ETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.  FILE RETURN BY APRIL 1, 2022  Mark AND AMA INSTANDATION  MARK AND AMA INSTANDATION	EF-571-R-R24-0521-1600028 BOE-571-R (P1) REV. 24 (05-21) <b>APARTMENT HOUSE PF</b> <b>STATEMENT FOR 2022</b> (Declaration of costs and other re property information as of 12:01 A January 1, 2022)					1 1 5	_	ounty Assess acey Blvd. A 93230 486	sor	
Mode nocessary corrections to the particle name and making address.)         Mile nocessary corrections to the particle name and making address.)         L         L         L         Local Network of the calculation of the scale backsory of the scale backsory of the scale backsory of the calculation of the scale backsory of t	RETURN THIS ORIGINAL FORM	1. COPIES WILL N	OT BE ACCEP	TED.						
	FILE RETURN BY APRIL 1, 202	2								
			and mailing add	ress )						
		ns to the printed harris	s and maining add	1633.)		LOC	CATION OF	THE PROPERTY (S	street, city)	
Local Telephone Number						(file	a separate	statement for each l	location)	
Local Telephone Number										
Local Telephone Number							ntor the tet	al number of units fo	with a location listed	
Careful relightome Number         Fax Submer         Fax Number         Fax Number         Fax Number						2. 5				
Email Address Enter location of general ledger and all related accounting records (include zip code): STREET TREET CITY STREET CITY STATE ZP (1) Did any individual or legal entity (corporation, partnership, I) Did any individual or legal entity (corporation, partnership, I) Did any individual or legal entity (corporation, partnership, I) Did any individual or legal entity (corporation, partnership, I) Did any individual or legal entity (corporation, partnership, I) Did any individual or legal entity (corporation, partnership, I) Did any individual or legal entity (corporation, partnership, I) Did any individual or legal entity (corporation, partnership, I) Did any individual or legal entity (corporation, partnership, I) Did any individual or legal entity (corporation, partnership, I) Did any individual or legal entity (corporation, partnership, I) Did any individual or legal entity (corporation, partnership, I) Did any individual or legal entity (corporation, partnership, I) Did any individual or legal entity, corporations for definition in the Subiness I) Did any individual or legal entity, corporations for definition in the Subiness I) Did any individual or legal entity, corporations for definition in the Subiness I) Did any individual or legal entity, corporations for definition in the Subiness I) Did any individual or legal entity, corporations for definition in the Subiness I) Did any individual or legal entity, corporations for definition in control and Ownership I) Did any State D) Did any State III Did Did I BEDRM. I BEDRM. I BEDRM. I ARGER FULLY FURNISHED I D Did III DID IIII DID IIIIIIII DID IIIIIIII										
Email Address	1		Fax Numbe	er		- 11	If <b>ves</b> , enter the unit number			
STREET       GTY       STATE       ZP       [1] Uid any individual or legal entity (corporation, pathensing)         Enter name and telephone number of authorized person to contact at location of accounting records:       [1] Uid any individual or legal entity (corporation) in this business         CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.       [2] IYYES, Id this business entity also own 'real property' (see instructions for definition) in California at the time of the acquisition?         Name		all related accounting	rocordo (includo :	tin anda):		— 3. C	During the p			
								individual or legal e	ntity (corporation partnership	
Enter name and telephone number of authorized person to contact at location of accounting records:  CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.  1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new OWNER: Name Name Other and State Dig and Dig and Dig	SINCE		GITT	5		(	limited lia	ability company, etc.	) acquire a "controlling	
CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.     And the backness entity also own "real property" (see instructions for definition) in California at the time of the acquisition?     Area	Enter name and telephone number o	f authorized person to	contact at location	on of accounting rec	ords:	-				
CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.  1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the naw owner. Name							□ Yes			
1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the naw over or worker.       acquisition?         Name	CAREFULLY READ AND FOLLOW	THE ACCOMPANYI	NG INSTRUCTIO	NS.		- (				
Name       BOE-100-8. Statement of Change in Control and Ownership of Legal Entities. To the State Board of Equalization. See instructions for filing requirements.         4. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your premises?         Yes       No if yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY         AME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY         ASSESSOR'S USE ONLY       Sastessor's USE ONLY         5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?       Sastessor's USE ONLY         6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stores and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A, any unit in which you live.       Sastessor         FULLY FURNISHED       Image: Size Society of Study of the society of	1. If you no longer own this prop				ng address of the ne		acquisitio	on?		
Mailing Address	Name					(;	,	• • • • •		
City and State       Zip Code         4. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your permises?         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY         ASSEESOR'S       USE ONLY         5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?       State on your permises?         Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY         QUANTITY AND DESCRIPTION       OUANTITY AND DESCRIPTION         6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete schedule A. Do not include, either here or in Schedule A, any unit in which you live.         FULLY FURNISHED       Image: Cost         UNFURNISHED       Image: Cost         10.       Cost         10.       TOTAL S         10.       Image: Cost         10.       TOTAL FULL VALUE         10.       Image: Cost         10.	Mailing Address						_ of Legal Entities, to the State Board of Equalization. See			
premises?       Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY       ASSESSOR'S USE ONLY         5       Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?	City and State			_ Zip Code			instructio	ons for filing requiren	nents.	
ASSESSOR'S USE ONLY  ASSESSOR'S  S  ASSESSOR'S  S  ASSESSOR'S  USE ONLY  ASSESSOR'S  S  ASSESSOR'S  USE ONLY  ASSESSOR'S  S  ASSESSOR'S  USE ONLY  ASSESSOR'S  USE ONLY  AME AND ADDRESS OF OWNER OF SUCH PROPERTY  OUANTITY AND DESCRIPTION  C  C  C  C  C  C  C  C  C  C  C  C  C	4. Do any other individuals, partn premises? ☐ Yes ☐ No	erships or corporation If <b>yes,</b> list below.	s do business or o	own personal proper	rty (other than hous	ehold fui	rniture and p	personal effects of yo	our tenants) located on your	
Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         Image: Second Control (Second C	NAME AND ADDRESS OF OWNER OF SUCH PROPERTY			NATURE OF THE BUSINES			ESS OR PROPERTY			
NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         Image: Constraint of C			ers on a loan, ren	Ital, or lease basis?						
a       a       a         a       a       a         b       a       a         c       ENTER BELOW the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A, any unit in which you live.         E       SLP. ROOM       STUDIO       1 BEDRM.       2 BEDRM.       LARGER         FULLY FURNISHED       a       a       a       a       a         VINFURNISHED       a       a       a       a       a         TOTALS       a       a       a       a       a       a         7. Supplies       Cost       Cost       a				QUANTITY AND DESCRIPTION						
Schedule A. Do not include, either here or in Schedule A, any unit in which you live.       3 BEDRM.       3 BEDRM.       LARGER         FULLY FURNISHED       I       I       I       I       I         PARTLY FURNISHED       I       I       I       I       I         UNFURNISHED       I       I       I       I       I         TOTALS       I       I       I       I       I         7. Supplies       Cost       I       I       I       I         8. Furniture and appliances       Enter From Schedule A       I       I       I         9. Other furniture and equipment       Enter From Schedule B       I       I       I       I         IO.       I       I       I       I       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII										
Schedule A. Do not include, either here or in Schedule A, any unit in which you live.       3 BEDRM.       3 BEDRM.       LARGER         FULLY FURNISHED       I       I       I       I       I         PARTLY FURNISHED       I       I       I       I       I         UNFURNISHED       I       I       I       I       I         TOTALS       I       I       I       I       I         7. Supplies       Cost       I       I       I       I         8. Furniture and appliances       Enter From Schedule A       I       I       I         9. Other furniture and equipment       Enter From Schedule B       I       I       I       I         IO.       I       I       I       I       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII										
FULLY FURNISHED       Image: Sector of the sec					ators, not built-in), a	and unfu	Irnished uni	ts. Also complete		
PARTLY FURNISHED       Image: Sector of the se		SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 8	BEDRM.	LARGER		
UNFURNISHED         Image: Constraint of the stress of										
TOTALS         Image: Second sec										
7. Supplies     Cost       8. Furniture and appliances     Enter From Schedule A       9. Other furniture and equipment     Enter From Schedule B       10.     Image: Cost of the state										
8. Furniture and appliances       Enter From Schedule A       Image: Schedule A         9. Other furniture and equipment       Enter From Schedule B       Image: Schedule A         10.       Image: Schedule A       Image: Schedule A         Image: Schedule A       Image: Schedule A       Image: Schedule A         Image: Schedule A       Image: Schedule A       Image: Schedule A         Image: Schedule A       Image: Schedule A       Image: Schedule A         Image: Schedule A       Image: Schedule A       Image: Schedule A         Image: Schedule A       Image: Schedule A       Image: Schedule A         Image: Schedule A       Image: Schedule A       Image: Schedule A         Image: Schedule A       Image: Schedule A       Image: Schedule A         Image: Schedule A       Image: Schedule A       Image: Schedule A         Image: Schedule A       Image: Schedule A       Image: Schedule A         Image: Schedule A       Image: Schedule A       Image: Schedule A         Image: Schedule A       Image: Schedule A       Image: Schedule A         Image: Schedule A       Image: Schedule A       Image: Schedule A         Image: Schedule A       Image: Schedule A       Image: Schedule A         Image: Schedule A       Image: Schedule A       Image: Schedule A      I										
9. Other furniture and equipment     Enter From Schedule B       10.       TOTAL FULL VALUE       PERSONAL PROPERTY       FIXTURES       OTHER IMPROVEMENTS										
10.       10.       TOTAL FULL VALUE       PERSONAL PROPERTY       FIXTURES       OTHER IMPROVEMENTS										
TOTAL FULL VALUE       PERSONAL PROPERTY       FIXTURES       OTHER IMPROVEMENTS		L			Enter From Sch	equie B				
PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS	10.									
PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS						[	TOTAL FL	JLL VALUE		
FIXTURES       OTHER IMPROVEMENTS										
OTHER IMPROVEMENTS										
LAND							OTHER II	MPROVEMENTS		
							LAND			



