### **Villa Tempra HOA Proposed Budget 2025**

### Income

|                             | Per Unit | Month * 36 Units | Annual      |
|-----------------------------|----------|------------------|-------------|
| Monthly HOA Fee **          | \$190.00 | \$6,840.00       | \$82,080.00 |
| Interest on checking        | \$1.00   | \$36.00          | \$432.00    |
| Total Income                | \$191.00 | \$6,876.00       | \$82,512.00 |
| Expenses                    |          |                  |             |
| Administration              | \$4.00   | \$144.00         | \$1,728.00  |
| Mgt&Bookeep                 | \$13.00  | \$468.00         | \$5,616.00  |
| Office Supplies             | \$4.00   | \$144.00         | \$1,728.00  |
| APS Total                   | \$21.00  | \$756.00         | \$9,072.00  |
| Taxes&Permit                | \$4.00   | \$144.00         | \$1,728.00  |
| Insurance                   | \$26.00  | \$936.00         | \$11,232.00 |
| Termite Inspection          | \$4.77   | \$171.72         | \$2,060.64  |
| Gas&Electric                | \$2.00   | \$72.00          | \$864.00    |
| Water&Sewer                 | \$65.00  | \$2,340.00       | \$28,080.00 |
| Gardening                   | \$12.00  | \$432.00         | \$5,184.00  |
| Refuse/Garbage              | \$28.00  | \$1,008.00       | \$12,096.00 |
| Operations Expenses Total   | \$141.77 | \$5,103.72       | \$61,244.64 |
| Reserves (10% by law)       |          |                  |             |
| Repairs                     | \$7.00   | \$252.00         | \$3,024.00  |
| Maintenance                 | \$7.00   | \$252.00         | \$3,024.00  |
| Improvements                | \$5.00   | \$180.00         | \$2,160.00  |
| Miscellaneous/Contingencies | \$9.23   | \$332.28         | \$3,987.36  |
| Total Reserves              | \$28.23  | \$1,016.28       | \$12,195.36 |
| Total HOA Budget            | <u> </u> | 00 \$6,876.00    | \$82,512.00 |

<sup>\*\*</sup> Effective 1/1/2025 monthly dues will be \$190 per month Late fees \$12 plus \$5 administrative charge total HOA if late fee \$207

### **CIVIL CODE LINKS**

https://en.wikipedia.org/wiki/Davis%E2%80%93Stirling\_Common\_Interest\_Development

### Form 1120-H

Department of the Treasury

Internal Revenue Service

### **U.S. Income Tax Return** for Homeowners Associations

Go to www.irs.gov/Form1120H for instructions and the latest information.

OMB No. 1545-0123

2023

For calendar year 2023 or tax year beginning 07/01, 2023, and ending 06/30, 20 24 Name Employer identification number VILLA TEMPRA HOA 33 - 0160143 **TYPE** Number, street, and room or suite no. If a P.O. box, see instructions. C/O MAURICIO CHAMAT PRESIDENT Date association formed OR 07/30/1984 **PRINT** 1300 VILLA TEMPRA HOA City or town, state or province, country, and ZIP or foreign postal code CHULA VISTA CA 91911 Check if: (1) Final return (2) Name change Address change Amended return Check type of homeowners association: X Condominium management association Residential real estate association ☐ Timeshare association 71593 В Total exempt function income. Must meet 60% gross income test. See instructions С Total expenditures made for purposes described in 90% expenditure test. See instructions . . . С 0 Association's total expenditures for the tax year. See instructions D D 65052 Ε Tax-exempt interest received or accrued during the tax year Ε 1303 **Gross Income** (excluding exempt function income) 1 1 0 2 2 0 Taxable interest. 3 Gross rents 3 0 0 4 Gross royalties 4 5 Capital gain net income (attach Schedule D (Form 1120)) 5 0 6 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) 6 0 7 Other income (excluding exempt function income) (attach statement) . . . 7 0 8 **Gross income** (excluding exempt function income). Add lines 1 through 7 8 0 **Deductions** (directly connected to the production of gross income, excluding exempt function income) 9 Salaries and wages 9 0 10 Repairs and maintenance 10 0 11 0 11 12 1059 12 Taxes and licenses. 13 13 0 Depreciation (attach Form 4562) 0 14 14 15 Other deductions (attach statement) 15 0 1059 16 **Total deductions.** Add lines 9 through 15 . . . 16 17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8 17 -1059 18 Specific deduction of \$100 18 \$100 **Tax and Payments** Taxable income. Subtract line 18 from line 17 -1159 19 19 20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.) 20 0 21 0 21 Tax credits (see instructions) Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits 22 22 0 0 23a Preceding year's overpayment credited to the current year 23a Current year's estimated tax payments . . . . . . 23b 0 Tax deposited with Form 7004 . . . . . . . . . . 23c 0 Credit for tax paid on undistributed capital gains (attach Form 2439) 23d 0 d 23e 0 Credit for federal tax paid on fuels (attach Form 4136) . . . . . . е f 23f 0 Elective payment election amount from Form 3800 . . . . Total payments and credits. Combine lines 23a through 23f 23q 0 0 24 **Amount owed.** Subtract line 23g from line 22. See instructions . 24 25 Overpayment. Subtract line 22 from line 23g . . . . . . 25 0 26 Enter amount of line 25 you want: Credited to 2024 estimated tax 0 Refunded 26 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 Sign 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? Here 08/05/2024 **PRESIDENT** See instructions. XYes No Title Signature of officer Date Print/Type preparer's name Preparer's signature Date PTIN Check X if **Paid** MAURICIO CHAMAT self-employed P0-0688138 **Preparer** MAURICIO CHAMAT CPA Firm's EIN Firm's name **Use Only** Phone no. 619-4267902 1335 LA TEMPRA CT CHULA VISTA CA 91911 Firm's address

FORM

## **California Exempt Organization Annual Information Return**

| _ |              |  |
|---|--------------|--|
| 4 | $\mathbf{n}$ |  |
| 1 | чч           |  |
|   |              |  |

| 202                 | 3 Annual Information Ret  | urn   |  |  |                                 | 199                           |
|---------------------|---|---|--|--|---------------------------------|-------------------------------|
| Calendar Yea        | ar 2023 or fiscal year beginning (mm/dd/yyyy) $07/01/20$  | )23   | , and ending (m                            |  |                                 | 5/30/2024                     |
| •                   | Organization name   |   |  | California corpo                         |                                 |                               |
|                     | LA TEMPRA OWNERS ASSOCIATION  | INC   |  |  | 2798                            | 8                             |
| Additional in       | formation. See instructions.  |   |  | FEIN                                     | 0140                            |                               |
| Ctroot addra        | ss (suite or room)  |   |  | 33016                                    | U L 4 J                         |                               |
|                     | SS (SUITE OF TOOM)  VILLA TEMPRA HOA  |   |  |  | PIVID                           | 10.                           |
| City                | O VIHEA IEMINA NOA  |   |  | State                                    | ZIP cod                         | <del>1</del> 0                |
| ,                   | LA VISTA  |   |  | CA                                       | 919                             |                               |
| Foreign cour        |   | n province/state/county                                 |  | CA                                       |                                 | postal code                   |
| r oreigir cour      | Torogr  | i province/state/county                                 |  |  | roroigi                         | i postar oddo                 |
|                     |   |   |  |  |                                 |                               |
|                     | ırn   |   | organization have                          | any changes to it                        | ts guide                        | lines<br>●□Yes ☒No            |
|                     | d return  | 55 EE 140   | orted to the FIB? S                        | ee instructions                          |                                 | ● □ Yes ☒ No                  |
| C IRC Sect          | ion 4947(a)(1) trust $\square$ Ye   | es 🖾 No J If exemp                                      | ot under R&TC Sed<br>Lin political activit | ction 23/01a, na<br>ies? See instruct    | s tne org<br>ions               | ganization<br>●□Yes ⊠No       |
|                     | rmation return?   | K Is the or   |  |  |                                 | 3701g? ● □ Yes ☑ No           |
|                     | ssolved 🛘 Surrendered (Withdrawn) 🗖 Merged/Reorga   |   | enter the gross re                         |  |                                 |                               |
|                     | te: (mm/dd/yyyy) •//  | <b>L</b> Is the or                                      | ganization a limite                        | d liability compa                        | ny?                             | ● ☐ Yes 区 No                  |
|                     | counting method: $(1)$ $\square$ Cash $(2)$ $\square$ Accrual $(3)$ $\square$ $0$   | ther M Did the  | organization file Fo                       |  |                                 | report                        |
|                     | eturn filed? (1) ● □ 990T (2) ● □ 990PF (3) ● □ So  | ch H (990)      taxable i                               | ncome?                                     |  |                                 | ● ☐ Yes ☒ No                  |
| ` '                 | her 990 series  |   | ganization under a                         | audit by the IRS                         | or has th                       | ne IRS<br>● □ Yes   ☒ No      |
|                     | group filing? See instructions  |   |  |  |                                 |                               |
| H Is this or        | ganization in a group exemption $\ldots $ Yew what is the parent's name?  |   |  |  |                                 | □Yes ⊠No                      |
| II 165,             | what is the parent's hame?  | Date file   | d with IRS <u>08/</u>                      | 04/2024                                  |                                 |                               |
|                     |   |   |  |  |                                 |                               |
| Part I Co           | omplete Part I unless not required to file this form. See G   |   |  |  |                                 | 0                             |
|                     | 1 Gross sales or receipts from other sources. From Side   | 2, Part II, line 8                                      |  |  | 1                               | 72896 <b>00</b>               |
|                     | 2 Gross dues and assessments from members and affilia   |   |  |  |                                 | 7209000                       |
| Receipts            | 3 Gross contributions, gifts, grants, and similar amounts   |   |  |  | 3                               | <u> </u>                      |
| and                 | 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 |   |  |  |                                 | 72896 00                      |
| Revenues            | <b>5</b> Cost of goods sold   |   |  | 0  | <b>4</b> 00                     | , = 3 3 3                     |
|                     | 6 Cost or other basis, and sales expenses of assets sold  |   | 6  | 0  | 00                              |                               |
|                     | 7 Total costs. Add line 5 and line 6  |   |  |  |                                 | 0 00                          |
|                     | 8 Total gross income. Subtract line 7 from line 4   |   |  |  |                                 | 72896 00                      |
| Expenses            | 9 Total expenses and disbursements. From Side 2, Part II  |   |  |  |                                 | 1096 00                       |
|                     | 10 Excess of receipts over expenses and disbursements. S  |   |  |  | 10                              | 71800 00                      |
|                     | 11 Total payments   |   |  |  | <ul><li>11</li><li>12</li></ul> | 0 00                          |
|                     | <b>12</b> Use tax. See General Information K  |   |  |  |                                 | 0 00                          |
| Payments            | <b>14</b> Use tax balance. If line 12 is more than line 11, subtrac   | t line 11 from line 12                                  |  |  | 14                              | 0 00                          |
|                     |   |   |  |  | . 15                            | 0 00                          |
|                     | 16 Balance due. Add line 12 and line 15. Then subtract lin  | ne 11 from the result .                                 |  | (  | 16                              | 0 00                          |
|                     | Under penalties of perjury, I declare that I have examined this retur true, correct, and complete. Declaration of preparer (other than tax                                  | n, including accompanyin<br>paver) is based on all info | g schedules and stat                       | ements, and to the<br>parer has any know | best of m<br>ledae.             | y knowledge and belief, it is |
| Sign<br>Here        |   | Title   | Date                                       |  | ■ Teleph                        | none                          |
| пете                | Signature of officer  | President   | 08   | /04/2024                                 | 619                             | 4267902                       |
|                     |   | Date  | Che  | ck if self-                              | PTIN                            |                               |
|                     | Preparer's signature  |   | emp  | loyed ▶ □                                |                                 |                               |
| Paid                | Firm's name (or yours,  |   |  |  | Firm's                          | FEIN                          |
| Preparer's Use Only | if self-employed)   |   |  |  |                                 |                               |
|                     | and address   |   |  | (  | ■ Teleph                        | none                          |
|                     |   |   |  |  |                                 |                               |
|                     | May the FTB discuss this return with the preparer sho   | wn above? See instri                                    | uctions                                    |  | ■ Ye                            | s 🗌 No                        |

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. Part II

|                         | regardiess of amount of gross receipts — com                        | piete i ait ii oi iuiilisii sui  | ostitute illivillativii.     |                        |            |
|-------------------------|---|--|------------------------------|------------------------|------------|
|                         | 1 Gross sales or receipts from all business ac                      | tivities. See instructions.  |                              |                        | 0 00       |
|                         | 2 Interest  |  |                              |                        | 0 00       |
| Receipts                | 3 Dividends   |  |                              |                        | 0 00       |
| from                    | 4 Gross rents   |  |                              |                        | 0 00       |
| Other<br>Sources        | <b>5</b> Gross royalties  |  |                              |                        | 0 00       |
| Sources                 | <b>6</b> Gross amount received from sale of assets                  |  |                              |                        | 0 00       |
|                         | 7 Other income. Attach schedule                                     |  |                              |                        | 0 00       |
|                         | 8 Total gross sales or receipts from other source                   |  | 0 00                         |                        |            |
|                         | <b>9</b> Contributions, gifts, grants, and similar amo              |  |                              |                        | 0 00       |
|                         | <b>10</b> Disbursements to or for members                           |  |                              |                        | 0 00       |
|                         | 11 Compensation of officers, directors, and tru                     |  |                              |                        | 0 00       |
|                         | 12 Other salaries and wages   |  |                              |                        | 0 00       |
| Expenses                |   |  |                              |                        | 0 00       |
| and<br>Disburse         | <b>14</b> Taxes   |  |                              |                        | 1096 00    |
| ments                   | 13 Rents  |  |                              |                        | 0 00       |
|                         | 16 Depreciation and depletion (See instruction                      |  |                              |                        | 0 00       |
|                         | 17 Other expenses and disbursements. Attach                         |  |                              |                        | 0 00       |
| Schedu                  | 18 Total expenses and disbursements. Add line<br>le L Balance Sheet |  |                              |                        | 1096 00    |
|                         | HE L BAIANCE SHEEL  | 1  | taxable year                 |                        | xable year |
| Assets                  |   | (a)  | (b)                          | (c)                    | (d)        |
| 1 Cash                  |   |  | 138923                       |                        | 144138     |
| 2 Net a                 | ccounts receivable  |  | 0                            |                        | 0          |
| 3 Net n                 | notes receivable  |  | 0                            |                        | 0          |
| 4 Inver                 | ntories   |  | 0                            |                        | 0          |
| <b>5</b> Fede           | ral and state government obligations                                |  | 0                            |                        | 0          |
|                         | stments in other bonds  |  | 0                            |                        | 0          |
| 7 Inves                 | stments in stock  |  | 0                            |                        | 0          |
|                         | gage loans  |  | 0                            |                        | 0          |
|                         | r investments. Attach schedule                                      |  | 0                            |                        | 0          |
|                         | epreciable assets   | 0  |                              | 0                      |            |
|                         | ss accumulated depreciation   | 0  | 0                            | 0                      | 0          |
|                         |   | J. Contract of the contract of | 0                            | 3                      | 0          |
|                         | r assets. Attach schedule   |  | 0                            |                        | 0          |
|                         |   |  | 138923                       |                        | 144138     |
|                         | assets  |  | 130923                       |                        | 144130     |
|                         | s and net worth   |  | 0                            |                        |            |
|                         | unts payable  |  | 0                            |                        | 0          |
|                         | ributions, gifts, or grants payable                                 |  | 0                            |                        | 0          |
|                         | Is and notes payable  |  | 0                            |                        | 0          |
|                         | gages payable   |  | 0                            |                        | 0          |
|                         | r liabilities. Attach schedule                                      |  | 0                            |                        | 0          |
|                         | al stock or principal fund  |  | 0                            |                        | 0          |
| <b>20</b> Paid-         | in or capital surplus. Attach reconciliation                        |  | 0                            |                        | 0          |
| 21 Retai                | ned earnings or income fund   |  | 0                            |                        | 0          |
|                         | liabilities and net worth   |  | 0                            |                        | 0          |
| Schedu                  |   |  | 40                           | 450.000                |            |
|                         | Do not complete this schedule if the a                              |  | e 13, column (a), is less tr | ian \$50,000.          |            |
| 1 Net i                 | ncome per books   | <b>●</b> 72896   | 7 Income recorded on         | books this year        |            |
| 2 Fede                  | ral income tax  | • 0  | not included in this re      | eturn. Attach schedule | 0          |
| 3 Exces                 | ss of capital losses over capital gains                             | • 0  | 8 Deductions in this re      | turn not charged       |            |
|                         | me not recorded on books this year.                                 |  | against book income          | -                      |            |
|                         |   | • 0  |                              |                        | • 0        |
|                         | en schedule   | · <del>-</del>   | nitaon songuule              |                        |            |
| Attac                   | h schedule  |  | O Total Add line 7 and       | lino 9                 | $\cap$     |
| Attac<br>5 Expe         | nses recorded on books this year not                                |  | 1                            | line 8                 | 0          |
| Attac<br>5 Expe<br>dedu |   | • 0<br>72896   | 10 Net income per retur      |                        |            |

TAXABLE YEAR

2023

# California Corporation Franchise or Income Tax Return

FORM

100

| 1252798         | VILL 33 | 3-0160143 |    |
|-----------------|---------|-----------|----|
| TYB 07-01-2023  | 3 TYE   | 06-30-202 | 24 |
| VILLA TEMPRA HO | AC      |           |    |
| 1300 VILLA TEM  | PRA HOA |           |    |
| CHULA VISTA     | CA      | 91911     |    |

| S                 | ch    | edule <b>Q Q</b> uestior                             | <b>1S</b> (continued                  | d on Side 2)   |                                       |                       |               |
|-------------------|-------|--|---------------------------------------|--|---------------------------------------|-----------------------|---------------|
| A                 | FIN   | IAL RETURN?  | Dissolved                             | Surrendered (withdrawn)  | Merged/Reorganized                    | IRC Section 338 sale  | QSub election |
|                   |       |  |                                       |  | Enter date                            | e (mm/dd/yyyy)        |               |
| В                 | 1.    | Is income included in a c                            | combined report                       | of a unitary group?  |                                       | ,                     | Yes X No      |
|                   |       | If "Yes," indicate:                                  | Wholly wit                            | thin CA (R&TC 25101.15)  |                                       |                       |               |
|                   |       | l  | Within and                            | I outside of CA  |                                       |                       |               |
|                   | 2.    | Is there a change in the i                           | nembers listed i                      | in Schedule R-7 from the prior   | year?                                 |                       | Yes X No      |
|                   | 3.    |  | , -                                   | parent or key corporation) list  |                                       |                       |               |
|                   |       |  |                                       | )  |                                       |                       | Yes X No      |
| С                 | 1.    | a 50% interest) in another                           | er legal entity?                      | tion or any of its subsidiaries ac<br>alifornia real property (i.e., land                          |                                       |                       |               |
|                   |       | 35 years or more, or leas                            | se such property                      | from a government agency for   | any term? If yes to both que          | estions, answer yes • | Yes X No      |
|                   | 2.    | interest) of this corporat                           | ion or any of its                     |  |                                       |                       |               |
|                   |       |  | - ( )                                 | alifornia real property (i.e., land<br>r from a government agency fo                               |                                       |                       | Yes X No      |
|                   | 3.    |  |                                       | uildings) transferred to the corp<br>on Code Section 62(a)(2)?                                     | poration that was excluded f          | rom property tax      |               |
|                   |       | If yes, during this taxable or more transactions and | e year, has more<br>d it was not repo | than 50% of the voting stock or<br>orted on previous year's tax returnent, penalties may apply – s | urn? <b>If yes to both question</b>   |                       | Yes X No      |
| _                 | Τ.    | ·  |                                       | its. See instructions  | · · · · · · · · · · · · · · · · · · · | • 1                   | 0 00          |
| S                 |       | , ,  | •                                     | c tax based on income or profits   |                                       |                       | 0 00          |
| State Adjustments |       |  | -                                     | sions of the Corporation Tax Law   |                                       |                       | 0 00          |
| stm               | 4     | Interest on government                               | obligations                           | ·  |                                       | • 4                   | 0 00          |
| di                | ؛   ٠ | Net California capital gai                           | n from Side 6, So                     | chedule D, line 11   |                                       | ● 5                   | 0 00          |
| e A               |       |  |                                       | of amount allowed under Californ   |                                       |                       | 0 00          |
| tat               |       |  |                                       | ed in federal consolidated return.   |                                       |                       | 0 00          |
| S                 | {     |  | , ,                                   |  |                                       |                       | 0 00          |
| _                 |       | Total. Add line 1 through                            | ı line 8                              |  |                                       | ● 9                   | 0 00          |

| _                        |        |   |                     |                                    |         |   |
|--------------------------|--------|---|---------------------|------------------------------------|---------|---|
| ont.)                    | 10     | Intercompany dividend elimination. Attach Schedule H (100) •                        | 10                  | 0                                  | 00      |   |
| State Adjustments (cont. | 11     |   | 11                  | 0                                  | 00      |   |
| nts                      | 12     | Additional depreciation allowed under CA law. Attach form FTB 3885 .                | 12                  | 0                                  | 00      |   |
| me                       | 13     | •   | 13                  | 0                                  | 00      |   |
| ust                      | 14     | Charitable Contributions  | 14                  | 0                                  | 00      |   |
| 흦                        | 15     | Other deductions. Attach schedule(s)  |                     | 0                                  | 00      |   |
| e /                      | 16     | Total. Add line 10 through line 15  |                     |                                    | _       | 16 0 00                                 |
| tat                      | 17     | Net income (loss) after state adjustments. Subtract line 16 from Side 1, li         |                     |                                    |         | 17 0 00                                 |
|                          | 18     | Net income (loss) for state purposes. Complete Schedule R if apportioning of        |                     |                                    |         | 18 0 00                                 |
| me                       |        | Net operating loss (NOL) deduction. See instructions                                |                     | Ocaling income. See instructions   | 00      | 0 00                                    |
| 00                       | 19     |   | 19                  | 0                                  | 00      |   |
| 프                        | 20     | EZ, TTA, or LAMBRA NOL carryover deduction.   |                     |                                    | 00      |   |
| Ne                       | 0.4    | See instructions  | -                   | 0                                  | 00      |   |
| CA Net Income            | 21     |   | 21                  |                                    | 00      | 0 00                                    |
| _                        | 027827 | Net income for tax purposes. Combine line 19 through line 21. Then, subt            |                     |                                    |         | 22 0 00                                 |
|                          | 23     | Tax. $8.84\%$ x line 22 (at least minimum franchise tax, if applicable              | ,                   | _                                  |         | 0 00                                    |
|                          |        |   |                     | 0                                  | 00      |   |
|                          | 25     | Credit name $\_$ code $lacktriangle$ amount $\blacktriangleright$                   |                     | 0                                  | 00      |   |
| Taxes                    | 26     | To claim more than two credits, see instructions $\hdots$                           |                     |                                    | 00      |   |
| Та                       | 27     | Add line 24 through line 26   |                     |                                    | . •     | 27 0 00                                 |
|                          | 28     | Balance. Subtract line 27 from line 23 (at least minimum franchise tax, if          |                     |                                    |         | 28 0 00                                 |
|                          | 29     | Alternative minimum tax. Attach Schedule P (100). See instructions                  |                     |                                    | . •     | 29 0 00                                 |
|                          | 30     | Total tax. Add line 28 and line 29  |                     |                                    |         | 30 0 00                                 |
| "                        | 31     | Overpayment from prior year allowed as a credit                                     | 31                  | 0                                  | 00      |   |
| Payments                 | 32     | 2023 Estimated tax payments. See instructions                                       | 32                  | 0                                  | 00      |   |
| me                       | 33     | 2023 Withholding (Form 592-B and/or 593). See instructions                          | 33                  | 0                                  | 00      |   |
| ay                       | 34     | Amount paid with extension of time to file tax return                               |                     | 0                                  | 00      |   |
