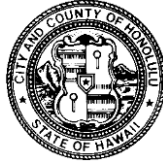


Parcel ID (Tax Map Key)



REAL PROPERTY ASSESSMENT DIVISION
DEPARTMENT OF BUDGET
AND FISCAL SERVICES
CITY AND COUNTY OF HONOLULU
Phone: (808) 768-3799
www.realpropertyhonolulu.com

Enter 12-digit Parcel ID

Charitable (Nonprofit) Purposes
CLAIM FOR EXEMPTION
ROH § 8-10.9

Table with 2 columns: Field Name and Value. Fields include Name of Claimant, Property Address, Mailing Address, Organization's Website, Business Name, Authorized Agent's Name, Title, Telephone Number, Email, and EIN.

Select the nonprofit use for which the real property, or portion thereof, is actually and exclusively being used:

- Checkboxes for School purposes, Hospital/nursing home purposes, Dedicated to public use, Other charitable purposes, Used as cemetery, Church purposes, Patriotic society, Owned by labor union, Owned by association, Owned by government employees.

Describe specific use(s) of parcel:

Ownership status of Claimant (organization): Fee owner Lessee (enter lease information below)

For leased properties, the lease or rental agreement must be in force and recorded at the Bureau of Conveyances at the time the exemption is claimed. The term of the lease must be for one year or more. Attach: Copy of recorded rental agreement.

Is the lease recorded at the Bureau of Conveyances? No Yes Instrument Number:

Required: Lease term from to

Required: Attach a plot plan illustrating the location of buildings and area (in square feet), and indicating their specific use. Identify any building areas (in square feet): (1) that are not exclusively being used for charitable purposes; (2) that are being used by other parties or organizations; and (3) that are being used for gift shops, thrift shops, eating establishments, and recurring commercial activities.

Are all of the land and building(s) used exclusively for the purpose claimed? Yes No

If "No," indicate the total area (in square feet) of land and building(s) used for this Claim For Exemption.

Check appropriate box for documentation being submitted to support the exemption claim and attach copies of each:

- Checkboxes for Proof of Hawaii Dept. of Commerce & Consumer Affairs ("DCCA") Registration, IRS ruling or determination letter, Hawaii Dept. of Education Certificate (schools only), Organization Charter (if applicable), IRS Form 990 (includes EZ, N and PF), Hawaii Dept. of Health Certificate (hospitals and nursing homes only), IRS Form 990-T (if applicable).

CERTIFICATION

I declare, under penalty of law, that all statements in this claim are true and correct to the best of my knowledge. I understand that any misstatement of facts will be grounds for disallowance of this exemption and that penalty may be applied.

Authorized Agent's Signature Print Name Date

Complete and deliver or mail (post office cancellation mark) this claim form with supporting documentation, on or before September 30, preceding the tax year for which you are claiming the exemption to either:

Real Property Assessment Division
842 Bethel Street, Basement
Honolulu, HI 96813

Real Property Assessment Division
1000 Uluohia Street #206
Kapolei, HI 96707

This claim cannot be filed by facsimile transmission or via email. For a receipted copy, submit with a self-addressed stamped envelope.

For Tax Year FOR OFFICIAL USE ONLY Approved Disapproved
Received By: Date Received: (post office cancellation mark)
Documentation Attached: Organization Chart Lease Documents Plot Plan Attached
Exemption % of Land: Building # Exemption % of Building: Building # Exemption % of Building: