

COUNTY OF SAN MATEO Inter-Departmental Correspondence

County Counsel

DATE: February 6, 2006

BOARD MEETING DATE: February 28, 2006

SPECIAL NOTICE/HEARING: None VOTE REQUIRED: Majority

TO: Honorable Board of Supervisors

FROM: County Counsel

SUBJECT: Correction of Property Tax Roll, APN 094-471-090

800 Foster City Boulevard, Foster City

Northern Peninsula Jewish Campus Lessee - Welfare Exemption

RECOMMENDATION:

Approve corrections to the 2004 Supplemental and 2005 regular property tax rolls, and the refund of taxes paid, to correct for the application of the welfare exemption related to APN 094-471-090, located at 800 Foster City Boulevard, Foster City (the "Property").

VISION ALIGNMENT:

Commitment: responsive, effective, and collaborative government.

Goal 20: Government decisions are based on careful consideration of future impact, rather than temporary relief or immediate gain.

The implementation of this recommendation will further commitments and assist in achieving goals set forth in the County's <u>Shared Vision 2010</u> report. Specifically, this proposal implements the commitment of providing "responsive, effective and collaborative government."

BACKGROUND:

North Peninsula Jewish Campus Lessee ("North Peninsula"), a California nonprofit public benefit corporation began leasing the Property from the City of Foster City on August 6, 2004. North Peninsula subleases the building to the Peninsula Jewish

Honorable Board of Supervisors Page 2 of 2

Community Center and the Ronald C. Wornick Jewish Day School. In February 2005, North Peninsula applied for welfare exemption pursuant to section 214 of the Revenue and Taxation Code. Peninsula Jewish Community Center and the Ronald C. Wornick Jewish Day School had already applied for and received welfare exemptions for this location and filed their annual 2005 welfare exemption claims.

DISCUSSION:

After review of North Peninsula's welfare claim, the Assessor has found that all requirements have been met and approval of the roll correction for the 2004 Supplemental and 2005 tax rolls is requested. The Request for Approval forms are attached for reference. The taxpayer has recently paid the first installment of the 2005 tax bill, so a refund of that payment is now appropriate.

FISCAL IMPACT:

The fiscal impact of this action is a \$330,948.58 decrease in the 2004 Supplemental roll, a \$398,658.16 decrease in the 2005 tax roll, and a refund of \$199,329.08 for the first installment of 2005 taxes that has been paid.

SUPPLEMENTAL ROLL									
ASSESSOR'S CHANGE - Decrease									
TO THE CONTROLL	LER:								
10 1112 0011110-	-LK.			Assessor's	s Change No. <u>04-755</u>				
BEOLIEST	TOD ADDDOVAL OF INC				and				
				TAXES FOR FISCAL YEAR	- 000 /				
☑ CORRECTION (1) ☐ CANCELLATIO		CANCELLATION	⊥ (2)	☐ REFUND (3)	,				
Ε	For approval of tax dollar	decreases less th	an \$10,000						
For County Counsel to approve decrease \$10,000-\$50,000									
Controller estimate of tax dollar decrease requested\$									
·	For County Counsel to pr	resent to Board of	f Supervisors n	equest for tax decrease over \$5	50.000				
		•							
1/ALLIATION &	Controller esumage	of tax dollar decre 37534900	ease requested	623 X 832 =	220,740,20				
NO REFUND	I REQUIRED	NO PI	AYMENT	T DONE.					
1. This is to certify, pu	ursuant to Section 4831	of the Revenue	and Taxation C	ode that Tax Roll change or cha	anges are requested as				
follows, reason for	•								
	CORRECTI	ON TO INS	TITUTIO	NAL EXEMPTION					
	waiver of penalty for late pay ER, OR UNSECURED ACCOUNT NUMB	·	r R & T Code, S	Sec. 4958 N Y					
		01	No Peninsula Campus Lessee						
• .	F UNSECURED ACCOUNT NUMBER AS	~-	2 ⁸⁰ OWNER OR DBA City of Foster City						
TAX CODE AREA		·	Attn Larry Schlenoff MAILING ADDRESS 4660 C. A. J. L. C. D. L. C. L. C.						
	20-013	1		1660 S. Amphlett Blvd Ste 128 San Mateo, CA 94402					
<u></u>		TITLIOED A	·	· · · · · · · · · · · · · · · · · · ·					
A STATE OF THE PROPERTY OF THE		CHANGED A	SSESSEL) VALUE					
From	New Base Years 5 Values 5	Prior S Amo		Tax Roll Values	New Supplemental Amt				
Land	3,758,003	0		0	3,758,003				
Improvement	33,776,897	0)	0	33,776,897				
Fixtures									
Personal Property									
		+							

Land	3,758,003	0		0	3,758,003	
Improvement	33,776,897	0		0	33,776,897	
Fixtures						
Personal Property						
Exemption #1						
Exemption #2						
Net Taxable Value	37,534,900	0		0	37,534,900	
To resident		far somers				
Land	3,758,003	0		0	3,758,003	
Improvement	33,776,897	0		0	33,776,897	
Fixtures						
Personal Property						
Exemption #1	37,534,900				37,534,900	
Exemption #2				· · · · · · · · · · · · · · · · · · ·	21,750 2,750	
Net Taxable Value	0	0		0	0	
2. APPROVED BY ASSESSOR'S OFFICE DATE 12/15/05 4. APPROVED BY COUNTY COUNSEL DATE 12/22/08			3. APPROVED BY CONTROLLER'S OFFICE 12//6/01 5. APPROVED BY BOARD OF SUPERVISOR DATE			
6. ACTION: Roll Changed Tax bill correct	cted and mailed		· · · · · · · · · · · · · · · · · · ·	DATE	INITIALS	
ALUATION	= \$37,534	,900 X	1.060	23 X 83%	= \$ 330, 948.5	
(1) Section 4831 (1) Section 4831.5	Assessor's errors Correction of errors caused by the assess	KiHIIIIAF	∡// (3) S	ection 5096 Refunds	ation of uncollected taxes spermissible ssment for calamity / misfortur	

SAN MATEO COUNTY ASSESSOR'S OFFICE REQUEST FOR APPROVAL OF DECREASE OF TAXES

No Peninsula Jewish Campus Lessee Page 1 of 1 Attn Cooley Godward Llp One Maritime Plaza 20th Fl No. 05-2449 San Francisco, CA 94111 **APN**: 094-471-090 VOL: 122 SITUS: 800 Foster City Blv Foster City TRA: 020013 The following Tax Roll Change(s) are requested, pursuant to section code 4831 of the Revenue and Taxation Code, due to: ASSESSOR ERROR - Correction To Institutional Exemption Year Land **Imps** Pers. Prop **Fixtures** Ex Cd Ex Amt **Net Value** 2005 From 3.758.003 33,776,897 0 0 37.534.900 3.758.003 33,776,897 0 WEL 37,534,900 To 0 Diff -37,534,900 0 0 0 0 37,534,900 Tax Dollar Decreases over Rate Valuation **Dollars** Est. Interest \$10,000 require County 1.0621 Counsel authorization Tax Dollar Decreases over Revised \$50,000 also require Board (+) (-) of Supervisors approval. **Net Decreases** Refund Required Y **ℤ**N If yes, Estimated Refund: Payable to: 12/5/05 Signature / Authorization Assessor Representative: Date: Date: **Deputy Controller:** 12/9/08 12/6/05 County Counsel: Date: **Board of Supervisors:** Date: **Action** Tax Refund Payable to: Roll Changed by: Tax bill corrected & mailed by Date: Date: