

CLIENT OKV

LEVY, ERLANGER & COMPANY LLP
290 KING STREET SUITE #12
SAN FRANCISCO, CA 94107
(415) 981-9350

April 4, 2021

Oakridge Village Homeowners
Association
c/o Jean Bates & Associates
70 Railroad Avenue
Danville, CA 94526

Dear Client:

FEDERAL INCOME TAX RETURN

Your 2020 Federal Corporation Income Tax Return will be electronically filed with the Internal Revenue Service upon our receipt of a signed Form 8879-C - IRS e-file Signature Authorization-see enclosed. **WE CANNOT FILE THE TAX RETURN UNTIL WE RECEIVE THE SIGNED FORM 8879-C BY April 15, 2021.** *The enclosed Federal Corporation Income Tax Return is for your records only and should not be signed and should not be filed with the IRS.* No tax is payable with the filing of this return.

CALIFORNIA INCOME TAX RETURN

Your 2020 California Corporation Franchise or Income Tax Return will be electronically filed with the Franchise Tax Board upon our receipt of a signed Form 8453-C-see enclosed. **WE CANNOT FILE THE TAX RETURN UNTIL WE RECEIVE THE SIGNED FORM 8453-C BY April 15, 2021.** *The enclosed California Corporation Income Tax Return is for your records only and should not be signed and should not be filed with the FTB.* No tax is payable with the filing of this return.

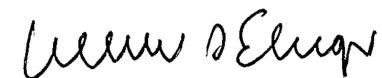
CALIFORNIA FORM 199

Your California Exempt Organization Annual Information Return will be electronically filed with the Franchise Tax Board upon our receipt of a signed Form 8453-EO-see enclosed. **WE CANNOT FILE THE TAX RETURN UNTIL WE RECEIVE THE SIGNED FORM 8453-EO BY April 15, 2021.** *The enclosed California Exempt Organization Annual Information Return is for your records only and should not be signed and should not be filed with the FTB.* No tax is payable with the filing of this return.

Before signing and returning to us the enclosed filing authorizations, please review the returns for reasonableness and advise us of any questionable item(s) that come to your attention. If these returns are selected for examination by the taxing authorities, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years. In order that we may properly advise you of tax considerations, please keep us informed of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,



William S. Erlanger

IRS e-file Signature Authorization for Form 1120

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or tax year beginning _____, 2020, ending _____,

2020

- Do not send to the IRS. Keep for your records.
- Go to www.irs.gov/Form8879C for the latest information.

Name of corporation
OAKRIDGE VILLAGE HOMEOWNERS
ASSOCIATIONEmployer identification number
94-2688700**Part I Tax Return Information (Whole dollars only)**

1 Total income (Form 1120, line 11).....	1	92,301.
2 Taxable income (Form 1120, line 30).....	2	-633.
3 Total tax (Form 1120, line 31).....	3	
4 Amount owed (Form 1120, line 35).....	4	
5 Overpayment (Form 1120, line 36).....	5	

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2020 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LEVY, ERLANGER & COMPANY LLP to enter my PIN 00512 as my signature
 ERO firm name
 do not enter all zeros

on the corporation's 2020 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2020 electronically filed income tax return.

Officer's signature ► ✓ Date ► ✓ Title ► OFFICER/AGENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 94544812345
 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► Levy E Erlang Date ► 4/4/2021

**ERO Must Retain This Form – See Instructions
 Do Not Submit This Form to the IRS Unless Requested To Do So**

Date Accepted

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

FORM

2020

California e-file Return Authorization for Corporations

8453-C

Corporation name

OAKRIDGE VILLAGE HOMEOWNERS
ASSOCIATION

California Corporation No., CA SOS file no., or FEIN

94-2688700

Part I Tax Return Information (whole dollars only)

1	Total income (Form 100, line 9; Form 100S, line 8; Form 100W, line 9 or Form 100X, line 6).....	1	-633.
2	Taxable income (Form 100, line 22; Form 100S, line 20; Form 100W, line 22 or Form 100X, line 10).....	2	-633.
3	Total tax (Form 100, line 30; Form 100S, line 29; Form 100W, line 30 or Form 100X, line 18).....	3	
4	Tax due (Form 100, line 39; Form 100S, line 38; Form 100W, line 36 or Form 100X, line 20).....	4	
5	Overpayment (Form 100, line 40; Form 100S, line 39; Form 100W, line 37 or Form 100X, line 27).....	5	

Part II Settle the Account Electronically for Taxable Year 2020

6	<input checked="" type="checkbox"/> Direct deposit of refund (For Forms 100, 100S, and 100W only.)
7	<input checked="" type="checkbox"/> Electronic funds withdrawal 7a Amount _____ 7b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2021 (These are NOT installment payments for the current amount the corporation owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the corporation's banking information?)

10 Routing number	_____	12 Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
11 Account number	_____			

Part V Declaration of Officer

I authorize the corporate account to be settled as designated in Part II. If I check Part II, Box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, Box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2020 California income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. If the corporation is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the corporation's tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize the corporation return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here  Signature of officer

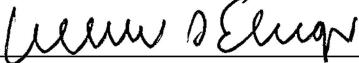
Date

 OFFICER/AGENT

Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the corporation's return. I declare, however, that form FTB 8453-C accurately reflects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for **four** years from the due date of the return or **four** years from the date the corporation return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO's signature		Date	<input type="checkbox"/> Check if also paid preparer	<input checked="" type="checkbox"/> Check if self-employed	ERO's PTIN
Firm's name (or yours if self-employed) and address	LEVY, ERLANGER & COMPANY LLP 290 KING STREET SUITE #12 SAN FRANCISCO, CA	Firm's FEIN			P01068379

Under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer's signature		Date	<input type="checkbox"/> Check if self-employed	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address		Firm's FEIN		

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

**California e-file Return Authorization for
2020 Exempt Organizations**

FORM

8453-EO

Exempt Organization name

OAKRIDGE VILLAGE HOMEOWNERS

Identifying number

94-2688700

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4).....	1	92,301.
2 Total gross income (Form 199, line 8).....	2	92,301.
3 Total expenses and disbursements (Form 199, line 9).....	3	97,406.

Part II Settle Your Account Electronically for Taxable Year 2020

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
6 Account number _____

7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here ►  Signature of officer

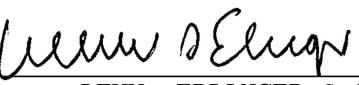
Date

OFFICER/AGENT

Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO's signature	► 	Date	4/4/2021	<input type="checkbox"/> Check if also paid preparer	<input checked="" type="checkbox"/> Check if self-employed	ERO's PTIN
Firm's name (or yours if self-employed) and address			P01068379			Firm's FEIN
LEVY, ERLANGER & COMPANY LLP 290 KING STREET SUITE #12 SAN FRANCISCO						94-3305207
						ZIP code 94107

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer's signature	►	Date	<input type="checkbox"/> Check if self-employed	Paid preparer's PTIN	
			Firm's FEIN		
Firm's name (or yours if self-employed) and address					ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

For calendar year 2020 or tax year beginning _____, 2020, ending _____,
► Go to www.irs.gov/Form1120 for instructions and the latest information.

- Go to www.irs.gov/Form1120 for instructions and the latest information.

A Check if:				B Employer identification number	
1a Consolidated return (attach Form 851)...		<input type="checkbox"/>		94-2688700	
b Life/nonlife consolidated return...		<input type="checkbox"/>		C Date incorporated	
2 Personal holding co. (attach Sch. PH)...		<input type="checkbox"/>		5/07/1980	
3 Personal service corp. (see instrs) ...		<input type="checkbox"/>		D Total assets (see instructions)	
4 Schedule M-3 attached		<input type="checkbox"/>		\$ 38,120.	
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change					
INCOME	1a Gross receipts or sales	1a	92,289.	1c	92,289.
	b Returns and allowances	1b			
	c Balance. Subtract line 1b from line 1a.				
	2 Cost of goods sold (attach Form 1125-A)				
	3 Gross profit. Subtract line 2 from line 1c.				
	4 Dividends and inclusions (Schedule C, line 23)				
	5 Interest				
	6 Gross rents				
	7 Gross royalties				
	8 Capital gain net income (attach Schedule D (Form 1120))				
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)				
10 Other income (see instructions — attach statement)					
11 Total income. Add lines 3 through 10	11	92,301.			
DEDUCTIONS FOR LIMITATIONS SEE INSTRUCTIONS ON DEDUCTIONS	12 Compensation of officers (see instructions — attach Form 1125-E)			12	
	13 Salaries and wages (less employment credits)				
	14 Repairs and maintenance				
	15 Bad debts				
	16 Rents				
	17 Taxes and licenses				
	18 Interest (see instructions)				
	19 Charitable contributions				
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)				
	21 Depletion				
	22 Advertising				
	23 Pension, profit-sharing, etc., plans				
	24 Employee benefit programs				
	25 Reserved for future use				
	26 Other deductions (attach statement)				
	27 Total deductions. Add lines 12 through 26				
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.				
	29a Net operating loss deduction (see instructions)	29a			
b Special deductions (Schedule C, line 24)	29b				
c Add lines 29a and 29b	29c				
30 Taxable income. Subtract line 29c from line 28. See instructions					
31 Total tax (Schedule J, Part I, line 11)					
32 2020 net 965 tax liability paid (Schedule J, Part II, line 12)					
33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23)					
34 Estimated tax penalty. See instructions. Check if Form 2220 is attached					
35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed					
36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid					
37 Enter amount from line 35 or 36, whichever is larger, to 2021 estimated tax					
					Refunded

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss
this return with the
preparer shown below?
See instructions.

Sign
Here

► OFFICER/AGENT

Signature of office

Date _____

funded ►

**Paid
Preparer
Use Only**

1. Name of officer
Print/Type your name
WILLIAM S. ERLANGER
2. Firm's name ► **LEVY, ERL**
3. Firm's address
 230 KING
 SAN FRANC

Preparer's signature

Dat

Check if self-employed

PTIN

PO1068370

Yes No

Yes No

BAA For Paperwork Reduction Act Notice: see separate instructions

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)	(a) Dividends and inclusions	(b) Percentage	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock).....		50	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock).....		65	
3 Dividends on certain debt-financed stock of domestic and foreign corporations		See instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs.....		50	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs.....		65	
8 Dividends from wholly owned foreign subsidiaries.....		100	
9 Subtotal. Add lines 1 through 8. See instructions for limitations.....		See instructions	
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958.....		100	
11 Dividends from affiliated group members.....		100	
12 Dividends from certain FSCs.....		100	
13 Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions).....		100	
14 Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends).....			
15 Section 965(a) inclusion.....		See instructions	
16a Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions).....		100	
b Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions).....			
c Other inclusions from CFCs under subpart F not included on line 15, 16a, 16b, or 17 (attach Form(s) 5471) (see instructions).....			
17 Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18 Gross-up for foreign taxes deemed paid			
19 IC-DISC and former DISC dividends not included on line 1, 2, or 3...			
20 Other dividends			
21 Deduction for dividends paid on certain preferred stock of public utilities			
22 Section 250 deduction (attach Form 8993).....			
23 Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24 Total special deductions. Add column (c) lines 9 through 22. Enter here and on page 1, line 29b.....			

Schedule J Tax Computation and Payment (see instructions)**Part I – Tax Computation**

1 Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions ...	► <input type="checkbox"/>		
2 Income tax. See instructions.	2		0.
3 Base erosion minimum tax amount (attach Form 8991).	3		
4 Add lines 2 and 3.	4		0.
5a Foreign tax credit (attach Form 1118).	5a		
b Credit from Form 8834 (see instructions).	5b		
c General business credit (attach Form 3800).	5c		
d Credit for prior year minimum tax (attach Form 8827).	5d		
e Bond credits from Form 8912.	5e		
6 Total credits. Add lines 5a through 5e.	6		
7 Subtract line 6 from line 4.	7		
8 Personal holding company tax (attach Schedule PH (Form 1120)).	8		
9a Recapture of investment credit (attach Form 4255).	9a		
b Recapture of low-income housing credit (attach Form 8611).	9b		
c Interest due under the look-back method — completed long-term contracts (attach Form 8697).	9c		
d Interest due under the look-back method — income forecast method (attach Form 8866).	9d		
e Alternative tax on qualifying shipping activities (attach Form 8902).	9e		
f Interest/tax due under Section 453A(c) and/or Section 453(l).	9f		
g Other (see instructions — attach statement).	9g		
10 Total. Add lines 9a through 9g.	10		
11 Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31.	11		0.

Part II – Section 965 Payments (see instructions)

12 2020 net 965 tax liability paid from Form 965-B, Part II, column (k), line 3. Enter here and on page 1, line 32.	12	
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Part III – Payments and Refundable Credits, and Section 965 Net Tax Liability

13 2019 overpayment credited to 2020.	13	
14 2020 estimated tax payments.	14	
15 2020 refund applied for on Form 4466.	15	
16 Combine lines 13, 14, and 15.	16	0.
17 Tax deposited with Form 7004.	17	
18 Withholding (see instructions).	18	
19 Total payments. Add lines 16, 17, and 18.	19	0.
20 Refundable credits from:		
a Form 2439.	20 a	
b Form 4136.	20 b	
c Reserved for future use.	20 c	
d Other (attach statement — see instructions).	20 d	
21 Total credits. Add lines 20a through 20d.	21	
22 2020 net 965 tax liability from Form 965-B, Part I, column (d), line 4. See instructions.	22	
23 Total payments, credits, and section 965 net tax liability. Add lines 19, 21, and 22. Enter here and on page 1, line 33.	23	0.

Schedule K Other Information (see instructions)

1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ►	Yes	No																								
2 See the instructions and enter the: a Business activity code no. ► <u>531390</u>																										
b Business activity ► <u>HOMEOWNERS ASSN.</u>																										
c Product or service ► <u>MGMT. & MAINT.</u>																										
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?..... If "Yes," enter name and EIN of the parent corporation ►		X																								
4 At the end of the tax year: a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G).....		X																								
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)		X																								
5 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions..... If "Yes," complete (i) through (iv) below.		X																								
<table border="1"> <thead> <tr> <th>(i) Name of Corporation</th> <th>(ii) Employer Identification Number (if any)</th> <th>(iii) Country of Incorporation</th> <th>(iv) Percentage Owned in Voting Stock</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock																					
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock																							
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions..... If "Yes," complete (i) through (iv) below.		X																								
<table border="1"> <thead> <tr> <th>(i) Name of Entity</th> <th>(ii) Employer Identification Number (if any)</th> <th>(iii) Country of Organization</th> <th>(iv) Maximum Percentage Owned in Profit, Loss, or Capital</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital																					
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital																							
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316..... If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		X																								
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned ► _____ and (b) Owner's country ► _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ► _____		X																								
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount..... ► <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.																										
9 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ <u>NONE</u>																										
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ► _____																										
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions). If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		<input type="checkbox"/>																								
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.)..... ► \$ <u>NONE</u>																										

Schedule K Other Information (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?.....	<input checked="" type="checkbox"/>	
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ► \$ NONE		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions.....		<input checked="" type="checkbox"/>
15a Did the corporation make any payments in 2020 that would require it to file Form(s) 1099?.....	<input checked="" type="checkbox"/>	
b If "Yes," did or will the corporation file required Form(s) 1099?.....	<input checked="" type="checkbox"/>	
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?.....		<input checked="" type="checkbox"/>
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?.....		<input checked="" type="checkbox"/>
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?.....		<input checked="" type="checkbox"/>
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?.....		<input checked="" type="checkbox"/>
20 Is the corporation operating on a cooperative basis?.....		<input checked="" type="checkbox"/>
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions.....		<input checked="" type="checkbox"/>
If "Yes," enter the total amount of the disallowed deductions ► \$		
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3)).....		<input checked="" type="checkbox"/>
If "Yes," complete and attach Form 8991.		
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions.....		<input checked="" type="checkbox"/>
24 Does the corporation satisfy one or more of the following? See instructions.....		<input checked="" type="checkbox"/>
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," complete and attach Form 8990.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?.....		<input checked="" type="checkbox"/>
If "Yes," enter amount from Form 8996, line 15..... ► \$		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions.....		<input checked="" type="checkbox"/>
Percentage: By Vote		Percentage: By Value

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
	Assets	(a)	(b)	(c)	(d)
1	Cash.....		45,321.		34,749.
2a	Trade notes and accounts receivable.....	557.		1,110.	
b	Less allowance for bad debts.....		557.		1,110.
3	Inventories.....				
4	U.S. government obligations.....				
5	Tax-exempt securities (see instructions).....				
6	Other current assets (attach statement). SEE ST. 2.		2,499.		2,261.
7	Loans to shareholders.....				
8	Mortgage and real estate loans.....				
9	Other investments (attach statement).....				
10a	Buildings and other depreciable assets.....				
b	Less accumulated depreciation.....				
11a	Depletable assets.....				
b	Less accumulated depletion.....				
12	Land (net of any amortization).....				
13a	Intangible assets (amortizable only).....				
b	Less accumulated amortization.....				
14	Other assets (attach statement).....				
15	Total assets.....		48,377.		38,120.
	Liabilities and Shareholders' Equity				
16	Accounts payable.....		5,000.		3,100.
17	Mortgages, notes, bonds payable in less than 1 year.....				
18	Other current liabilities (attach stmt). SEE ST. 3.		28,979.		25,727.
19	Loans from shareholders.....				
20	Mortgages, notes, bonds payable in 1 year or more.....				
21	Other liabilities (attach statement).....				
22	Capital stock: a Preferred stock.....				
b	Common stock.....				
23	Additional paid-in capital.....				
24	Retained earnings — Approp (att stmt).....				
25	Retained earnings — Unappropriated.....		14,398.		9,293.
26	Adjmt to shareholders' equity (att stmt).....				
27	Less cost of treasury stock.....				
28	Total liabilities and shareholders' equity.....		48,377.		38,120.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books.....	-5,105.	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2	Federal income tax per books.....				
3	Excess of capital losses over capital gains.....				
4	Income subject to tax not recorded on books this year (itemize): _____				
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation..... \$ _____ b Charitable contributions..... \$ _____ c Travel & entertainment..... \$ _____		8	Deductions on this return not charged against book income this year (itemize): a Depreciation. . \$ _____ b Charitable contribns \$ _____	
STATEMENT 4	4,472.	4,472.	9	Add lines 7 and 8.....	0.
6	Add lines 1 through 5.....	-633.	10	Income (page 1, line 28) — line 6 less line 9.....	-633.

