EF-268-B-R11-0522-36000287-1 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.

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## Josie Gonzales Assessor-Recorder-County Clerk

San Bernardino County 222 W. Hospitality Lane, 4th Floor San Bernardino, CA 92415-0311 arc.sbcounty.gov 909-387-8307 or 1-877-885-7654

This claim is filed for fiscal year 20_	20
(Example: a person filing a timely claim in J	anuary 2011 would ente
"2011 2012 "\	

"2011-2012.")

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address)

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

L	٦				
If you no longer see	ek an exemption at this location, check here   Sign and return this form to the	ne Assessor. Date vacated:			
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 C	F INSTITUTION (CITY, STATE, ZIP CODE)				
ADDRESS OF PROPE	ERTY (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	e of qualifying exclusive use of the property. If filing for the first time, attach a	copy of the lease or agreement.			
LIBRARY					
1. Yes No	Is admittance to the library or museum free? If no, please explain:				
2 □ *Ves □ No	If a library, is there a user charge for the use of books, periodicals, or facilities	2007			
	If a museum, is there a charge for viewing the museum contents?				
*If <b>yes</b> , 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	Yes No Is the property, or a portion thereof, for which the exemption is claimed a bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code?				
	If <b>yes</b> , 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.				
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	m someone else?			
If <b>yes</b> , 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; the lessee may be entitled to claim a refund of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation Code.					

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



:68-в-R11-0522: ВОЕ-268-В (Р2) REV		2		
7. List only proper	ty that is own		operty may also be exemp exemption on the Lessors	t if listed under the remarks section below. If leased property is listed, it 'Exemption Claim.
<u> </u>		RTY DESCRIPT		STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED
Land: (Legal description or map book, page and parcel number from most recent tax statement)  Area: (Acres or square feet)		ge and parcel number	Primary use:	
			Incidental use:	
Buildings and I	Improvements	S		Primary use:
Bldg. No. or Name	No. of Floors	No. of Rooms	Type of Construction	
				Incidental use:
				Delineary
Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.)			Primary use:	
				Incidental use:
REMARKS				
	Whon	n should we	contact during normal	business hours for additional information?
NAME			-	TITLE
DAYTIME TELEPHONE	<u> </u>	EMA	IL ADDRESS	
<u>'</u>			CEDTI	FICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

NAME OF PERSON MAKING CLAIM	TITLE
SIGNATURE OF PERSON MAKING CLAIM	DATE
<b>&gt;</b>	

