

**SUPPLEMENTARY SCHEDULE TO THE  
BUSINESS PROPERTY STATEMENT -  
AIRCRAFT COST REPORT**

*(Use only for aircraft managed within a  
Fractional Ownership Program)*

20 \_\_\_\_\_  
**SUPPLEMENTARY SCHEDULE TO THE  
BUSINESS PROPERTY STATEMENT**

SHEET \_\_\_\_\_ OF \_\_\_\_\_ SHEETS



**Sheri Thomas**  
**County of Santa Cruz Assessor**  
701 Ocean Street, Rm. 130  
Santa Cruz, CA 95060  
Phone: 831-454-2002  
Email: asrwebmail@co.santa-cruz.ca.us

| MANAGEMENT COMPANY                               |                           |                              |                            |                                    |                                |                     |  |  | LIEN DATE            |                      |  |  |  |  |  |  |  |  |  |  |
|--|---------------------------|------------------------------|----------------------------|------------------------------------|--------------------------------|---------------------|--|--|----------------------|----------------------|--|--|--|--|--|--|--|--|--|--|
| A  | B                         | C                            | D                          | E                                  | F                              | G                   | H  | I  | J                    | K                    |  |  |  |  |  |  |  |  |  |  |
| IDENTIFY<br>TYPE OF<br>OWNERSHIP                 | AIRCRAFT<br>FAA<br>NUMBER | AIRCRAFT<br>SERIAL<br>NUMBER | MAKE, MODEL,<br>AND SERIES | MANUFACTURE<br>YEAR OF<br>AIRCRAFT | DELIVERY<br>DATE TO<br>MANAGER | ACQUISITION<br>COST | COST OF<br>IMPROVEMENTS<br>(NOT INCLUDED IN<br>COLUMN G) | ENGINE COST<br>(NOT INCLUDED IN<br>COLUMN G) | ASSESSOR<br>USE ONLY | ASSESSOR<br>USE ONLY |  |  |  |  |  |  |  |  |  |  |
| <p>THIS IS A<br/>SAMPLE!<br/>DO NOT<br/>USE!</p> |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |
|  |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |
|  |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |
|  |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |
|  |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |
|  |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |
|  |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |
|  |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |
|  |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |
|  |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |
|  |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |
|  |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |
|  |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |
|  |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |
|  |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |
|  |                           |                              |                            |                                    |                                |                     |  |  |                      |                      |  |  |  |  |  |  |  |  |  |  |

*The report subject to audit. Return this form with the Business Property Statement.*



## INSTRUCTIONS FOR COMPLETING FORM BOE-570-FO-1

*Using a separate sheet for each aircraft type as described in California Code of Regulations, Title 18, section 202, list name of management company and the lien date. Fill in the columns in the following manner:*

- Column A.** Identify ownership type for each aircraft managed by a Fractional Ownership Program. Enter by using the following codes: "O" for fractionally owned or "M" for all other aircraft managed in a Fractional Ownership Program.
- Column B.** Enter the Aircraft's Federal Aviation Administration (FAA) number.
- Column C.** Enter the manufacturer's aircraft serial number.
- Column D.** Enter the make (manufacturer's name), model, and series number of each aircraft.
- Column E.** Enter the manufacture year of the aircraft.
- Column F.** Enter the date the aircraft is delivered to the manager of the Fractional Ownership Program or delegatee.
- Column G.** Enter the original acquisition cost for that individual aircraft reported in accordance with generally accepted accounting principles, so long as that produces net acquisition cost. Also include any transportation costs, capitalized interest, and any capital additions or modifications not included in the original acquisition cost that are incurred as part of this transaction.
- Column H.** Segregate the cost of the improvements to aircraft, including transportation costs, capital additions, and modifications not included in Column G.
- Column I.** Segregate the cost not included in Column G.
- Column J.** *(Assessor's Use Only)*
- Column K.** *(Assessor's Use Only)*

