

571-R

APARTMENT HOUSE PROPERTY STATEMENT

COUNTY OF LOS ANGELES • JEFFREY PRANG, ASSESSOR, 500 W. TEMPLE ST., ROOM 230, LOS ANGELES, CA 90012-2770
 Telephone: 213.974.8613 • Email: businesspp@assessor.lacounty.gov • Website: assessor.lacounty.gov • Si desea ayuda en Español, llame al número 213.974.3211 (Declaration of costs and other related property information as of 12:01 A.M., January 1, 2020)

2020

| | | | | | | | | | | |
|-------|---------|-------|------|-----------|--|---|----------|----------------------------------|------|--------|
| 141 | ROUTING | SITUS | SUB | USE | | FILE RETURN BY APRIL 1, 2020 | TAX RATE | ASSESSOR'S USE ONLY | | |
| INDEX | INDEX | TYPE | CODE | ACCT FORM | | | AREA | ASSESSOR'S IDENTIFICATION NUMBER | | |
| | | | | | | | | MAP BOOK | PAGE | PARCEL |

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

ASSESSOR'S USE ONLY

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NAME AND MAILING ADDRESS *(Make necessary corrections to the printed name and mailing address.)*

COMPANY NUMBER

LOCATION OF THE PROPERTY *(street, city)*
(file a separate statement for each location)

Local Telephone Number () Fax Number ()

Email Address

Enter location of general ledger and all related accounting records *(include zip code)*:

| | | | |
|--------|------|-------|-----|
| STREET | CITY | STATE | ZIP |
|--------|------|-------|-----|

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

Mailing Address

City and State Zip Code

2. Enter the total number of units for the location listed. 163

Do you live in one of the units? Yes No

If **yes**, enter the unit number

3. During the period of January 1, 2019 through December 31, 2019:

(1) Did any individual or legal entity (corporation, partnership, limited liability company, etc.) acquire a "controlling interest" (see instructions for definition) in this business entity? Yes No

(2) If YES, did this business entity also own "real property" (see instructions for definition) in California at the time of the acquisition? Yes No

(3) If YES to both questions (1) and (2), filer must submit form *BOE-100-B, 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 |
|--|------------------------------------|
| | |

5. Do you hold furniture or equipment belonging to others on a loan, rental or lease basis? Yes No If **yes**, list below.

| NAME AND ADDRESS OF OWNER OF SUCH PROPERTY | QUANTITY 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.

| | SLP. ROOM | STUDIO | 1 BEDRM. | 2 BEDRM. | 3 BEDRM. | LARGER | ASSESSOR'S USE ONLY | | |
|----------------------------------|-----------|--------|----------|----------|----------|--------|-----------------------|----|--|
| | | | | | | | | | |
| FULLY FURNISHED | | | | | | | | | |
| PARTLY FURNISHED | | | | | | | | | |
| UNFURNISHED | | | | | | | | | |
| TOTALS | | | | | | | | | |
| 7. Supplies | | | | | | | Cost | \$ | |
| 8. Furniture and appliances | | | | | | | Enter From Schedule A | \$ | |
| 9. Other furniture and equipment | | | | | | | Enter From Schedule B | \$ | |
| 10. | | | | | | | | | |

ASSESSOR'S USE ONLY

| | | | |
|---------------------|--|--------------|--|
| TOTAL FULL VALUE | | | |
| PERSONAL PROPERTY | | | |
| FIXTURES | | | |
| OTHER IMPROVEMENTS | | | |
| LAND | | | |
| DEPUTY: | | DATE | |
| ASSESSOR'S ESTIMATE | | | |
| APPROVED BY: | | DATE | |
| ○ TXN | | BATCH NUMBER | |
| ○ | | | |

*Agent: See 571-R INST (ASSR-525) for Declaration by Assessee instructions.

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 APPLIANCES <i>(include items in storage; do not include built-ins)</i> | | | | SCHEDULE B OTHER FURNITURE AND EQUIPMENT <i>(office, lobby, laundry, pool, vending, signs, fire extinguishers)</i> | | | |
|---|---|-------------------------|-------|--|---|-------------------------|-------|
| Year of Acquisition | Original Installed Cost (NOT depreciated book value) | FOR ASSESSOR'S USE ONLY | | Year of Acquisition | Original Installed Cost (NOT depreciated book value) | FOR ASSESSOR'S USE ONLY | |
| | | Factor | Value | | | Factor | Value |
| 2019 | | | | 2019 | | | |
| 2018 | | | | 2018 | | | |
| 2017 | | | | 2017 | | | |
| 2016 | | | | 2016 | | | |
| 2015 | | | | 2015 | | | |
| 2014 | | | | 2014 | | | |
| 2013 | | | | 2013 | | | |
| 2012 | | | | 2012 | | | |
| 2011 | | | | 2011 | | | |
| 2010 | | | | 2010 | | | |
| 2009 & prior | | | | 2009 & prior | | | |
| TOTAL COST \$ _____ Enter on line 8, page 1. | | | | TOTAL COST \$ _____ Enter on line 9, page 1. | | | |

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, 2020.

| | | |
|---|---|------------------------------|
| OWNERSHIP TYPE (☑) Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____ <input type="checkbox"/> | SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* | DATE |
| | NAME OF ASSESSEE OR AUTHORIZED AGENT* <i>(typed or printed)</i> | TITLE |
| | NAME OF LEGAL ENTITY (other than DBA) <i>(typed or printed)</i> | FEDERAL EMPLOYER ID NUMBER |
| | PREPARER'S NAME AND ADDRESS <i>(typed or printed)</i> | TELEPHONE NUMBER () |

*Agent: See 571-R INST (ASSR-525) for Declaration by Assessee instructions.