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1	Balance at beginning of year.....	14,398.	5	Distributions..... a Cash....	
2	Net income (loss) per books.....	-5,105.	b	Stock _____ c Property....	
3	Other increases (itemize): _____		6	Other decreases (itemize): _____	
4	Add lines 1, 2, and 3.....	9,293.	7	Add lines 5 and 6.....	
			8	Balance at end of year (line 4 less line 7).....	9,293.

2020

FEDERAL STATEMENTS
OAKRIDGE VILLAGE HOMEOWNERS
ASSOCIATION

PAGE 1

CLIENT OKV

94-2688700

4/04/21

11:04PM

STATEMENT 1
FORM 1120, LINE 26
OTHER DEDUCTIONS

SEE SCHEDULE 1 FORM 1120/100..... \$ 92,934.
TOTAL \$ 92,934.

STATEMENT 2
FORM 1120, SCHEDULE L, LINE 6
OTHER CURRENT ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
PREPAID INSURANCE.....	\$ 2,499.	\$ 2,261.
TOTAL	<u>\$ 2,499.</u>	<u>\$ 2,261.</u>

STATEMENT 3
FORM 1120, SCHEDULE L, LINE 18
OTHER CURRENT LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ASSESSMENTS PAID IN ADVANCE.....	\$ 4,281.	\$ 2,298.
CONTRACT LIABILITIES.....	24,698.	23,429.
TOTAL	<u>\$ 28,979.</u>	<u>\$ 25,727.</u>

STATEMENT 4
FORM 1120, SCHEDULE M-1, LINE 5
BOOK EXPENSES NOT DEDUCTED

SEE SCHEDULE 1 FORM 1120/100..... \$ 4,472.
TOTAL \$ 4,472.

OAKRIDGE VILLAGE HOMEOWNERS ASSOCIATIONFED 94-2688700
CAL 0982198

SCHEDULE 1 FORM 1120/100

OTHER DEDUCTIONS	2020	Membership	Nonmembership	Contribution to Capital
REVENUES				
Membership income	92,289	89,744		2,545
Interest income	12	0	12	
Total revenues	92,301	89,744	12	2,545
EXPENSES				
Insurance	3,762	3,762		
Management	5,904	5,609	295	
Income taxes - federal	0	0		
Income taxes - state	0	0	0	
Legal and accounting	9,023	8,673	350	
Office expense	1,361	1,361		
Utilities	32,200	32,200		
Landscape maintenance	40,735	40,735		
Facilities maintenance	1,864	1,864		
Repairs and replacements	2,557	2,557		
Contribution for major component replacement provision		(2,545)		2,545
Total expenses	97,406	94,216	645	2,545
INCOME (LOSS) - BOOK/FEDERAL TAXABLE	(5,105)	(4,472)	(633)	0
STATE INCOME TAXES			0	
STATE TAXABLE INCOME			(633)	
OTHER DEDUCTIONS				
Membership expenses per detail above		94,216		
Contribution to capital		2,545		
Deferred membership income (loss)		(4,472)		
Nonmembership expenses:				
Cash management and bookkeeping		295		
Income tax return preparation		350		
			92,934	

ELECTIONS:

- (1) The Association elects to exclude from income that portion of assessments allocated to replacement reserves as contributions to capital (RR 73-370, RR 74-563, RR 75-371).
- (2) The Association elects to apply the excess of membership income over membership expenses against next year's assessments (RR 70-604).
- (3) The Association elects to apply the excess of membership expenses over membership income against next year's assessments (IRC-277).

RP

0982198 OAKR 94-2688700 000000000000 20
 TYB 01-01-2020 TYE 12-31-2020
 OAKRIDGE VILLAGE HOMEOWNERS ASSOCIATION
 C/O JEAN BATES ASSOCIATES
 70 RAILROAD AVENUE
 DANVILLE CA 94526

Schedule Q Questions (continued on Page 2)

A FINAL RETURN? • Dissolved Surrendered (withdrawn) Merged/Reorganized IRC Section 338 sale QSub election
 Enter date (mm/dd/yyyy) •

B 1 Is income included in a combined report of a unitary group? • Yes No

If "Yes," indicate: Wholly within CA (R&TC 25101.15)

Within and outside of CA

2 Is there a change in the members listed in Schedule R-7 from the prior year? • Yes No

3 Enter the number of members (including parent or key corporation) listed in the Schedule R-7, Part I, Section A, subject to income or franchise tax. •

4 Is form FTB 3544 attached to the return? • Yes No

C 1 During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • Yes No

2 During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • Yes No

3 During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under R&TC Section 62(a)(2) and it was not reported on a previous year's tax return? • Yes No

(Yes requires filing of statement, penalties may apply – see instructions.)

State Adju stme nts	1	Net income (loss) before state adjustments. See instructions.....	•	1	-733.
	2	Amount deducted for foreign or domestic tax based on income or profits from Schedule A.....	•	2	
	3	Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A.....	•	3	
	4	Interest on government obligations.....	•	4	
	5	Net California capital gain from Page 6, Schedule D, line 11.....	•	5	
	6	Depreciation and amortization in excess of amount allowed under California law. Attach form FTB 3885.....	•	6	
	7	Net income from corporations not included in federal consolidated return. See instructions.....	•	7	
	8	Other additions. Attach schedule(s).....	•	8	100.
	9	Total. Add line 1 through line 8.....	•	9	-633.

