FILE ECTURN BY APRIL 1, 2023  MMMe necessary corrections to the printed name and mailing address.)  MMe necessary corrections to the printed name and mailing address.)	EF-571-R-R25-0522-0100017 BOE-571-R (P1) REV. 25 (05-22) <b>APARTMENT HOUSE PF</b> <b>STATEMENT FOR 2023</b> (Declaration of costs and other re property information as of 12:01 A January 1, 2023) RETURN THIS ORIGINAL FORM	ROPERTY elated A.M.,	NOT BE ACCEP	TED.	A WE A	<b>4</b> 1 (ب	221 Oak S Dakland, C 510) 272-3	a DA COUNTY / St., Rm 145 a. 94612-4288 i787 / FAX (510) .org/assessor	
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STREET       CT       [STATE		all related accountin	a records (include :	zin code):				eriod of January 1, 2	2022 through December 31,
	5 5							ndividual or legal e	ntity (corporation partnership
Enter name and telephone number of authorized person to contact at location of accounting records:	SIREEI		CIT	0		· ·	limited lia	bility company, etc.	acquire a "controlling
CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.	Enter name and telephone number of	f authorized person	to contact at location	on of accounting reg	cords:	_		(see instructions for	definition) in this business
CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS. 1. If you not onger own this property as of January 1 of this year, show the name and naking address of the new organization in the state basis of the new of the approximate the state basis of the new of the approximate the state basis of the new of the approximate the state basis of the new of the approximate the state basis of the new of the approximate the state basis of the new of the approximate the state basis of the new of the approximate the state basis of the new of the approximate the state basis of the new of the approximate the state basis of the state basis of the new of the approximate the state basis of the state basis of the new of the approximate the state basis of the state basis basis of the state basis o	Enter name and telephone number o	radinonzed person			50103.			🗆 No	
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Name       (3) If YES to both questions (1) and (2), filer must submit for Ming excitons for filing requirements.         Mailing Address       Zip Code         City and State       Zip Code         1       Do any other individuals patternetings or compositions do business or own personal property (other than household furniture and personal effects of your tenants) located on your premises?         1       Do any other individuals patternetings or compositions do business or own personal property (other than household furniture and personal effects of your tenants) located on your premises?         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?         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         6       ENTER BELOW the number of fully furnished, parity furnished (e.g., stoves and refrigeraports, not built-in), and unfurnished units. Also complete Schedule A. any unit in which you live.         FULLY FURNISHED       Image: Cost         INFURNISHED       Image: Cost         0. Other furniture and appliances       Enter From Schedule A         9. Other furniture and appliances       Enter From Schedule A         10.       TOTAL FULL VALUE         PERSONAL PROPERTY       PERSONAL PROPERTY         10.       TOTAL FU		erty as of January 1	of this year, show	the name and mailing	ng address of the ne	ew			
Mailing Address       DOE 100-B. Statement of Chienge in Control and Ownership         Mailing Address       Zip Code         O boary other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY         ASSESSOR'S       USE ONLY         S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?       ASSESSOR'S         Ves       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       OUANTITY AND DESCRIPTION         ASSESSOR'S USE OF OWNER OF SUCH PROPERTY       OUANTITY AND DESCRIPTION         AMME AND ADDRESS OF OWNER OF SUCH PROPERTY       OUANTITY AND DESCRIPTION         AMME AND ADDRESS OF OWNER OF SUCH PROPERTY       OUANTITY AND DESCRIPTION         ASSESSOR'S USE OF OWNER OF SUCH PROPERTY       OUANTITY AND DESCRIPTION         B. ENTER BELOW the number of fully furnished, partity furnished (e.g., stroves 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 twee         FULLY FURNISHED       Image: Cost         IDRED       Image: Cost         IDRED       Image: Cost         IS Furplies       Cost         IS upplies       Cost						(3	3) If YES to	both questions (1)	and (2), filer must submit form
City and State       Zip Code       instructions for filing requirements.         4. Do any other individuals, partnerships or comportations do budiness or own personal property (other than brousehold furniture and personal reflects of your tenants) located on your premises?       Assessor's use on your tenants) located on your tenants located on your located tent tenants in the you if you if you is the pression of the your tenants in tenants (or lease basis?         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       Quantify and unfurnished, perton so the you into the you have the									
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 premises?         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY         S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?       ASSESSOR'S USE ONLY         S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?       NAME AND ADDRESS OF OWNER OF SUCH PROPERTY         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       OUANTITY AND DESCRIPTION         NAME AND ADDRESS OF OWNER of SUCH PROPERTY       OUANTITY AND DESCRIPTION         6. ENTER BELOW the number of fully furnished, party 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: State and State a	Mailing Address						-		•
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?									
NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY       ASSESSOR'S         S       Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?       State of types, list below.       State of types, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       OUANTITY AND DESCRIPTION       State of types, list below.       State of types, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       OUANTITY AND DESCRIPTION       State of types, list below.       State of types, list below.         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 five.       Stepsen and the type of type	4. Do any other individuals, partn premises? □ Yes □ No	erships or corporation If <b>yes, lis</b> t below.	ons do business or o	own personal prope	rty (other than house	ehold fur	niture and p	ersonal effects of yo	our tenants) located on your
S.       Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?       ASSESSOR'S USE ONLY         S.       No       If yes, list below.       OUANTITY AND DESCRIPTION         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION       Image: Control of Control			PROPERTY	NA	ATURE OF THE BU			ERTY	
S.       Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?         Yes       Name AND ADDRESS OF OWNER OF SUCH PROPERTY         QUANTITY AND DESCRIPTION         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.         FULLY FURNISHED       Image: Complex in the schedule A in									
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.         FULLY FURNISHED       1       1       BEDRM.       1       ARGER         PARTLY FURNISHED       1       1       1       1       1         UNFURNISHED       1       1       1       1       1         7. Supplies       Cost       8. Furniture and appliances       Enter From Schedule A       9.         9. Other furniture and equipment       Enter From Schedule B       10.       10.       1       1         TOTAL FULL VALUE         PERSONAL PROPERTY       FIXTURES       1       1       1         OTHER IMPROVEMENTS									USE ONLY
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       1 BEDRM.       2 BEDRM.       3 BEDRM.       LARGER         FULLY FURNISHED       1       1       1       1       1         PARTLY FURNISHED       1       1       1       1       1         UNFURNISHED       1       1       1       1       1         7. Supplies       Cost       1       1       1       1         8. Furniture and appliances       Enter From Schedule A       9       0       1			thers on a loan, ren	ntal, or lease basis?				_	
Schedule A. Do not include, either here or in Schedule A, any unit in which you live.         SLP. ROOM       STUDIO       1 BEDRM.       2 BEDRM.       LARGER         FULLY FURNISHED	NAME AND ADDRESS OF C	WNER OF SUCH F	PROPERTY		QUANTITY AN				
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Schedule A. Do not include, either here or in Schedule A, any unit in which you live.         SLP. ROOM       STUDIO       1 BEDRM.       2 BEDRM.       LARGER         FULLY FURNISHED									
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FULLY FURNISHED     Output     Output       PARTLY FURNISHED     Image: Construction of the second of th	Schedule A. Do not include, e	ither here or in Sche	edule A, any unit in	which you live.					
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TOTALS         Image: Cost series of the	UNFURNISHED								
8. Furniture and appliances       Enter From Schedule A         9. Other furniture and equipment       Enter From Schedule B         10.       TOTAL FULL VALUE         V       PERSONAL PROPERTY         FIXTURES       OTHER IMPROVEMENTS	TOTALS								
8. Furniture and appliances       Enter From Schedule A         9. Other furniture and equipment       Enter From Schedule B         10.       TOTAL FULL VALUE         V       PERSONAL PROPERTY         FIXTURES       OTHER IMPROVEMENTS			1			Cost			
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LAND							OTHER IN	<b>IPROVEMENTS</b>	
							LAND		



BOE-571-R (P2) REV. 25 (05-22)

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 APPLIANO do not include built-ins)	CES (include ite	ems in storage,	e; SCHEDULE B OTHER FURNITURE AND EQUIPMENT ( pool, vending, signs, fire extinguishers)			office, lobby, laundry,	
Year of Acquisition	Original Installed Cost (NOT depreciated book value)	FOR ASSESSOR'S USE ONLY		Year of	Original Installed Cost	FOR ASSESSOR'S USE ONLY		
		Factor	Value	Acquisition	(NOT depreciated book value)	Factor	Value	
2022				2022				
2021				2021				
2020				2020				
2019				2019				
2018				2018				
2017				2017				
2016				2016				
2015				2015				
2014				2014				
2013				2013				
2012 & prior				2012 & prior				
TOTAL COST	\$			TOTAL COS	ST \$			
Enter on line 8	s, page 1.			Enter on line	e 9, page 1.			
REMARKS:				Λ				

#### **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, 2023.

OWNERSHIP TYPE (☑)		SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*	DATE	
		NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)	TITLE	
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.



# 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.