. FAILURE TO FULLY ANSWER QUESTIONS OR SUPPLY COMPLETE COPIES OF THE REQUESTED DOCUMENTS COULD DELAY THE APPROVAL OF YOUR APPLICATION OR RESULT IN A DENIAL OF YOUR APPLICATION.

Filing deadline for *Real Property*: June 15 for the following fiscal year beginning July 1 (NRS 361.155).

Filing deadline for *Personal Property*: July 31 for the current fiscal year, or within 15 days in the case of a Statement of Business Equipment / Assets / Personal Property mailed to you after July 15 (NRS 361.265).

Please attach additional sheets whenever necessary to fully explain your answers. Please do not hesitate to contact the Assessor's Office should you have any questions regarding the application process.

			SECTION I					
1.	Name of organization:							
	Mailing address:							
	Contact name:			Title:				
	Phone:		e-mail:					
2.	Property address(es):							
	Real property:	APN		APN				
	Personal Property:	CB		CB				
a.	NRS, Table of Contents Purpose(s)			or at: www.leg.state.nv.us , Law Library, elated to each purpose:				
a.			Specific activities in	rated to each purpose.				
	Check all that apply							
	Religious NRS 361.125							
	Charitable NRS 361.140(1)(a)							
	Hospital NRS 361.140(1)(b)							
	Educational NI	Educational NRS 361.065, 361.096, or 361.157(2)c)						
	Other							
b.	If the organization has	more than one p	ourpose, state the prima	ary purpose:				

c.	Relig	ious only:	
	1)	How many families in your church?	
	2)	Number of members?	
	3)	How often does your church hold services?	
	4)	Name of church Clergyman?	
	5)	In what church has your Clergyman been ordained?	
	6)	Name of seminary/theological school Clergyman graduated from?	
	7)	Do you have functions in addition to those of a religious nature?yesno If yes: a) Describe functions:	
e.	Hosp	ital only:	
	1)	Do you provide indigent persons, without regard to race or color, medical care and attention without charge or cost?no If yes:	
		a) What kind of medical care is provided free of charge?	
f.	$All a_l$	pplicants:	
	1)	Are any portions of the buildings, furniture, equipment or land used by your organization, or	
		any natural person, association, organization, partnership or corporation, exclusively or in pe	
		for any purpose other than the purposes(s) specified in #3a & 3b?yes1	
		If yes:	
		a) Specific portion of property used:	
		b) Used by:	
		c) For purpose(s) of:	
		d) Term of occupancy:	
		e) Frequency of use:	
		f) Amount of donation, rent, or other valuable consideration received from occupant:	
	2)	Are any portions of the buildings, furniture, equipment or land leased, loaned or otherwise	
	,	made available to and used by your organization, or any natural person, association,	
		organization, partnership or corporation in connection with <i>a business of any kind?</i> no If yes:	
		a) Name of business:	
		b) Nature of business:	
		c) Is the business operated for profit?no	
		d) Specific portion of property used:	
		e) Term of occupancy:	
		f) Frequency of use:	
		g) Amount of donation, rent, or other valuable consideration received from occupant:	
	3)	Are any portions of the buildings, furniture, equipment or land leased, loaned or otherwise	
		made available to and used by your organization, or any natural person, association,	
		organization, partnership or corporation in connection with <i>a residence of any kind</i> other than	ın
		a parsonage used exclusively as a parsonage?yesno If yes:	
		a) Specific portion of property used:	
		b) Used by:	
		c) Type of residence:	
		d) Term of occupancy:	
		e) Frequency of use:f) Amount of donation, rent, or other valuable consideration received from occupant:	
		f) Amount of donation, rent, or other valuable consideration received from occupant:	