A d d C o n t a s t a t e m u n e d s	10	Intercompany dividend elimination. Attach Schedule H (100).....	●	10			
	11	Dividends received deduction. Attach Schedule H (100).....	●	11			
	12	Additional depreciation allowed under CA law. Attach form FTB 3885.....	●	12			
	13	Capital gain from federal Form 1120, line 8.....	●	13			
	14	Charitable Contributions.....	●	14			
	15	Other deductions. Attach schedule(s).....	●	15			
	16	Total. Add line 10 through line 15.....	●	16			
	17	Net income (loss) after state adjustments. Subtract line 16 from Page 1, line 9.....	●	17	-633.		
	18	Net income (loss) for state purposes. Complete Schedule R if apportioning or allocating income. See instructions.....	●	18	-633.		
	19	Net operating loss (NOL) deduction. See instructions.....	●	19			
	20	EZ, TTA, or LAMBRA NOL carryover deduction. See instructions.....	●	20			
	21	Disaster loss deduction. See instructions.....	●	21			
	22	Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18.....	●	22	-633.		
	23	Tax. <u>8.84 % x</u> line 22 (at least minimum franchise tax, if applicable). See instructions.....	●	23	0.		
	24	Credit name _____ code ● _____ amount.....	►	24			
25	Credit name _____ code ● _____ amount.....	►	25				
26	To claim more than two credits, see instructions.....	●	26				
27	Add line 24 through line 26.....	●	27				
28	Balance. Subtract line 27 from line 23 (at least minimum franchise tax, if applicable).....	●	28	0.			
29	Alternative minimum tax. Attach Schedule P (100). See instructions.....	●	29				
30	Total tax. Add line 28 and line 29.....	●	30	0.			
P a y m e n t s	31	Overpayment from prior year allowed as a credit.....	●	31			
	32	2020 Estimated tax payments. See instructions.....	●	32			
	33	2020 Withholding (Form 592-B and/or 593). See instructions.....	●	33			
	34	Amount paid with extension of time to file tax return.....	●	34			
	35	Total payments. Add line 31 through line 34.....	●	35			
R e f u n d a m o u n t o r D u e	36	Use tax. This is not a total line. See instructions.....	●	36			
	37	Payments balance. If line 35 is more than line 36, subtract line 36 from line 35.....	●	37			
	38	Use tax balance. If line 36 is more than line 35, subtract line 35 from line 36.....	●	38			
	39	Franchise or income tax due. If line 30 is more than line 37, subtract line 37 from line 30.....	●	39	0.		
	40	Overpayment. If line 37 is more than line 30, subtract line 30 from line 37.....	●	40			
	41	Amount of line 40 to be credited to 2021 estimated tax.....	●	41			
	42	Refund. Subtract line 41 from line 40..... See instructions to have the refund directly deposited.	●	42			
	42a	<input type="checkbox"/> Checking					
	42b	<input type="checkbox"/> Savings					
	42c	● Routing number	42c	● Type	42c		● Account number
	43a	Penalties and interest.....	●	43a			
	b	● <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.	●	44	0.		
44	Total amount due. Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result.....	●					

Schedule Q Questions (continued from Page 1)

D If the corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the date the water's-edge election ended..... (mm/dd/yyyy) ● _____

E Was the corporation's income included in a consolidated federal return?..... ● Yes No

F Principal business activity code. (Do not leave blank): ● 531390

Business activity HOMEOWNERS ASSN.

Product or service MGMT. & MAINT.

Schedule Q Questions (continued on Page 3)

G Date incorporated (mm/dd/yyyy): 5/07/1980 Where: • State CA Country _____

H Date business began in California or date income was first derived from California sources (mm/dd/yyyy) • 5/07/1980

I First return? • Yes No If "Yes" and this corporation is a successor to a previously existing business, check the appropriate box.
 • (1) Sole proprietorship (2) Partnership (3) Joint venture (4) Corporation (5) Other
 (Attach statement showing name, address, and FEIN/SSN/ITIN of previous business.)

J "Doing business as" name. See instructions:
 • C/O JEAN BATES & ASSOCIATES

K At any time during the taxable year, was more than 50% of the voting stock:
 1 Of the corporation owned by any single interest? • Yes No
 2 Of another corporation owned by this corporation? • Yes No
 3 Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? • Yes No
 If 1 or 3 is "Yes," enter the country of the ultimate parent
 •
 If 1, 2, or 3 is "Yes," furnish a statement of ownership indicating pertinent names, addresses, and percentages of stock owned. If the owner(s) is an individual, provide the SSN/ITIN and see FTB 1131, for more information.

L Has the corporation included a reportable transaction or listed transaction within this return? (See instructions for definitions) • Yes No
 If "Yes," complete and attach federal Form 8886 for each transaction.

M Is this corporation apportioning or allocating income to California using Schedule R? • Yes No

N How many affiliates in the combined report are claiming immunity from taxation in California under Public Law 86-272? • _____

O Corporation headquarters are: • (1) Within California (2) Outside of California, within the U.S. (3) Outside of the U.S.

P Location of principal accounting records: 70 RAILROAD AVENUE DANVILLE, CA 94526

Q Accounting method: • (1) Cash (2) Accrual (3) Other

R Does this corporation or any of its subsidiaries have a Deferred Intercompany Stock Account (DISA)? • Yes No
 If "Yes," enter the total balance of all DISAs • \$ _____

S Is this corporation or any of its subsidiaries a RIC? • Yes No

T Is this corporation treated as a REMIC for California purposes? • Yes No

U 1 Is this corporation a REIT for California purposes? • Yes No
 2 If question U1 is "Yes," does the entity own any qualified REIT subsidiaries that are incorporated or qualified with the California Secretary of State? If yes, see instructions • Yes No

V Is this corporation an LLC or limited partnership electing to be taxed as a corporation for federal purposes? • Yes No
 If "Yes", enter the effective date of the election (mm/dd/yyyy):.....

W Is this corporation to be treated as a credit union? • Yes No

X Is the corporation under audit by the IRS or has it been audited by the IRS in a prior year? • Yes No

Y Have all required information returns (e.g. federal Forms 1099, 5471, 5472, 8300, 8865, etc.) been filed with the Franchise Tax Board? N/A Yes No

Z Does the taxpayer (or any corporation of the taxpayer's combined group, if applicable) own 80% or more of the stock of an insurance company? Yes No

AA Did the corporation file the federal Schedule UTP (Form 1120)? • Yes No

BB Does any member of the combined report own an SMLLC or generate/claim credits that are attributable to an SMLLC?... • Yes No

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer ►	Title <u>OFFICER/AGENT</u>	Date
	Officer's email address (optional)	• Telephone <u>(925) 838-2095</u>	
Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input checked="" type="checkbox"/>
	Firm's name (or yours, if self-employed) and address <u>LEVY, ERLANGER & COMPANY LLP</u> <u>290 KING STREET SUITE #12</u> <u>SAN FRANCISCO, CA 94107</u>	<input type="checkbox"/> PTIN <u>P01068379</u> <input type="checkbox"/> Firm's FEIN <u>94-3305207</u> <input type="checkbox"/> Telephone <u>(415) 981-9350</u>	
May the FTB discuss this return with the preparer shown above? See instructions..... • <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Schedule A Taxes Deducted. Use additional sheet(s) if necessary.

(a) Nature of tax	(b) Taxing authority	(c) Total amount	(d) Nondeductible amount

Total. Enter total of column (c) on Schedule F, line 17, and total of column (d) on Page 1, line 2 or line 3. If the corporation uses California computation method to compute the net income, see instructions.

Schedule F Computation of Net Income. See instructions.

Income	1 a) Gross receipts or gross sales	92,289.	c) Balance.	● 1c	92,289.
	b) Less returns and allowance.....			● 2	
	2 Cost of goods sold. Attach federal Form 1125-A (California Schedule V).....			● 3	92,289.
	3 Gross profit. Subtract line 2 from line 1c.....			● 4	
	4 Total dividends. Attach federal Schedule C, (California Schedule H (100)).....			● 5a	
	5 a) Interest on obligations of the United States and U.S. instrumentalities.....			● 5b	12.
	b) Other interest. Attach schedule.....	SEE STATEMENT 2		● 6	
	6 Gross rents.....			● 7	
	7 Gross royalties.....			● 8	
	8 Capital gain net income. Attach federal Schedule D (California Schedule D).....			● 9	
	9 Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1).....			● 10	
	10 Other income (loss). Attach schedule.....			● 11	92,301.
Deductions	11 Total income. Add line 3 through line 10.....				
	12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule.....	● 12			
	13 Salaries and wages (not deducted elsewhere).....	● 13			
	14 Repairs and maintenance.....	● 14			
	15 Bad debts.....	● 15			
	16 Rents.....	● 16			
	17 Taxes (California Schedule A). See instructions.....	● 17			
	18 Interest. Attach schedule.....	● 18			
	19 Charitable Contributions. Attach schedule.....	● 19			
	20 Depreciation. Attach federal Form 4562 and FTB 3885.....	● 20			
	21 Less depreciation claimed elsewhere on return.....	● 21a	● 21b		
	22 Depletion. Attach schedule.....		● 22		
	23 Advertising.....		● 23		
	24 Pension, profit-sharing plans, etc.....		● 24		
	25 Employee benefit plans.....		● 25		
	26 a) Total travel and entertainment.....		● 26b		
	b) Deductible amounts.....				
	27 Other deductions. Attach schedule.....	STATEMENT 3	● 27	92,934.	
	28 Specific deduction for organizations under R&TC Section 23701r or 23701t. See instructions.....		● 28	100.	
	29 Total deductions. Add line 12 through line 28.....		● 29	93,034.	
	30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Page 1, line 1.....		● 30	-733.	

Schedule J Add-On Taxes and Recapture of Tax Credits. See instructions.

1 LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$	● 1	
2 Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834).....	● 2	
3 Interest on tax attributable to installment: a) Sales of certain timeshares and residential lots.....	● 3a	
b) Method for nondealer installment obligations.....	● 3b	
4 IRC Section 197(f)(9)(B) election.....	● 4	
5 Credit recapture name: _____	● 5	
6 Combine line 1 through line 5, revise Page 2, line 39 or line 40, whichever applies, by this amount. Write "Schedule J" to the left of line 39 or line 40.....	● 6	

Schedule V Cost of Goods Sold

1	Inventory at beginning of year.....	1	
2	Purchases.....	2	
3	Cost of labor.....	3	
4a	Additional IRC Section 263A costs. Attach schedule.....	4a	
b	Other costs. Attach schedule.....	4b	
5	Total. Add line 1 through line 4b.....	5	
6	Inventory at end of year.....	6	
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and on Page 4, Schedule F, line 2.....	7	

Method of inventory valuation ►

Was there any change in determining quantities, costs or valuations between opening and closing inventory? Yes No
 If "Yes," attach an explanation.

Enter California seller's permit number, if any. ►

Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970.

If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory under LIFO. _____

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation? Yes No**The corporation may not be required to complete Schedules L, M-1, and M-2. See Schedule M-1 instructions for reporting requirements.**

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash.....		● 45,321.	● 1,110.	● 34,749.
2a Trade notes and accounts receivable.....	557.	● 557.	● 1,110.	● 1,110.
b Less allowance for bad debts.....				
3 Inventories.....				
4 Federal and state government obligations.....				
5 Other current assets. Attach schedule(s).....				
6 Loans to stockholders/officers. Attach schedule.....				
7 Mortgage and real estate loans.....				
8 Other investments. Attach schedule(s).....				
9a Buildings and other fixed depreciable assets.....				
b Less accumulated depreciation.....				
10a Depletable assets.....				
b Less accumulated depletion.....				
11 Land (net of any amortization).....				
12a Intangible assets (amortizable only).....				
b Less accumulated amortization.....				
13 Other assets. Attach schedule(s).....				
14 Total assets.....		● 48,377.	● 38,120.	● 38,120.
Liabilities and Stockholders' Equity				
15 Accounts payable.....				
16 Mortgages, notes, bonds payable in less than 1 year.....		● 5,000.	● 3,100.	● 3,100.
17 Other current liabilities. Attach schedule(s).....				
18 Loans from stockholders. Attach schedule(s).....		● 28,979.	● 25,727.	● 25,727.
19 Mortgages, notes, bonds payable in 1 year or more.....				
20 Other liabilities. Attach schedule(s).....				
21 Capital stock: a Preferred stock.....		●	●	●
b Common stock.....		●	●	●
22 Paid-in or capital surplus. Attach reconciliation.....		●	●	●
23 Retained earnings — Appropriated. Attach schedule.....				
24 Retained earnings — Unappropriated.....		● 14,398.	● 9,293.	● 9,293.
25 Adjustments to shareholders' equity. Att sch.....				
26 Less cost of treasury stock.....				
27 Total liabilities and stockholders' equity.....		● 48,377.	● 38,120.	● 38,120.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.

If the corporation completed federal Schedule M-3 (Form 1120/1120-F), see instructions.

1 Net income per books.	●	-5,105.	7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax.	●		a Tax-exempt interest \$	
3 Excess of capital losses over capital gains.	●		b Other. \$	
4 Taxable income not recorded on books this year (itemize)	●		c Total. Add line 7a and line 7b.	●
5 Expenses recorded on books this year not deducted in this return (itemize)	●		8 Deductions in this return not charged against book income this year (itemize)	
a Depreciation. \$			a Depreciation. \$	
b State taxes. \$			b State tax refunds. \$	
c Travel and entertainment. \$			c Other. \$	
d Other. STATEMENT 6 \$		4,472.	d Total. Add line 8a through line 8c.	●
e Total. Add line 5a through line 5d.	●	4,472.	9 Total. Add line 7c and line 8d.	● 0.
6 Total. Add line 1 through line 5e.		-633.	10 Net income per return. Subtract line 9 from line 6.	-633.

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Page 5, Schedule L, line 24)

1 Balance at beginning of year.	●	14,398.	5 Distributions: a Cash.	●
2 Net income per books.	●	-5,105.	b Stock.	●
3 Other increases (itemize).	●		c Property.	●
4 Total. Add line 1 through line 3.		9,293.	6 Other decreases (itemize)	●
			7 Total. Add line 5 and line 6.	
			8 Balance at end of year. Subtract line 7 from line 4.	9,293.

Schedule D California Capital Gains and Losses**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less.** Use additional sheet(s) if necessary.

(a) Kind of property and description (Example, 100 shares of Z Co.)	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain (loss) (d) less (e)
1					
2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37.				●	2
3 Unused capital loss carryover from 2019.				●	3
4 Net short-term capital gain (loss). Combine line 1 through line 3.				●	4

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year. Use additional sheet(s) if necessary.

5					
6 Enter gain from Schedule D-1, line 9 and/or any capital gain distributions.				●	6
7 Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37.				●	7
8 Net long-term capital gain (loss). Combine line 5 through line 7.				●	8
9 Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8).				●	9
10 Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4).				●	10
11 Total lines 9 and 10. Enter here and on Form 100, Page 1, line 5. If losses exceed gains, carry forward losses to 2021.				●	11

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CALIFORNIA STATEMENTS
OAKRIDGE VILLAGE HOMEOWNERS
ASSOCIATION

PAGE 1

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STATEMENT 1
FORM 100, LINE 8
OTHER ADDITIONS

EXEMPT FUNCTION DEDUCTIONS.....	\$ 100.
TOTAL	<u>\$ 100.</u>

STATEMENT 2
FORM 100, SCHEDULE F, LINE 5(B)
OTHER INTEREST

SEE SCHEDULE 1 FORM 1120/100.....	\$ 12.
TOTAL	<u>\$ 12.</u>

STATEMENT 3
FORM 100, SCHEDULE F, LINE 27
OTHER DEDUCTIONS

SEE SCHEDULE 1 FORM 1120/100.....	\$ 92,934.
TOTAL	<u>\$ 92,934.</u>

STATEMENT 4
FORM 100, SCHEDULE L, LINE 5
OTHER CURRENT ASSETS

	BEGINNING	ENDING
PREPAID INSURANCE.....	\$ 2,499.	\$ 2,261.
TOTAL	<u>\$ 2,499.</u>	<u>\$ 2,261.</u>

STATEMENT 5
FORM 100, SCHEDULE L, LINE 17
OTHER CURRENT LIABILITIES

	BEGINNING	ENDING
ASSESSMENTS PAID IN ADVANCE.....	\$ 4,281.	\$ 2,298.
CONTRACT LIABILITIES.....	24,698.	23,429.
TOTAL	<u>\$ 28,979.</u>	<u>\$ 25,727.</u>

STATEMENT 6
FORM 100, SCHEDULE M-1, LINE 5
BOOK EXPENSES NOT DEDUCTED

SEE SCHEDULE 1 FORM 1120/100.....	\$ 4,472.
TOTAL	<u>\$ 4,472.</u>

OAKRIDGE VILLAGE HOMEOWNERS ASSOCIATIONFED 94-2688700
CAL 0982198

SCHEDULE 1 FORM 1120/100

OTHER DEDUCTIONS	2020	Membership	Nonmembership	Contribution to Capital
REVENUES				
Membership income	92,289	89,744		2,545
Interest income	12	0		12
Total revenues	92,301	89,744		2,545
EXPENSES				
Insurance	3,762	3,762		
Management	5,904	5,609		295
Income taxes - federal	0	0		
Income taxes - state	0	0		0
Legal and accounting	9,023	8,673		350
Office expense	1,361	1,361		
Utilities	32,200	32,200		
Landscape maintenance	40,735	40,735		
Facilities maintenance	1,864	1,864		
Repairs and replacements	2,557	2,557		
Contribution for major component replacement provision		(2,545)		2,545
Total expenses	97,406	94,216		2,545
INCOME (LOSS) - BOOK/FEDERAL TAXABLE	(5,105)	(4,472)		0
STATE INCOME TAXES				0
STATE TAXABLE INCOME				(633)
OTHER DEDUCTIONS				
Membership expenses per detail above				94,216
Contribution to capital				2,545
Deferred membership income (loss)				(4,472)
Nonmembership expenses:				
Cash management and bookkeeping				295
Income tax return preparation				350
				92,934

ELECTIONS:

- (1) The Association elects to exclude from income that portion of assessments allocated to replacement reserves as contributions to capital (RR 73-370, RR 74-563, RR 75-371).
- (2) The Association elects to apply the excess of membership income over membership expenses against next year's assessments (RR 70-604).
- (3) The Association elects to apply the excess of membership expenses over membership income against next year's assessments (IRC-277).

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name OAKRIDGE VILLAGE HOMEOWNERS ASSOCIATION	California corporation number 0982198
Additional information. See instructions.	
Street address (suite or room) 70 RAILROAD AVENUE	PMB no.
City DANVILLE	State CA
Foreign country name	Zip code 94526
	Foreign province/state/county
	Foreign postal code

A First return.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Amended return.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions..... <input type="checkbox"/> Yes <input type="checkbox"/> No
C IRC Section 4947(a)(1) trust.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g?... <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources. \$ _____
D Final information return? ● <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized		L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Enter date: (mm/dd/yyyy) ● _____		M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Check accounting method: 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other		N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? 1 <input type="checkbox"/> 990T 2 <input type="checkbox"/> 990-PF 3 <input type="checkbox"/> Sch H (990) 4 <input type="checkbox"/> Other 990 series		O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____
G Is this a group filing? See instructions.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H Is this organization in a group exemption? _____ If "Yes," what is the parent's name? _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.....	<input type="checkbox"/> 1	12.
	2 Gross dues and assessments from members and affiliates.....	<input type="checkbox"/> 2	92,289.
	3 Gross contributions, gifts, grants, and similar amounts received.....	<input type="checkbox"/> 3	
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B... ● <input type="checkbox"/> 4	<input type="checkbox"/> 4	92,301.
Expenses	5 Cost of goods sold.....	<input type="checkbox"/> 5	
	6 Cost or other basis, and sales expenses of assets sold.....	<input type="checkbox"/> 6	
	7 Total costs. Add line 5 and line 6.....	<input type="checkbox"/> 7	0.
	8 Total gross income. Subtract line 7 from line 4.....	<input type="checkbox"/> 8	92,301.
Filing Fee	9 Total expenses and disbursements. From Side 2, Part II, line 18.....	<input type="checkbox"/> 9	97,406.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.....	<input type="checkbox"/> 10	-5,105.
	11 Total payments.....	<input type="checkbox"/> 11	
	12 Use tax. See General Information K.....	<input type="checkbox"/> 12	
13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.....	<input type="checkbox"/> 13		
14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.....	<input type="checkbox"/> 14		
15 Penalties and Interest. See General Information J.....	<input type="checkbox"/> 15		
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result.....	<input checked="" type="checkbox"/> 16	0.	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer ►	Title OFFICER/AGENT	Date
Paid Preparer's Use Only	Preparer's signature ►	Date	<input type="checkbox"/> Telephone (925) 838-2095 <input type="checkbox"/> PTIN P01068379 <input type="checkbox"/> Firm's FEIN 94-3305207 <input type="checkbox"/> Telephone (415) 981-9350
	Firm's name (or yours, if self-employed) and address ► LEVY, ERLANGER & COMPANY LLP 290 KING STREET SUITE #12 SAN FRANCISCO, CA 94107	Check if self-employed ► <input checked="" type="checkbox"/>	
	May the FTB discuss this return with the preparer shown above? See instructions..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part II Organizations with gross receipts of more than \$50,000 and private foundations
 regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions.....	●	1	12.
	2 Interest.....	●	2	
	3 Dividends.....	●	3	
	4 Gross rents.....	●	4	
	5 Gross royalties.....	●	5	
	6 Gross amount received from sale of assets (See Instructions).....	●	6	
	7 Other income. Attach schedule.....	●	7	
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1.....	●	8	12.
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule.....	●	9	
	10 Disbursements to or for members.....	●	10	97,406.
	11 Compensation of officers, directors, and trustees. Attach schedule.....	●	11	
	12 Other salaries and wages.....	●	12	
	13 Interest.....	●	13	
	14 Taxes.....	●	14	
	15 Rents.....	●	15	
	16 Depreciation and depletion (See instructions).....	●	16	
	17 Other expenses and disbursements. Attach schedule.....	●	17	
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9.....	●	18	97,406.

Schedule L Balance Sheet

		Beginning of taxable year			
Assets		(a)	(b)	(c)	(d)
1 Cash.....			45,321.	●	34,749.
2 Net accounts receivable.....			557.	●	1,110.
3 Net notes receivable.....				●	
4 Inventories.....				●	
5 Federal and state government obligations.....				●	
6 Investments in other bonds.....				●	
7 Investments in stock.....				●	
8 Mortgage loans.....				●	
9 Other investments. Attach schedule.....				●	
10a Depreciable assets.....					
b Less accumulated depreciation.....					
11 Land.....	STM 1				●
12 Other assets. Attach schedule.....			2,499.	●	2,261.
13 Total assets.....			48,377.		38,120.
Liabilities and net worth					
14 Accounts payable.....			5,000.	●	3,100.
15 Contributions, gifts, or grants payable.....				●	
16 Bonds and notes payable.....				●	
17 Mortgages payable.....	STM 2			●	
18 Other liabilities. Attach schedule.....			28,979.		25,727.
19 Capital stock or principal fund.....				●	
20 Paid-in or capital surplus. Attach reconciliation.....				●	
21 Retained earnings or income fund.....			14,398.	●	9,293.
22 Total liabilities and net worth.....			48,377.		38,120.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1 Net income per books.....	●	-5,105.	7 Income recorded on books this year not included in this return. Attach schedule.....	
2 Federal income tax.....	●		8 Deductions in this return not charged against book income this year.	
3 Excess of capital losses over capital gains.....	●		Attach schedule.....	
4 Income not recorded on books this year. Attach schedule.....	●		9 Total. Add line 7 and line 8.....	
5 Expenses recorded on books this year not deducted in this return. Attach schedule.....	●		10 Net income per return. Subtract line 9 from line 6.....	-5,105.
6 Total. Add line 1 through line 5.....		-5,105.		

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CALIFORNIA FORM 199 STATEMENTS
OAKRIDGE VILLAGE HOMEOWNERS
ASSOCIATION

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STATEMENT 1
FORM 199 , SCHEDULE L, LINE 12
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
PREPAID INSURANCE.....	\$ 2,499.	\$ 2,261.
TOTAL	<u>\$ 2,499.</u>	<u>\$ 2,261.</u>

STATEMENT 2
FORM 199 , SCHEDULE L, LINE 18
OTHER LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ASSESSMENTS PAID IN ADVANCE.....	\$ 4,281.	\$ 2,298.
CONTRACT LIABILITIES.....	24,698.	23,429.
TOTAL	<u>\$ 28,979.</u>	<u>\$ 25,727.</u>