| _                        | 35     | Total payments. Add line 31 through line 34   |                     |                                    | . •     | 35 0 00                                 |
|                          | 36     | Use tax. This is not a total line. See instructions                                 |                     |                                    | 00      |   |
|                          | 37     | Payments balance. If line 35 is more than line 36, subtract line 36 from lin        |                     |                                    | . •     | 37 0 00                                 |
|                          | 38     | <b>Use tax balance.</b> If line 36 is more than line 35, subtract line 35 from line |                     |                                    |         | 38 0 00                                 |
|                          | 39     | Franchise or income tax due. If line 30 is more than line 37, subtract line         |                     |                                    |         | 39 0 00                                 |
| æ                        | 40     | <b>Overpayment.</b> If line 37 is more than line 30, subtract line 30 from line 37  |                     |                                    |         | 40 0 00                                 |
| Due                      | 41     | Amount of line 40 to be credited to 2024 estimated tax                              |                     |                                    |         | 41 0 00                                 |
| Ħ                        |        | Refund. Subtract line 41 from line 40   |                     |                                    |         | 42 0 00                                 |
| Amount                   |        | See instructions to have the refund directly deposited.                             |                     |                                    |         | 12                                      |
|                          |        |   |                     |                                    |         |   |
| or                       |        | Checking  |                     |                                    |         |   |
| Refund (                 |        |   |                     |                                    |         |   |
| efu                      |        | ——————————————————————————————————————  |                     |                                    |         |   |
| -                        |        | <b>42a.</b> ● Routing number <b>42b.</b> ● Type <b>42c.</b> ● Account               | nt nu               | mber                               |         |   |
|                          | 43     | a Penalties and interest  |                     |                                    |         | 0 00 00 00 00 00 00 00 00 00 00 00 00 0 |
|                          |        |   |                     |                                    |         |   |
|                          |        | <b>b</b> • Check if estimate penalty computed using Exception B or C o              | n for               | m FTB 5806. See instructions.      |         |   |
|                          | 44     | Total amount due. Add line 38, line 39, line 41, and line 43a. Then, subtra         | act li              | ne 40 from the result              | $\odot$ | 0 00                                    |
| Sc                       | he     | dule Q Questions (continued from Side 1)  |                     |                                    |         |   |
|                          |        | corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 an        | nd 25               | 113 in previous years, enter the d | ate t   | he                                      |
|                          |        | 's-edge election ended  |                     |                                    |         |   |
|                          |        |   |                     |                                    |         | Yes X No                                |
| E                        | Was    | the corporation's income included in a consolidated federal return?                 |                     |                                    |         | ● L Yes L No                            |
| F                        | Princ  | ipal business activity code. ( <b>Do not</b> leave blank):                          |                     |                                    |         | •                                       |
|                          | Busir  | ness activity   |                     |                                    |         |   |
|                          | Prod   | uct or service  |                     |                                    |         |   |
| G                        | Date   | incorporated (mm/dd/yyyy): Where:   | <ul><li>S</li></ul> | tate Country                       |         |   |
|                          |        |   |                     | Sched                              | lule    | Q Questions (continued on Side 3)       |

