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, 2024)								20	024		
ROUTI	NG SITUS		ISE		•	FILE RET APRIL 1	URN BY	TAX RATE	ASSESSOR'S ASSESSOR'	USE ONLY S IDENTIFICATION	ON NUMBER
141 INDE	<u> </u>	•	ODE	ACCT FORM				AREA	MAP BOOK	PAGE	PARCEL 8
RETURN THIS OR				_		SSESSOR'S	USE ONLY	\dashv			0
NAME AND MAILIN	IG ADDRESS (Ma	ke necessary co.	rrections to	the printed name and n	nailing addre	,	F THE PROPER	•	NY NUMBER		
						(file a separate sta	tement for each locatio	n)			
Local Telephone Numb	er_()		Fax Num	nber (:	2. Enter the total nu	umber of units for th	e location list	ed.	163
Email Address Enter location of general	al ledger and all rela	ated accountin	ig records	(include zip code):			D I'				103
STREET			CITY	·	ATE ZIP		Do you live in on		☐ Yes [_l No	
Enter name and teleph	one number of auth	orized person	to contact	at location of accou	inting reco	rds:	3. During the period		3 through Dec	ember 31.	2023:
			()			(1) Did any indi	vidual or legal en	itity (corporat	ion, partne	ership,
CAREFILLYR	FAD AND FOLL	OW THE AC	COMPAN	YING INSTRUC	TIONS		instructions for	y company, etc.) ac or definition) in this	business enti	ty? ¯□Yes	s 🗋 No
If you no longer ov address of the nev	vn this property as						instructions acquisition? ☐ Yes ☐ N		California at	t the time	of the
Name	S						100-B, State	n questions (1) and ment of Change in	Control and C	Ownership (of Legal
· ·	<u> </u>			_ Zip Code			filing requirer	ne State Board of E ments.	equalization. S	see instruct	lions ioi
Do any other individ premises? ☐ Yes		or corporations list below.	do busine	ess or own personal	property (d	other than househ	old furniture and pe	ersonal effects of yo	ur tenants) lo	cated on yo	our
NAME A	ND ADDRESS (F OWNER	OF SUCH	I PROPERTY			NATURE OF T	HE BUSINESS (OR PROPE	RTY	
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							RIPTION				
6. ENTER BELOW the Schedule A. Do no						not built-in), and	unfurnished units. A	Also complete		ASSES	
	SLP. ROOM	STU	JDIO	1 BEDRM.		2 BEDRM.	3 BEDRM.	LARG	ER	USE (ONLY
FULLY FURNISHED PARTLY FURNISHED											
UNFURNISHED											: :
TOTALS 7. Supplies						Cos	 _t				
8. Furniture and appliances Enter From Schedule A \$											
 Other furniture and 10. 	equipment				Enter	From Schedule E	3 \$: :	: :
10.								TOTAL FULL VAL	UE	: :	: :
		ASSE	ESSOR	'S USE ONLY	•			PERSONAL PRO	PERTY		
								OTHER IMPROVE	EMENTS	: :	: :
								LAND APPRAISER:		: :	E E
								ASSESSOR'S ES	TIMATE		
								APPROVED BY:		DATE	
								TXN -	BATCH N	UMBER	

^{*}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 (include items in storage; do not include built-ins)				SCHEDULE B OTHER FURNITURE AND EQUIPMENT (office, lobby, laundry pool, vending, signs, fire extinguishers)				
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	
2023				2023				
2022				2022				
2021				2021				
2020				2020				
2019				2019				
2018				2018				
2017				2017				
2016				2016				
2015				2015				
2014				2014				
2013 & prior				2013 & prior				
TOTAL COST	T \$			TOTAL COS	ST \$			
Enter on line 8				Enter on line				
	Note: The following decl		ECLARATIO		ESSEE If you do not do so, it may resu	It 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, 2024.

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

COUNTY OF LOS ANGELES • JEFFREY PRANG, ASSESSOR APARTMENT PROPERTY STATEMENT

2024

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.