

**20 16 CLAIM FOR WELFARE  
EXEMPTION (ANNUAL FILING)**

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.

Organization Name and Mailing Address: (Make necessary corrections in ink to the printed name and address.)



Kathleen Kelleher  
Sacramento County Assessor  
Exemptions Section  
3701 Power Inn Road, Suite 3000  
Sacramento, CA 95826-4329  
(916) 875-0720  
www.assessor.saccounty.net

005-0221-008-0000-0000 RPO

99.6/89.1

FREMONT PRESBYTERIAN CHURCH

39

5770 CARLSON DR

5770 CARLSON DR

SACRAMENTO CA 95819

2016 00594 001

This organization ☐ owns ☐ rents/leases this location:

Last year your organization received the Welfare Exemption for all or part of the property listed above. To continue receiving the exemption for this location, you must complete, sign and return this claim form to the Assessor. A separate claim form is required for each location. If you wish to receive the exemption on property at locations for which you have not received or filed a claim form, contact the Assessor immediately.

If you no longer seek an exemption at this location, check here ☐, sign and return this form to the Assessor.

Additionally, if your organization is dissolved and therefore no longer needs an Organizational Clearance Certificate, check here ☐

Check, if changed within the last year: ☐ Mailing Address ☐ Corporate Name

Does your organization have a valid Organizational Clearance Certificate (OCC) issued by the State Board of Equalization? ☒ Yes ☐ No

If yes, enter OCC No. 5207 and date issued 12/11/2003

Have you amended the organization's formative documents (i.e., articles of incorporation, constitution, trust instrument, articles of organization) since last year? ☐ Yes ☐ No If yes, please mail an endorsed copy of the amendment to the State Board of Equalization, County-Assessed Properties Division, P.O. Box 942879, Sacramento, CA 94279-0064. Please include your OCC number. (NOTE TO ASSESSOR STAFF: If the organization is dissolved or the formative documents were amended, please forward a copy of this page to the Board of Equalization.)

The Assessor may ask for additional information. If you do not provide such information, it will result in denial of your claim for exemption. Carefully read the information on the reverse side before completing. All questions must be answered. IF THE ANSWER TO ANY QUESTION IS "YES," EXPLAIN IN "REMARKS" OR ON AN ATTACHMENT. Contact the Assessor immediately if special forms are needed to complete this application.

- YES NO Since January 1, last year:
- ☐ ☒ 1. Has the use on any portion of the property that received an exemption last year changed?
  - ☐ ☒ 2. Is any portion of this property being used for exempt purposes that was not being used in that manner last year?
  - ☐ ☒ 3. Is any portion of this property vacant or unused? If yes, since (date) \_\_\_\_\_ Area (sq.ft.) \_\_\_\_\_
  - ☒ ☐ 4. Is any portion of this property used as a retail outlet or for other fundraising purposes? (Note: Thrift stores which are part of a planned, formal rehabilitation program may be exempt if BOE-267-R is filed with this claim.)
  - ☐ ☒ 5. Is any portion of the property used for living quarters (other than low-income housing or housing for the elderly or handicapped listed under questions 6 or 7)? If yes, and you claim exemption for this portion, submit documentation including the occupant's position or role in the organization including a statement indicating that the housing continues to be used for organization's exempt purpose (see Housing on reverse) or, if living quarters associated with a rehabilitation program, submit BOE-267-R.
  - ☐ ☒ 6. Is this property used as low-income housing? If yes, and the property is owned by a nonprofit organization or eligible limited liability company, BOE-267-L must be submitted. If yes and the property is owned by a limited partnership, BOE-267-L1 must be submitted.
  - ☐ ☒ 7. Is this property used as a facility for the elderly or handicapped? If yes, BOE-267-H must be submitted unless care or services are provided or the property is financed by the federal government under sections 202, 231, 236, or 811 of the Federal Public Laws.
  - ☒ ☐ 8. Do other persons or organizations use any of this property? If yes, please provide a list including the name of user, frequency of use and square footage used. (See Owner/Operator on reverse.)
  - ☐ ☒ 9. Did this or any portion of this property generate taxable "unrelated business taxable income," as defined in section 512 of the Internal Revenue Code? If yes, see "Unrelated Income" on the reverse.
  - ☐ ☒ 10. Have the organization's income and/or expenses increased by more than 25 percent since last year? If yes, attach a copy of your most recent and the prior year's complete financial statements along with an explanation of increase.
  - ☒ ☐ 11. Is there any equipment or property at this location that is leased or rented to the claimant? If yes, provide the owner's name and address and a description of the property. This property is taxable as it is not owned by the claimant.

REMARKS (attach separate sheet if necessary) (d) Bookstore & coffee bar sales to members and facility users.

(b)(11) see attached documentation.

NAME OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION (please print)

JOHN WALDEN

DAYTIME TELEPHONE

(916) 452-7132

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 CLAIMANT

John K. Walden

TITLE

Business Manager

DATE

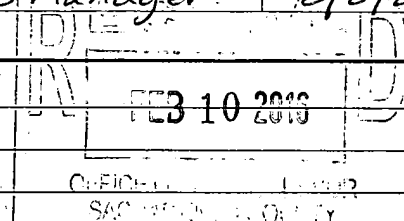
2/8/2016

EMAIL ADDRESS

john@fremontpres.org

ASSESSOR'S USE ONLY

Approved: ☐ ALL ☐ PART ☐ Denied Reason(s) for Denial:



THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

Regarding question 8:

Classical Conversations of Sacramento  
c/o Chrissie Love, Director  
8019 Stutz Court  
Sacramento, CA 95828

One time per week for 30-33 weeks per year. Holding of classes by home schooled group.

Two Moms Catering  
5013 61<sup>st</sup> Street  
Sacramento, CA 95820

Kitchen rental

Occasional use: as needed and available, average 2 hours per week

Prefer-A-Chef  
1916 44<sup>th</sup> Street  
Sacramento, CA 95819

Kitchen rental

Occasional use: as needed and available, less than 2 hours per week

1,470 sq. ft.

Regarding question 11:

Caltronics, BizHub copier lease

Leased through:

EverBank  
Denver, Colorado

# Sacramento County's Online Property Tax Bill Information System

[Tax Home Page](#)

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[Payment History](#)

[Online Payment](#)

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Parcel Number 005-0221-008-0000

Address 5770 CARLSON DR, SACRAMENTO, CA 95819

Today's Date 06/05/2020

Effective Date of Ownership 03/01/1965

Tax Rate [03-043](#)

\*The paid date listed on this screen are the dates the payment posted to the property tax bill. This may not be the exact date your payment was made to the County.

Bill Year	Tax Bill / Default Number	Bill Type	Pay By Date	Amount	Paid Date	Bill Image
2019-2020	19271782	ANNUAL	04/10/2020	\$2,422.78	03/31/2020	<a href="#">View Bill Image</a>
2019-2020	19271782	ANNUAL	12/10/2019	\$2,422.78	10/30/2019	<a href="#">View Bill Image</a>
2018-2019	18514774	ADDITIONAL	04/10/2019	\$2,389.49	03/22/2019	<a href="#">View Bill Image</a>
2018-2019	18514774	ADDITIONAL	02/28/2019	\$2,389.49	01/23/2019	<a href="#">View Bill Image</a>
2017-2018	17264761	ANNUAL	04/10/2018	\$8,049.49	04/10/2018	<a href="#">View Bill Image</a>
2017-2018	17264761	ANNUAL	12/10/2017	\$8,049.49	12/10/2017	<a href="#">View Bill Image</a>
2016-2017	16525018	ADDITIONAL	05/31/2017	\$15,110.94	04/30/2017	<a href="#">View Bill Image</a>
2015-2016	15508655	ADDITIONAL	04/10/2016	\$2,988.38	04/10/2016	<a href="#">View Bill Image</a>
2015-2016	15508655	ADDITIONAL	02/29/2016	\$2,988.39	01/29/2016	<a href="#">View Bill Image</a>
2014-2015	14251107	ANNUAL	04/10/2015	\$2,953.33	03/31/2015	<a href="#">View Bill Image</a>
2014-2015	14251107	ANNUAL	12/10/2014	\$3,248.66	12/30/2014	<a href="#">View Bill Image</a>
2013-2014	13253650	ANNUAL	04/10/2014	\$1,873.36	03/31/2014	<a href="#">View Bill Image</a>
2013-2014	13253650	ANNUAL	12/10/2013	\$1,873.36	11/30/2013	<a href="#">View Bill Image</a>
2012-2013	12254702	ANNUAL	04/10/2013	\$1,868.15	03/29/2013	<a href="#">View Bill Image</a>
2012-2013	12254702	ANNUAL	12/10/2012	\$1,868.15	12/10/2012	<a href="#">View Bill Image</a>
2011-2012	11257786	ANNUAL	04/10/2012	\$1,863.14	03/20/2012	<a href="#">View Bill Image</a>
2011-2012	11257786	ANNUAL	12/10/2011	\$1,863.14	12/10/2011	<a href="#">View Bill Image</a>
2010-2011	10494161	ADDITIONAL	04/10/2011	\$1,858.37	03/29/2011	<a href="#">View Bill Image</a>
2010-2011	10494161	ADDITIONAL	12/31/2010	\$1,858.37	12/10/2010	<a href="#">View Bill Image</a>

DATE: 06-16-20 ALL VALUES INQUIRY

TAXP42 TA42 TIME: 07:07:23

REQUEST COMPLETE

PARCEL NBR: 005 - 0221 - 008 - 0000 ASSMT YR: 16 - 17

ID 01 02 03 04

REASON 000 098

BILL TYPE SECURED SECURED

ASSESS TYPE MAIN ROLL TAX CHANGE

TAX STATUS 21 22

REC DT/PG 20100414-0829 20100414-0829

VALUE DT 05-08-15 05-08-15

ASSESS NBR 160007609 162100827

SUPP NOT DT 00-00-00 00-00-00

TAX ROLL YR 16 - 17 16 - 17

LAND 265708 265708

IMPS PROP 8961084 8961084

FIXT 0 0

PER PROP 0 0

HEX 0 0

OTHER 0 8248971

BILLED 109297.68 15110.94

BILL NBR 16254863 16525018

BRANCH ID: RECORD ID: ASSESSMENT YR:

PARCEL NUMBER: - - - TAX BILL NBR:

ASSESS NUMBER: TAX ROLL YR: