

571-L**BUSINESS
PROPERTY
STATEMENT**MAKE NECESSARY CORRECTIONS OF THE PRINTED NAME AND MAILING ADDRESS
(File a separate statement for each location)

LOCATION OF THE BUSINESS PROPERTY

0 BRUSH

RD LG

NAME AND MAILING ADDRESS

BRUSH AND OLD WELL MUTUAL WATER CO
ATTN PRESIDENT21105 BRUSH RD
LOS GATOS CA 95033TO: LAWRENCE E. STONE
ASSESSOR OF
SANTA CLARA COUNTY70 W. HEDDING ST., SAN JOSE, CA 95110-1771, PHONE (408) 299-5400
DECLARATION OF COSTS AND OTHER RELATED PROPERTY
INFORMATION AS OF 12:01 A.M., JANUARY 1, 2011FILE RETURN
BY APRIL 1, 2011**2011**

Account No. 368145-0001-7



RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED

PUBLIC UTILITY WATER
BUS AU-750
AUD
APN 544-33-018 TRA 80-001
XMPT Type**PART I: GENERAL INFORMATION**

COMPLETE (a) THRU (g)

- a. Enter type of business: Non Profit Mutual Water Company
- b. Enter local telephone number (408) 353 6032 FAX number (408) 353 2907
E-Mail Address (optional)
- c. Do you own the land at this business location? ☐ Yes ☒ No
If yes, is the name on your deed recorded as shown on this statement? ☐ Yes ☐ No
- d. When did you start business at this location? DATE: 1992
If your business name or location has changed from last year, enter the former name and/or location:
- e. Enter location of general ledger and all related accounting records (include zip code):
21105 BRUSH ROAD
LOS GATOS CA 95033

- f. Enter name and telephone number of authorized person to contact at location of accounting records: KRISTINE L. MCNAMARA
- g. During the period of January 1, 2010 through December 31, 2010:

- (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 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) Are any related entities conducting business in the county? ☐ Yes ☒ No
If yes, provide name, mailing address, and locations:

PART II: DECLARATION OF PROPERTY BELONGING TO YOU
(attach schedule for any adjustment to cost)

		COST (Omit Cents) (see instructions)	ASSESSOR'S USE ONLY
1. Supplies		0	
2. Equipment	(From line 35)	0	
3. Equipment out on lease, rent, or conditional sale to others	(Attach Schedule)	0	
4. Bldgs., Bldg. Impr., and/or Leasehold Impr., Land Impr., Land	(From line 71)	764703	
5. Construction In Progress	(Attach Schedule)	0	
6. Alternate Schedule A	(See instructions)	0	
7.			
8.			

M&E	
PP	0
FX	107058
ST	0
EX	0
LN	0

PART III: DECLARATION OF PROPERTY BELONGING TO OTHERS - IF NONE WRITE "NONE"

Report conditional sales contracts that are not leases on Schedule A

(SPECIFY TYPE BY CODE NUMBER)

- | | |
|------------------------------------|------------------------------|
| 1. Leased equipment | 4. Vending equipment |
| 2. Lease-purchase option equipment | 5. Other businesses |
| 3. Capitalized leased equipment | 6. Government-owned property |

Year Of Acq.	Year Of Mfr.	Description and Lease or Identification Number	Cost to Purchase New	Annual Rent
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Tax Obligation: A. Lessor B. Lessee

9. Lessor's name									
Mailing address									
10. Lessor's name									
Mailing address									

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, 2011.

SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*	DATE
<u>Michael T McNamara</u>	<u>3/4/2010</u>
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)	TITLE
<u>MICHAEL T McNAMARA</u>	<u>DIRECTOR</u>
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)	FEDERAL EMPLOYER ID NUMBER
<u>BRUSH & OLD WELL MUTUAL WATER COMPANY</u>	<u>77-0280799</u>
PREPARED'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER
<u>MICHAEL T McNAMARA</u>	<u>(408) 353 1564</u>
<u>21105 BRUSH ROAD, LOS GATOS CA 95033</u>	TITLE
	<u>DIRECTOR</u>

*Agent: See page 7 for Declaration by Assessee Instructions

THIS STATEMENT SUBJECT TO AUDIT

INFORMATION PROVIDED ON A PROPERTY STATEMENT MAY BE SHARED WITH THE STATE BOARD OF EQUALIZATION

SCHEDULE A - COST DETAIL: EQUIPMENT (Do not include property reported in Part III.)