BOE-571-R (P2) REV. 24 (05-21)

SCHEDULES OF DEPRECIABLE PROPERTY — SCHEDULES A and B. Items may be listed separately within the year of acquisition on a separate schedule, or items may be grouped by year of acquisition and listed on the schedules below. If you purchased the property as a unit, report on Schedules A & B the previous owner's original cost by the original year of acquisition of the furniture and equipment that was included in your purchase.

Enter the total installed cost including freight, excise taxes, and sales and use taxes of all furniture, and other equipment located on the premises. **Include fully depreciated items**. Do not include licensed vehicles. Depreciation schedules may be attached if they provide the desired information.

SCHEDULE A	FURNITURE AND APPLIAN do not include built-ins)	CES (include it	ems in storage,	SCHEDUL	E B OTHER FURNITURE AN pool, vending, signs, fire e		office, lobby, laundry,		
Year of	Original Installed Cost	FOR ASSESSO	FOR ASSESSOR'S USE ONLY		Original Installed Cost	FOR ASSESSO	FOR ASSESSOR'S USE ONLY		
Acquisition	(NOT depreciated book value)	Factor	Value	Acquisition	(NOT depreciated book value)	Factor	Value		
2021				2021					
2020				2020					
2019				2019					
2018				2018					
2017				2017					
2016				2016					
2015				2015					
2014				2014					
2013				2013					
2012				2012					
2011 & prior				2011 & prior					
TOTAL COST Enter on line 8				TOTAL COS Enter on line					

REMARKS:

### DECLARATION BY ASSESSEE

#### Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.

I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 2022.

OWNERSHIP TYPE (☑)		SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*	DATE	
		NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)	TITLE	
Proprietorship				
Partnership		NAME OF LEGAL ENTITY (other than DBA) (typed or printed)	FEDERAL EMPLOYER ID NUMBER	
Corporation				
Other		PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER	TITLE
			( )	

\*Agent: See page 3 for Declaration by Assessee instructions.



BOE-571-R (P3) REV. 24 (05-21)

# INSTRUCTIONS

The Revenue and Taxation Code of the State of California requires that every person, upon request of the Assessor, shall file a written property statement under penalty of perjury with the Assessor within such time as the Assessor may appoint. Please complete this form according to the numbered instructions provided below as your statement of furnishings and related equipment owned, possessed or controlled by you as of 12:01 a.m., January 1, this year at the location listed. Property which you are purchasing under a conditional sales contract must be included. **Return the completed statement form to the Assessor on or before the date stated in the official requirement section.** In all instances, you must return the original BOE-571-R.

### LINE 3. PROPERTY TRANSFER

**Real Property** – For purposes of reporting a change in control, real property includes land, structures, or fixtures owned or held under lease from (1) a private owner if the remaining term of the lease exceeds 35 years, including written renewal options, (2) a public owner (any arm or agency of local, state, or federal government) for any term or (3) mineral rights owned or held on lease for any term, whether in production or not.

**Controlling Interest –** When any person or legal entity obtains more than 50 percent of the voting stock of a corporation, or more than a 50 percent ownership interest in any other type of legal entity. The interest obtained includes what is acquired directly or indirectly by a parent or affiliated entity.

**Forms, Filing Requirements & Penalty Information –** Contact the Legal Entity Ownership Program Section at 916-274-3410 or refer to the Board's website at *www.boe.ca.gov* to obtain form BOE-100-B, applicable filing requirements, and penalty information.

- LINE 4. Check the appropriate box. If yes is checked, enter the name and address of the owner of the furniture or equipment. Briefly describe the nature of the business or property. **Do not** report household furnishings owned by tenants and used in their living quarters, or other personal property owned or controlled by tenants.
- LINE 5. Check the appropriate box. If yes is checked, enter the name and address of the owner or lessor and the quantity and description of the furniture or equipment. The lessor of the items will be asked to declare them.
- LINE 6. Enter the number of fully furnished, partly furnished, and unfurnished units in the appropriate column or columns. If the owner of the building (other than a corporation) occupies a unit as his living quarters, do not include it. Please indicate in the **REMARKS** area the items contained in a typical PARTLY FURNISHED apartment of each size. A *sleeping room* is a room with no kitchen facilities; a *studio* contains a kitchen and a convertible living room; a *1 bedrm*. contains a bedroom, living room, kitchen, etc. Attach additional sheets if necessary.
- LINE 7. Enter the cost of supplies that are on hand at 12:01 a.m. on January 1 of this year. Include janitorial and pool supplies, whether carried in your asset accounts or expensed.
- LINES 8 and 9. Enter the total cost from Schedules A and B.
- **SCHEDULE A.** Complete the schedule as instructed. If a portion of the furniture used in your rental units has been placed in storage, include the cost in the schedule and enter in the remarks the address where stored. **Do not** include built-in appliances, installed carpeting, or drapes as furniture; such items are considered part of the building. **Include** ranges, refrigerators, dishwashers, etc., if not built-in.
- **SCHEDULE B.** Complete the schedule as instructed. **Include** all equipment not reported in Schedule A. If you care to attach a schedule listing types of equipment separately, you may do so.

## **DECLARATION BY ASSESSEE**

The law requires that this property statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a **corporation**, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a **partnership**, the declaration must be signed by a partner or an authorized employee or agent. In the case of a **Limited Liability Company** (LLC), the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs a property statement and who is required to have written authorization to provide proof of authorization.

A property statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned property statements.

## THIS STATEMENT IS NOT A PUBLIC DOCUMENT. THE INFORMATION DECLARED WILL BE HELD SECRET BY THE ASSESSOR.

