State Tax Form 3ABC
Revised 11/2010

The Commonwealth of Massachusetts
SEEKONK
Name of City or Town

Assessors' Use only
Date Received

FISCAL YEAR 2017 RETURN OF PROPERTY HELD FOR CHARITABLE PURPOSES

General Laws Chapter 59, § 5 Clauses 3(b), 5, 5A, 5B and 5C and Chapter 59, § 29

PERSONAL PROPERTY SCHEDULES NOT OPEN TO PUBLIC INSPECTION
(See General Laws Chapter 59, § 32)

Return to: Board of Assessors
Must be filed by March 1 unless an extension is granted by the board of assessors

INSTRUCTIONS: COMPLETE BOTH SIDES OF RETURN. Please print or type.

A. GENERAL INFORMATION.

WHO MUST FILE. This property return (State Tax Form 3ABC) must be filed each year by all charitable, benevolent, educational, literary, temperance or scientific organizations and trusts owning real or personal property on January 1 in order to receive a local tax exemption on that property under G.L. c. 59, § 5 Clause 3 for the fiscal year that begins the next July 1. Veteran organizations seeking exemption of real or personal property under G.L. c. 59, § 5 Clauses 5, 5A, 5B or 5C must also file this return.

WHEN AND WHERE RETURNS MUST BE FILED. A separate return must be filed on or before March 1 with the board of assessors of each city or town in which the organization owns real or personal property. A return is filed when received by the assessors.

FILING EXTENSION. The board of assessors may extend the filing deadline if the organization makes a written request and can show a sufficient reason for not filing on time. The latest the filing deadline can be extended is the last day for applying for abatement of the tax for the fiscal year to which the filing relates.

PENALTY FOR NOT FILING, FILING LATE OR FILING INCOMPLETE RETURN. If the organization does not file a timely and complete return, it is not exempt from taxation for the year. **To be a complete, a true copy of the organization's most recent annual report to the Public Charities Division of the Office of the Attorney General (Form PC) must be attached unless the organization is a religious, fraternal or veteran organization not required to file Form PC.** These filing requirements cannot be waived by the assessors for any reason.

USE OF AND ACCESS TO RETURN. The information in the return is used by the board of assessors to determine the taxable or exempt status of the organization's property. The organization may also be required to provide the assessors with additional information to support its claim of exemption, including applications for the first year exempt status is claimed for (1) any property and (2) any real estate parcel not previously exempt. **Personal property information listed in Schedule C is not available to the public for inspection under the state public records law. It is available only to the assessors and the Massachusetts Department of Revenue for purposes of administering the tax laws.**

B. IDENTIFICATION. Complete this section fully.

Name of Organization:

Year established:

Mailing Address:

No. Street City/Town Zip Code

Phone Number: ( ) _____
Area Code No.

E-Mail Address:

Contact Person:

Name Title Telephone No. (Day)

Summary of your organization's primary mission, function or purpose:

Have there been any changes in your organization's articles of incorporation, charter or by-laws since the last filing of this return?
Yes ☐ No ☐ *If yes, please attach amendments.*

Are any changes in your organization's primary mission, function or purposes planned or anticipated in the future?
Yes ☐ No ☐ *If yes, please explain.*

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

C. FINANCIAL STATEMENT. Provide statement of your organization's total income and assets for prior calendar year (or your most recent fiscal year before January 1) in the schedule below. Documentation may be requested to substantiate the statement.

FOR CALENDAR/FISCAL YEAR ENDING ON _____

TOTAL INCOME		TOTAL ASSETS (Fair Cash Value)	
Unrelated Business Income Received	$	Real Estate	$
Other Income Received	$	Tangible Personal Property *(e.g. books, furniture, equipment, collections, etc.)*	$
		Other	$
Total Income Received	$ 0	**Total Assets**	$ 0

Explain source(s) of any unrelated business inc ome shown in schedule. _____

D. REAL ESTATE. List all real estate owned by your organization on January 1 and located within the city or town in the schedule below and answer the questions that follow. An inspection or documentation may be requested to verify use.

Street Address	Assessors' Parcel No. (If Known)	Fair Cash Value (Estimated)	How is the Property Used by Your Organization?	What Other Organizations or Individuals Use the Property?	How is the Property Used by Others?

Continue list on attachment in same format as necessary.

Did your organization record a deed or other document relating to real estate with the Registry of Deeds within the last year?
Yes ☐ No ☐ *If yes, please provide details of transaction and a copy of the recorded document.*

Does your organization anticipate selling, leasing or disposing of any of the real property listed in the schedule, or buying or receiving any other real property within the next eighteen months? Yes ☐ No ☐ *If yes, please explain.*

E. REGISTERED MOTOR VEHICLES. List all motor vehicles registered in Massachusetts owned by or leased to your organization and garaged in the city or town on January 1 in the schedule below. Attach copies of all leasing agreements.

Registered Owner	Year	Make	Model	Registration Number

Continue list on attachment in same format as necessary.

F. PUBLIC CHARITIES REPORT (Form PC). Attach copy of your organization's report to return. (Does not apply to religious, fraternal or veteran organizations not required to file report).

Is a true copy of your organization's most recent annual report to the Public Charities Division of the Office of the Attorney General (Form PC, including Federal Form 990) attached to this return? Yes ☐ No ☐ *If no, please explain why not.*

G. SIGNATURE. Sign here to complete the return.

This return, prepared or examined by me, includes all real and personal property owned or held on January 1,_____by the organization submitting this return. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this return and all accompanying documents and statements are true, correct and complete.

Signature | Title of Officer | Date