Include expensed equipment and fully depreciated items. Include sales or use tax (see instructions for use tax information), freight and installation costs. Attach schedules as needed. Lines 18, 32, 33, and 45 "Prior" – Report detail by year(s) of acquisition on a separate schedule.

LINE NO	Calendar Year of Acq.	1. MACHINERY AND EQUIPMENT FOR INDUSTRY, PROFESSION, OR TRADE (do not include licensed vehicles)		2. OFFICE FURNITURE AND EQUIPMENT		3. OTHER EQUIPMENT (describe)		Calendar Year of Acq.	4. TOOLS, MOLDS, DIES, JIGS	
		COST	ASSESSOR'S USE ONLY	COST	ASSESSOR'S USE ONLY	COST	ASSESSOR'S USE ONLY		COST	ASSESSOR'S USE ONLY
11	2010							2010		
12	2009							2009		
13	2008							2008		
14	2007							2007		
15	2006							2006		
16	2005							2005		
17	2004							2004		
18	2003							Prior		
19	2002							Total		
20	2001									
21	2000									
22	1999									
23	1998							2010		
24	1997							2009		
25	1996							2008		
26	1995							2007		
27	1994							2006		
28	1993							2005		
29	1992							2004		
30	1991							2003		
31	1990							2002		
32	1989							Prior		
33	Prior							Total		
34	Total									
35	ADD TOTALS ON LINE 19, 33, 34, 46 and any additional schedules. ENTER HERE AND ON PART II, LINE 2									
36	ASSESSOR'S USE ONLY									
37	CLASSIFICATION	COL	FULL VALUE BASE	FULL VALUE	PERS. PROP. RCLND	PERS. PROP. ADJUSTMENT	PERS. PROP. FULL VALUE	2009		
38	Machinery & Equipment	1						2008		
39	Office furniture & equipment	2						2007		
40	Tools, molds, dies & jigs	4						2006		
41	Personal Computers	5a						2005		
42	LAN and Mainframe	5b						2004		
43		5c						2003		
44	Other equipment	3						2002		
45	Schedule B – Fixtures	–						Prior		
46	TOTALS							Total		

SCHEDULE B - COST DETAIL: BUILDINGS, BUILDING IMPROVEMENTS, AND/OR LEASEHOLD IMPROVEMENTS, LAND IMPROVEMENTS, LAND AND LAND DEVELOPMENT

Attach schedules as needed. Line 69 "Prior" -- Report detail by year(s) of acquisition on a separate schedule.

LINE NO	Calendar Year of Acq.	BUILDINGS, BUILDING IMPROVEMENTS, AND/OR LEASEHOLD IMPROVEMENTS				3. LAND IMPROVEMENTS (e.g., blacktop, curbs, fences)		4. LAND AND LAND DEVELOPMENT (e.g., fill, grading)	
		1. STRUCTURE ITEMS ONLY (see instructions)		2. FIXTURES ONLY (see instructions)		COST	ASSESSOR'S USE ONLY	COST	ASSESSOR'S USE ONLY
		COST	ASSESSOR'S USE ONLY	COST	ASSESSOR'S USE ONLY				
47	2010			0					
48	2009			0					
49	2008			0					
50	2007			0					
51	2006			0					
52	2005			0					
53	2004			0					
54	2003			0					
55	2002			0					
56	2001			0					
57	2000			0					
58	1999			0					
59	1998			0					
60	1997			0					
61	1996			0					
62	1995			0					
63	1994			0					
64	1993			0					
65	1992			764703					
66	1991			-					
67	1990			-					
68	1989			-					
69	Prior			0		0		0	
70	Total			764703		0		0	
71	Add TOTALS on line 70 and any additional schedules. ENTER HERE AND ON PART II, LINE 4								764703
72	Have you received allowances for tenant improvements for the current reporting period that are not reported above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate amount \$								

REMARKS:

Water Company was constructed in 1992, and consists of a 150,000 gallon tank and delivery pipes and meters, all gravity fed from tank.

The bylaws are unchanged since they were supplied to the county.

BRUSH AND OLD WELL M BIN Number: NONE/NEW Account No. 368145-0001-7 -> 2011 <-

ASSESSOR'S USE ONLY

	BY	DATE
SCREEN		
XOFF		
ID		
PRE-REV		
AI		
CC		

PERSONAL PROPERTY
FIXTURES
STRUCTURES
OTHER EX.
LAND

PROC _____ REV _____