EF-268-B-R11-0522-34000141-1

BOE-268-B (P1) REV. 11 (05-22)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.

This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 would enter	
"2011-2012.")	
NAME AND MAILING ADDRESS	
(Make necessary corrections to the printed name and mailing address)	
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CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

A claimant must complete and file this form with the Assessor by February 15.

NAME OF PERSON M	AKING CLAIM	TITLE			
NAME AND ADDRESS	OF OWNER OF LAND AND BUILDINGS (if different from above)				
NAME OF INSTITUTION	DN .				
MAILING ADDRESS O	F INSTITUTION (CITY, STATE, ZIP CODE)				
ADDRESS OF PROPE	RTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER			
CITY, COUNTY, ZIP CO	DDE	LEASE TERMINATION DATE			
DAYS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION				
Check the type	of qualifying exclusive use of the property. If filing for the first time, attach a c	opy of the lease or agreement.			
LIBRARY	MUSEUM				
1. Yes No	Is admittance to the library or museum free? If no, please explain:				
2.	If a library, is there a user charge for the use of books, periodicals, or facilitie	s?			
3.	3. *Yes No If a museum, is there a charge for viewing the museum contents?				
	*If yes , and a BOE-267, <i>Claim for Welfare Exemption</i> , has not been filed for the property, please contact the Assessor Office immediately. The deadline for timely filing a Claim for Welfare Exemption is February 15 each year. Where there is user charge, a <i>Claim for Welfare Exemption</i> may be allowed if both the organization and the use of the property meet all the requirements for the exemption.				
4. Yes No	I. Yes No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business taxab income as defined in section 512 of the Internal Revenue Code?				
	If yes , a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this clair Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's growing income will be levied.				
5. Yes No	Is any of the owned property used for sales or business purposes other than	a bookstore? If yes, please explain:			
6. Yes No Is any equipment or other property at this location being leased or rented from someone else?					
	If yes , list in the remarks section the name and address of the owner and the type, make, model, and serial number of the property. "Exclusive use" is not required for this exemption, the lessee's possession is sufficient evidence of use.				
	The benefit of a property tax exemption must inure to the lessee institution; of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation C				

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



BOE-268-B (P2) REV. 11 (05-22)

7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, if	it is
not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim	

PROPERTY DESCRIPTION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED
Land: (Legal description or map book, page and parcel numbe from most recent tax statement)	
Area: (Acres or square feet)	Incidental use:
	Primary use:
Bldg. No. No. of No. of Type of or Name Floors Rooms Construction	
	Incidental use:
Personal Property: Describe - include cost and acquisition da applicable. (Attach a separate sheet if necessary.)	tes if Primary use:
	Incidental use:
REMARKS	

Whom should we contact during normal business hours for additional information?

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 p including any accompanying st	erjury under the laws of the State of California that the foregoing and atements or documents, is true, correct, and complete to the best of	d all information contained herein, my knowledge and belief.			

NAME OF PERSON MAKING CLAIM TITLE SIGNATURE OF PERSON MAKING CLAIM DATE