4.	Funds derived from:	Grants	%	
		Fees charged to the general public	%	
		Donations from the general public	%	
		Fees charged to governmental entities	%	
		Donations from governmental entities	%	
		Fees charged to officers of the corporation	%	
		Donations from officers of the corporation	%	
		Fees charged to trustees of the corporation	%	
		Donations from trustees of the corporation	%	
		Other, specify:	%	
		TOTAL	100%	
	Funds used for: Comp	ensation of private parties for necessary services rendered	%	
		ensation of officers, directors and trustees	%	
	Divide			
	Other	salaries and wages		
		al purpose of charity	_%	
		specify	_%	
	3	TOTAL	100%	
	(Thi	s area must correspond with your financial statement.)	10070	
5.	Is the organization inco	ornorated?	yes	no
٥.	•	CURRENT ARTICLES OF INCORPORATION	yes	110
	(Note: If a dissolution	n provision is not included in the articles, also attach a how assets would be distributed if the organization dis		
6.	ATTACH COPY OF	s the organization applied for incorporation? <u>APPLICATION</u> <u>FARTICLES OF ORGANIZATION</u>	yes	no
7.		rently exempt from Federal income tax? IRS EXEMPTION LETTER OR RULING	yes	no
8.		uired to file annual returns with the IRS? LAST FISCAL YEAR RETURN	yes	no
9.	Income Tax Return) for	le an IRS Form 990-T (Exempt Organization Business or the last fiscal year? LAST FISCAL YEAR FORM 990-T	yes	nc
10.	Is the organization und ATTACH COPY OF	er the supervision of any public regulatory body? AUTHORIZATION	yes	no
11.	with the organization's	been granted a use permit at the property in accordance purposes and projects? DOCUMENTATION	yes	no
12.	Do you rent/lease your ATTACH COPY OF	present location? RENTAL OR LEASE AGREEMENT	yes	no
13.	aiomifiaan aa	ments you rely upon in support of your claim for exemption	n and explain th	ıeir

NOTARY PUBLIC or ASSESSOR

- STOP -

if you are requesting exemption from Personal Property taxes ONLY

- CONTINUE -

on page 5 if you are requesting exemption from Real Property taxes

SECTION II

(To be completed if requesting exemption from Real Property taxes)

1)	to a, b, or c: Indicate which question and give full details:
	mulcate which question and give run details.
	property acquired within the last three (3) years?yesno If yes, answer b throw of acquisition:
	document number:
	recording date:
Was 1	the property acquired from anyone who has or had any interest in the owning organization
(e.g.,	officer, director, employee member, etc.)?yesno If yes, answer b throu
Relat	ionship:
Circu	mstances of sale:
D11#0h	nasa nrica:
Term Is the	s of sale: no If yes, answer b
Term Is the Does	asse price: s of sale: property mortgaged? yes no fyes, answer b the holder of the mortgage presently have (or formerly had) any interest in the owning
Term Is the Does	asse price: so f sale: no If yes, answer b the holder of the mortgage presently have (or formerly had) any interest in the owning hization? yes no If yes, answer (1) through (7)
Term Is the Does organ	asse price: s of sale: property mortgaged? yes no fyes, answer b the holder of the mortgage presently have (or formerly had) any interest in the owning
Term Is the Does organ 1)	nase price: s of sale: no
Term Is the Does organ 1) 2)	nase price: s of sale: no
Term Is the Does organ 1) 2)	nase price: s of sale: property mortgaged? yes no If yes, answer b the holder of the mortgage presently have (or formerly had) any interest in the owning nization? yes no If yes, answer (1) through (7) Relationship: Details of the mortgage(s): Original principal amount: Principal currently outstanding:
Term Is the Does organ 1) 2) 3)	nase price: s of sale: no
Term Is the Does organ 1) 2) 3) 4) 5)	nase price: s of sale: no
Term Is the Does organ 1) 2) 3) 4) 5) 6)	nase price: so f sale: no fyes no fyes, answer b the holder of the mortgage presently have (or formerly had) any interest in the owning nization? yes no ff yes, answer (1) through (7) Relationship: Details of the mortgage(s): Original principal amount: Principal currently outstanding: Interest rate: Original term of mortgage:
Term Is the Does organ 1) 2) 3) 4) 5) 6) 7) Does	nase price: yes no fyes, answer b the holder of the mortgage presently have (or formerly had) any interest in the owning hization? yes no If yes, answer (1) through (7) Relationship: Details of the mortgage(s): Original principal amount: Principal currently outstanding: Interest rate: Original term of mortgage: Term remaining:
Is the Does organ 1) 2) 3) 4) 5) 6) 7) Does If yes	ase price: yes no fyes, answer b the holder of the mortgage presently have (or formerly had) any interest in the owning hization? yes no If yes, answer (1) through (7) Relationship: Details of the mortgage(s): Original principal amount: Principal currently outstanding: Interest rate: Original term of mortgage: Term remaining: any person or organization have a reversionary interest in the property? yes remaining: and remaining: remaining: yes remaining: remaining: yes remaining:
Is the Does organ 1) 2) 3) 4) 5) 6) 7) Does If yes Name	ase price: s of sale: property mortgaged? yes no If yes, answer b the holder of the mortgage presently have (or formerly had) any interest in the owning nization? yes no If yes, answer (1) through (7) Relationship: Details of the mortgage(s): Original principal amount: Principal currently outstanding: Interest rate: Original term of mortgage: Term remaining: any person or organization have a reversionary interest in the property? yes remaining to through d

HOSPITAL: Answer 7 through 10. If not a hospital skip to 11.

7a.	Are the premises or any portion thereof leased or otherwise occupied as professional offices?
,	yes no If yes, answer b through d
b.	Professional offices are leased or otherwise occupied by (check all that apply):
	Members of the staff, e.g., doctors
	Professionals not on the staff of the hospital
c.	If leased to members of the staff, the offices are used (check all that apply):
	Solely for hospital-related matters
	For the private practice of the staff members
d.	If <u>not</u> used <u>solely</u> for direct hospital-related matters:
	1) What percentage of time and space are the offices used for direct hospital-related purposes?
	What percentage of time and space are the offices used for the private practice of the staff members?%
8.	What type of medical care is provided free of charge?
9a.	Is the property or any portion thereof occupied by persons or organizations other than the applicant or as professional offices as stated in No. 7 above?
b.	Name of occupant(s):
c.	Use by occupant(s):
d.	Specific portion of property so occupied:
e.	Term(s) of occupancy (e.g., one-year lease, month-to-month tenancy):
f.	Amount of rental paid by occupant(s):
10a. b.	Is the property or any portion thereof <u>occasionally</u> used by persons or organization other than the the applicant or as professional offices as stated in No. 7 above?yesno <i>If yes, answer b-e</i> Use:
c.	Specific portion of property used:
d.	Frequency of use:
e.	Fee charged or contributions received for use:
11a.	Are there any buildings or other improvements on the property?
	yes If yes, skip to question 12
	no If no, answer b through f and skip questions 12 and 13
b.	Use or uses of property if not described in Question 6a:
c.	Are buildings or other improvements contemplated on this unimproved land?yesno If yes, give full details including proposed use(s):
d.	Do the minutes of the organization contain a resolution(s) authorizing contemplated building or other
	improvement?no
	ATTACH COPY OF THE RESOLUTION(S)
e.	State detailed financial resources for contemplated buildings or other improvement (include
	information on building fund):

f.	When will construction begin?									
12a.	Describe (briefly) the building(s) or other improvement(s):									
b. c.										
d.	d. Are additional buildings or other improvements contemplated on the unimproved portions of the land?yesno 1) If yes, give full details including proposed use(s):									
e.	Do the minutes of the organization contain a resolution authorizing contemplated buildings or other improvements upon the unimproved portions of land?yesno ATTACH COPY OF THE RESOLUTION(S)									
f.	State financial resources for contemplated buildings or other improvements (include information on building fund):									
g.	When will construction begin?									
13a.	Are there any unoccupied buildings or other improvements on the property?									
	VERIFICATION - SECTION II									
STATI	E OF NEVADA)									
	TY OF									
	, being duly sworn under penalty of perjury, says: that he/she is of the applicant organization, that the statements contained in this application									
	ling the attached sheets consisting of pages) are true, correct and complete, to the best of his/her									
	edge and belief and he/she makes this application for real property and/or personal property tax									
	tion as provided by law.									
1	Signature									
	Print name									
	Date signed									
Subscr	ibed and sworn to before me									
This _	day of									
NOTA	RY PUBLIC or ASSESSOR									

DO NOT COMPLETE SECTION III UNLESS SPECIFICALLY REQUESTED TO DO SO BY THE ASSESSOR'S OFFICE.

The Assessor's Office reserves the right to request a Financial Declaration if the Assessor believes that this information is necessary to form an opinion regarding your tax exempt status.

PLEASE KEEP THIS SECTION FOR POSSIBLE FUTURE USE.

APPLICATION FOR PROPERTY TAX EXEMPTION SECTION III

If you are requested to provide the following information this section must be completed by a Certified

Public Accountant.

1a.	NAME OF ORGANIZATION	_						
1b.	MAILING ADDRESS	_						
1c.	NAME AND PHONE NO. OF PERSON TO BE CONTACTED							
2a.	Statement of receipts and expenditures for the fiscal year ending,							
	RECEIPTS							
	(1) Gross dues and assessments of members (2) Gross contributions, gifts, etc* (3) Gross amounts derived from activities related to organization's exempt purpose (attach schedule) Less cost of sales (attach schedule) (4) Gross amounts from unrelated business activities (attach schedule) Less cost of sales (attach schedule) (5) Gross amounts received from sale of assets, excluding inventory item (attach schedule) Less cost of other basis and sales expense of assets sold (attach schedule)							
	(6) Interest, dividends, rents and royalties (7) Other receipts (attach schedule) (8) Total receipts ———————————————————————————————————							

EXPENDITURES

EAPENDITURES		
(9) Fund raising expenses		
(10) Contributions, gifts, grants and similar amounts paid	1	
(attach schedule)		
(11) Disbursements to or for the benefit of members (atta	ach schedule)	
(12) Compensation of officers, directors and trustees		
(13) Other salaries and wages		
(14) Interest		
(15) Rent		
(16) Depreciation and depletion(17) Other expenditures (attach schedule)		
(18) Total expenditures		
(10) Total expenditures		·
(19) Excess of receipts over expenditures (line 8 less li	ine 18)	
*If the organization received any unusual grants during the year, a and amount of the grant, and a brief description of the nature of the		of the contributor, the da
Oh Chatanant of anota and linkilities fought lost final and		
2b. Statement of assets and liabilities for the last fiscal year	BEGINNING DATE	ENDING DATE
	<u>DEGITATIVO DATID</u>	ENDING DATE
ASSETS	(Enter	dates)
	·	,
(1) Cash (a) interest bearing accounts		
(b) other		
(2) Account receivable, net		
(3) Inventories		
(4) Bonds and notes (attach schedule)		
(5) Corporate stocks (attach schedule)		
(6) Mortgage loans (attach schedule)		
(7) Other investments (attach schedule)(8) Depreciable and depletable assets		
(attach schedule)		
(9) Land		
(10) Other assets (attach schedule)		
(11) Total assets		
LIABILITIES		
(12) Accounts payable		
(13) Contributions, gifts, grants, etc payable		
(14) Mortgages and notes payable (attach schedule)		
(15) Other liabilities (attach schedule)		
(16) Total liabilities		
FUND BALANCE OR NET WORTH		
(17) Total fund balance or net worth		
(18) Total liabilities and fund balance or net		
worth (line 16 plus line 17)		

	e been any substantial chan e period ended, as shown or		organization's financial a yesno	ctivities
	IF YES,	ATTACH A DETAIL	LED EXPLANATION.	
3a. Officers, dire	ctors and trustees:			
Name & Title	Time Devoted to Position	Compensation (annual)	Contribution to Employee Benefit Plans (annual)	Expense Account and Other Allowances (annual)
3b. Five highest p	paid full-time employees (o	ther than officers, direc	etors and trustees):	
Name, Title & Address	Time Devoted to Position	Compensation (annual)	Contribution to Employee Benefit Plans (annual)	Expense Account and Other Allowances (annual)
3c. Five highest p	paid part-time employees (o	other than officers, direc	ctors and trustees):	
Name, Title & Address	Time Devoted to Position	Compensation (annual)	Contribution to Employee Benefit Plans (annual)	Expense Account and Other Allowances (annual)

3d. Five highest paid persons for professional services (nonemployees):
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Name, Title & Address	Time Devoted to Position	Compensations (annual)	Contribution to Employee Benefit Plans (annual)	Expense Account and Other Allowances (annual)

4.	followin	ng acts v cson is a	fiscal year, did the vith a trustee, dire ffiliated: xchange or leasin	ctor, p	rincipal office		r of the o		th which	
	a. b.		ig of money or oth			it?		yes yes		
	c.	Furnish	hing of goods, ser	vices o	or facilities?		_	yes		
	d.	Transf	er of any part of the	ne orga	anization's inc	ome or ass	sets? _	yes	no	
STAT	E OF NE	VADA	_	VERI	<u>FICATION</u>	- SECTIO	ON III			
COUN					eing duly swo	orn under	penalty	of perjury, sa	sys: that he/she is	
the									this application	
(inclu	ding the a	ttached	sheets consisting	g of _	pages) :	are true, c	orrect a	nd complete,	to the best of his/h	er
knowl	edge and	belief a	and he/she make	s this	application f	or real pro	perty ar	nd/or persona	l property tax	
exemp	tion as pr	ovided	by law.							
			Signature							
			Print name							
			Date signed _							
Subsc	ribed and	sworn	to before me							
This _	da	y of		,	•					

NOTARY PUBLIC or ASSESSOR