

# COUNTY OF SAN MATEO Inter-Departmental Correspondence

**County Counsel** 

**DATE:** April 3, 2006

**BOARD MEETING DATE:** April 18, 2006

SPECIAL NOTICE/HEARING: None

**VOTE REQUIRED:** Majority

TO:

Honorable Board of Supervisors

FROM:

**County Counsel** 

**SUBJECT:** 

Correction of Property Tax Roll, APN 008-084-370 and 008-084-460

1900 and 1850 Sullivan Avenue, Daly City

**Seton Medical Center** 

#### **RECOMMENDATION:**

Approve a correction to the 2003 and 2004 property tax rolls, and corresponding tax refunds to Seton Medical Center ("Seton"), to correct for welfare exemptions related to APN 008-084-370 and 008-084-460, located on Sullivan Avenue in Daly City (the "Properties").

#### **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:**

APN 008-084-460 contains the Medical Office Building at 1850 Sullivan Avenue, Daly City, and APN 008-084-370 contains the hospital at 1900 Sullivan Avenue. For the 2001 and 2002 tax years, Catholic Healthcare West ("CHW") was the owner of

the Properties and was approved for the welfare exemption. In January 2002, CHW transferred all interest in the Properties to Seton. This change required Seton to file for its own welfare exemptions for the Properties. It was not until October 2004 that the Seton welfare exemption was confirmed. As a result of the exemption, there was a reduction to the 2003 and 2004 annual property tax rolls in excess of \$50,000.

#### **DISCUSSION:**

The Assessor is requesting approval of roll corrections completed for property owned or leased by Seton Medical Center pursuant to sections 214 and 270 of the Revenue and Taxation Code. For APN 008-084-370 the Assessor is seeking approval of 2003 and 2004 tax roll corrections. For APN 008-084-460 the Assessor is seeking approval of a 2003 tax roll correction. Pursuant to section 4831, et seq., of the Revenue and Taxation Code, which allows for corrections to the tax roll, the Assessor proposes to give effect to the exemptions for the Properties. The Requests for Approval of Decrease of Taxes Nos. 04-1900, 04-1901 and 04-1902 are attached for reference.

#### **FISCAL IMPACT:**

The fiscal impact of this action is a \$1,350,587.78 decrease in the 2003 tax roll (\$1,271,617.36 for APN 008-084-370, plus \$78,970.42 for APN 008-084-460); and a \$1,312,153.76 decrease in the 2004 tax roll (for APN 008-084-370 alone), and corresponding property tax refunds for the amounts already paid, plus interest.

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

Marys Help Hospital Po Box 1228 San Carlos, CA 94070

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No. 04-1900

APN: 008-084-370 VOL: 0 TRA: 005036 SITUS: 1900 Sullivan Ave Daly City

The following Tax Roll Change(s) are requested, pursuant to section code **4831.5** of the Revenue and Taxation Code, due to: ASSESSEE ERROR - Correction To Institutional Exemption

Year	Land	Imps	Pers. P	rop 2003	Fixtures	Ex Cd	Ex Amt	Net Value
From To Diff	2,356,499 2,356,499 0	62,291,616 62,291,616 0	19,396, 19,396, 0		36,373,683 36,373,683 0	WEL		120,418,312 0 -120,418,312
\$10,00	Dollar Decrea 0 require Cou el authorizatio	nty	Rate 1-0560	Valuation	! =	<u>Dollars</u>		Est. Interest
\$50,000	Dollar Decrea 0 also require ervisors appro <u>Net D</u>	Board	Revised (+) (-)	<u></u> <120,4	18, 312	= = <u>{</u> /1,271,	617.36	
Refund	Required [2] If yes, Estima	Y D N ated Refund.	635, 808-6	68) Payal	ole to:	fon M	scheal Ci	enter

Signature / Authorization

Assessor Representative:	Date:	Deputy Controller:	Date:	
Cagain M. Varbacher.	11/29/04	le	3/12/06	
County Counsel:	Date:	Board of Supervisors:	Date:	
Luff Of	3/30/06			
Action				
Tax Refund Payable to:				
Roll Changed by: Date	: Tax bi	Il corrected & mailed by	Date:	

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

CONTROLLERS OFFICE

Seton Medical Center Attn Accounts Payable P O Box 1228 San Carlos, CA 94070

Page 1 of 1

2004 DEC -3 P 12: 03

No. 04-1901

**APN:** 008-084-370

COUNTY OF SAN MATEO VOL: 11 SITUS: 1900 Sullivan Aye Paly City

TRA: 005036

The following Tax Roll Change(s) are requested, pursuant to section code **4831.5** of the Revenue and Taxation Code, due to: ASSESSEE ERROR - Correction To Institutional Exemption

Year	Land	Imps	Pers. Prop	Fixtures	Ex Cd	Ex Amt	Net Value
From To Diff	2,400,494 2,400,494 0	63,454,600 63,454,600 0	2004 20,613,674 20,613,674 0	37,741,169 37,741,169 0	WEL	0 1ž4,209,937 124,209,937	124,209,937 0 -124,209,937
\$10,000	llar Decrease Drequire Cou el authorization	nty		<u>Dollars</u> <i>937</i> /	<u>3</u> /2, 15	3.76	
\$50,000	llar Decrease ) also require ervisors appro	Board (+) val.	/	137) (1,	_ <del>0</del> 312/53 \$	3.76)	<u> </u>

Signature / Authorization

Assessor Representative:	Date:	Deputy Controller:	Date:
Cergin Mr. Verbechuren	11/29/04	Will.	12/2/04
County Counsel:	Date:	Board of Supervisors:	Date:
hoff go	12/19/09		

Action /

Roll Changed by:	Date:	Tax bill corrected & mailed by	Date:
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### SAN MATEO COUNTY ASSESSOR'S OFFICE REQUEST FOR APPROVAL OF DECREASE OF TAXES

Seton Medical Center Attn Accounts Payable P O Box 1228 San Carlos, CA 94070 CONTROLLERS OFFICE

Page 1 of 1

2004 DEC −3 P 12: 03 No. 04-1902

**APN:** 008-084-460

VOL: 0 SITUS: 1850 Sullivan Ave Daly City

TRA: 005022

The following Tax Roll Change(s) are requested, pursuant to section code **4831.5** of the Revenue and Taxation Code, due to: ASSESSEE ERROR - Correction To Institutional Exemption

Year	Land	Imps	Pers. Prop	Fixtures	Ex Cd	Ex Amt	Net Value
From To Diff	260,771 260,771	15,154,587 15,154,587 0	2003 882,071 882,071 0	972,323 972,323 / 0	WELP	0 7,478,261 7,478,261	17,269,752 9,791,491 - 7,478,261
\$10,000	ar Decrease require Cou authorizatio	inty		Dollars 152 / 1	<u>82</u> 368.	56	•
\$50,000	ar Decrease also require visors appro	Board (+)	(·) (7,478,·		<u>0'3</u> 3 9 8 <u>.</u> 7 8, 9 7 0 . \$_	14 42)	

Signature / Authorization

Assessor Representative:	Date:	Deputy-Controller:	Date:
Lugaria M. Verbechur	11/29/04	Last .	12/13/00
County Counsel:	Date:	Board of Supervisors:	Date:
IN/pm	12/20/04		

**Action** 

Roll Changed by:	Date:	Tax bill corrected & mailed by	Date: