

# Application for Property Tax Exemption Non Profit Organization

Application deadline November 30<sup>th</sup> of  
the year preceding the taxation year

FOR OFFICE USE ONLY									
Property Roll Identifier <i>Tax roll 10055000</i>					Taxation Year		Date		
Legal Description	Lot	Block	Plan	Part	Sec.	Township	Range	Mer.	
Municipal Property Address <i>111-50 Ave W.</i>									
Total Assessment <i>433000</i>			Land Assessment			Building Assessment			

PART 1 - PROPERTY INFORMATION (Required no later than February 15 <sup>th</sup> of the taxation year)			
Name of property owner <i>Red Dyrholm - Q.E.D. Enterprises Ltd</i>		Telephone Number (Bus) <i>403-620-2057</i>	Telephone Number (Res)
Address of property owner <i>8 Valley Glen Hts NW, Calgary, AB T3B 5R2</i>		Postal Code	Fax Number
Address of property for which exemption is requested <i>111 50 Ave W, Claresholm, AB T0L 0T0</i>			
Portion/Area of the property held by the organization <input checked="" type="checkbox"/> All <input type="checkbox"/> Part Area Occupied is:			
Is there an agreement in place that confirms the portion of the property held by the organization?		<input checked="" type="checkbox"/> Yes If yes, provide expiry date <i>06/30/2026</i> <small>(mm / dd / yyyy)</small>	Date organization took occupancy (mm / dd / yyyy) <i>06/01/2025</i>
		<input type="checkbox"/> No	

PART 2 - ORGANIZATION INFORMATION		
Name of organization operating the facility <i>Inclusion foothills Association</i>		Telephone Number (Bus) <i>403-603-3232</i>
Fax Number		
Act under which organization is registered as a non-profit organization <i>Societies Act - Government of Alberta</i>		Registration Number <i>508682978</i>
Organization's objectives/purposes <i>1. To provide for the recreation of the members + to promote + afford opportunity for friendly + social activities. 2. To provide a meeting space for the consideration + discussion of questions affecting the interests of the community. 3. To provide information, education, + support to parents of special needs children in a safe, non-judgmental environment. 4. To encourage the participation of all members to the best of their ability + interest. 5. To provide a suitable meeting space for the various activities of the society.</i>		
a) Are the resources of this organization devoted to the above objectives/purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, attach explanation	
b) Are there any monetary gains or benefits received by the organization as a result of its provision of services?	<input type="checkbox"/> Yes If Yes, attach explanation <input checked="" type="checkbox"/> No	
c) Does your organization expect to move from this property during the following year(s)?	<input type="checkbox"/> Yes If Yes, attach explanation <input checked="" type="checkbox"/> No	
d) Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages?	<input type="checkbox"/> Yes If Yes, attach explanation <input checked="" type="checkbox"/> No	
e) Are the organization's services similar to any other organization and /or business?	<input type="checkbox"/> Yes If Yes, attach a sheet providing the organization/business name(s) <input checked="" type="checkbox"/> No	

This information is being collected for property tax exemption purposes in accordance with the Municipal Government Act and Community Organization Property Tax Exemption Regulation (AR281/98) and s.33(c) of the Freedom of Information and Protection of Privacy Act. All personal information will be managed in compliance with the provisions of the FOIP Act. Questions about the collection of this information can be directed to \_\_\_\_\_ (Municipality Contact Information)

**PART 3 – RETAIL COMMERCIAL OR LICENSED AREA**

Does the organization have a retail commercial area at this location?  Yes  No

If yes, do you operate this area?  Yes  No

What goods or services are sold at the retail commercial area?

For what purpose is the net income from the retail commercial area used?

Has an area within the facility been issued a gaming/liquor license?  Yes If yes, enclose copy  No Class  Area (Sq.Ft)

**PART 4 – PROPERTY USE INFORMATION specific to a non profit organization**

What facilities are on the property?

1. Office & meeting space
- 2.
- 3.
- 4.

What times are they accessible to the general public?

Monday to Friday 9AM-4:30PM

What are the membership requirements including fees?

No cost. Anyone by majority vote of members.

Describe the purpose for which the facility is used.

Family Support & Employment Support Services

Describe the typical beneficiary and where they reside.

People with disabilities - Claresholm area

Are there any restrictions in place preventing anyone from using the facility?  Yes  No

If there are restrictions, explain

Are the services provided by the organization advertised and promoted to the general public, or primarily to members?  General Public  Members

**PART 5 – CONTACT INFORMATION**

Contact Name Vanessa McKenzie	Position with Organization Executive Director	Telephone Number (Bus) 403-603-3232	Telephone Number (Res)
Mailing Address for non profit organization PO Box 5146, High River, AB T1V 1M3		Postal Code	Fax Number
President of Organization Heather Pfeil	Telephone Number (Bus) 403-603-3232	Telephone Number (Res)	Fax Number
Treasurer of Organization Kathy Potyandi	Telephone Number (Bus) 403-603-3232	Telephone Number (Res)	Fax Number

**PART 6 – REQUIRED INFORMATION – please ensure the following are submitted as attachments**

- 1) Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any.
- 2) Copies of:
  - The organizations most current financial statements,
  - Certificate of Title (if applicable),
  - The current lease agreement with the property owner (if applicable),
  - A plan showing the area leased.
- 3) If applicable, a letter from the property owner confirming that he/she is aware of this exemption application and understands that the municipality will estimate taxes on the area occupied by the organization based on methodology that may be different from that used by the landlord.
- 4) Any available brochures, newsletters or other pertinent information relative to the organization.
- 5) Any other information that the Assessment Department may deem necessary.

I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect, and that all information required under Part 6 of this application is included.

Vanessa McKenzie      Sept 29, 2015      Executive Director      *Vanessa McKenzie*  
 Name (Please Print)      Date      Position      Signature

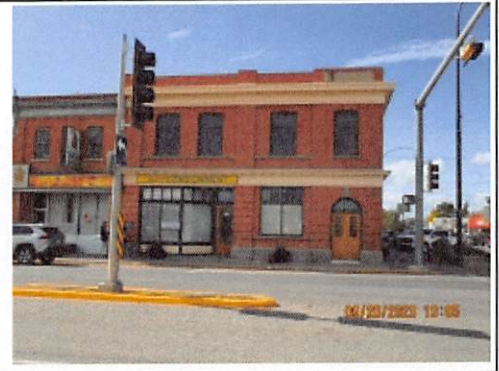


# Summary Report

Year of General Assessment: 2024

**Roll: 10055000**      **Alt. Key: 16720000**  
**Legal: 147N 3 P9,10**

Description: Milnes Block  
 Address: 105 to 111 - 50 AVE & 4925/4927 - 1 ST W  
 Zoning: Retail Commercial  
 Actual Use: Primary: C10101  
 Market Loc: 400 HIGHWAY COMMERCIAL      Assbl. Land Area: 5,200 Sq. Feet  
 Econ. Zone: Econ Zone 1 - Town of Claresholm  
 Assbl. Party: C Corporation  
 Owner: Q.E.D. ENTERPRISES LTD.



## Income Valuation

IncomeID	Location	Property Type	Quality	Valuation	Year Built	Asmt	Code	Value
300005479	Claresholm	Commercial - Retail	B	433,000	1910	24	100%	433,000
	General Retail	General Retail		1,382 Ft2				
	General Office	General Office		900 Ft2				
	Medical Office	Medical Office		506 Ft2				
	Professional Office	Professional Office		1,260 Ft2				

## Assessment Totals

Tax Status	Code	Description	Land	Improvement	Other	Assessment
T		24 Non Res Comm Imp/Permits	0	0	433,000	433,000
<b>Grand Totals:</b>			<b>0</b>	<b>0</b>	<b>433,000</b>	<b>433,000</b>

## Narratives

- 66 11-10-2020 Historical Permit      Development Permit - D2020.016 / Add amusement facility / \$2500 - 03/27/2020
- 66 11-27-2023 Historical Permit      Development Permit - D2023.071 / Interior Renovation / \$5000 - 09/11/2023
- 66 11-27-2023 Historical Permit      Development Permit - D2023.077 / Sign Permit / \$N/A - 10/05/2023
- 66 10-18-2024 Historical Permit      Development Permit - D2023.095 / Change in Use - add personal service / \$N/A - 12/27/2023

## Inspections

- Outside Complete      12-11-2023      DRUHAN, Kolme      Annual Inspection - Permit is just for splitting one bigger office into two small offices. Min value. N/C.
- Visual Exterior      09-29-2023      WEHLAGE, LOGAN      Reinspection Cycle - reviewed file, n/c
- Visual Exterior      12-09-2021      WEHLAGE, LOGAN      Annual Inspection - n/c to space, doesn't appear to have amusement facility

*Assessment value to be C.O.P.T.I.E.R. exempt*

**CORPORATE ACCESS NUMBER: 508682978**

**Alberta**

**SOCIETIES ACT**

**CERTIFICATE  
OF  
INCORPORATION**

**FOOTHILLS SPECIAL NEEDS ASSOCIATION FOR PARENTS AND SIBLINGS  
WAS INCORPORATED IN ALBERTA ON 2000/02/15.**