**Side 2** Form 100 2023

| ■ Data bugir        | siness began in California or date income was first derived  | from Colifornia aguraga  | /mm/dd/ssss  | Α  |
|---------------------|--|--|--|--|
|                     | corporation an inactive business both within and outside of  |  |  |  |
|                     | ·  | •  |  |  |
| J First return      | ırn?   |  |  |  |
|                     |  | proprietorship (2)  Partnership (<br>statement showing name, address, and FE                   |  | •  |
| <b>K</b> "Doing bu  | ousiness as" name. See instructions:   |  |  |  |
| L At any tim        | me during the taxable year, was more than 50% of the voti  | ng stock:  |  |  |
| <b>1.</b> Of the c  | corporation owned by any single interest?  |  |  |  |
|                     | other corporation owned by this corporation?   |  |  |  |
| <b>3.</b> Of this a | and one or more other corporations owned or controlled, o  | directly or indirectly, by the same interests  | 3?   | ● ☐ Yes ☒ No                                       |
| If 1, 2, c          | 3 is "Yes," enter the country of the ultimate parent , or 3 is "Yes," furnish a statement of ownership indicating owner(s) is an individual, provide the SSN/ITIN and see FT | pertinent names, addresses, and percent  | tages of stock owned.                                |  |
| If "Yes," co        | corporation included a reportable transaction or listed tran<br>complete and attach federal Form 8886 for each transaction   |  |  |  |
| N Is this cor       | orporation apportioning or allocating income to California (   | using Schedule R?  |  | Yes ☒ No   |
| -                   | ny entities, if any, including this corporation, are claiming i  | -  |  |  |
|                     | tion headquarters are:   |  |  | he U.S. (3) Outside of the U.S.                    |
| <b>Q</b> Location o | of principal accounting records:   |  |  |  |
|                     | ing method:  |  |  |  |
|                     | s corporation or any of its subsidiaries have a Deferred Int   |  |  |  |
|                     | enter the total balance of all DISAs   |  |  |  |
|                     | orporation or any of its subsidiaries a RIC?   |  |  |  |
|                     | orporation treated as a REMIC for California purposes?   |  |  |  |
|                     | s corporation a REIT for California purposes?  |  |  | Yes ≧ No   |
| with the            | stion V1 is "Yes," does the entity own any qualified REIT s<br>ne California Secretary of State? If yes, see instructions  |  |  |  |
|                     | orporation an LLC or limited partnership electing to be taxe   |  |  |  |
|                     | enter the effective date of the election (mm/dd/yyyy):   |  |  |  |
|                     | orporation to be treated as a credit union?  |  |  |  |
|                     | rporation under audit by the IRS or has it been audited by required information returns (e.g. federal Forms 1099, 547  |  |  |  |
|                     | the taxpayer (or any corporation of the taxpayer's combine:  |  |  |  |
|                     | e corporation file the federal Schedule UTP (Form 1120)?   | - ,  |  |  |
|                     | any member of the combined report own an SMLLC or ger  |  |  |  |
|                     | s this business entity previously filed an unclaimed propert   |  |  |  |
|                     |  |  |  | •  |
|                     |  |  |  |  |
| Sign                | Under penalties of perjury, I declare that I have examined thi true, correct, and complete. Declaration of preparer (other that  | s return, including accompanying schedules a<br>an taxpayer) is based on all information of wh | and statements, and to t<br>nich preparer has any kn | ne best of my knowledge and belief, it is owledge. |
| Here                | Signatura  | Title  | Date   | <ul><li>Telephone</li></ul>                        |
|                     | Signature of officer   | PRESIDENT  | 08/05/24   | 610 4267002  |
|                     | Officer's email address (optional) VILLATEMP   | RA@GMAIL.COM   |  | 619 4267902  |
| Paid                | Preparer's signature   | Date   | Check if self-                                       | PTIN   |
| Preparer's Use Only | •  | l l  | employed ► X   | P00688138<br>● Firm's FEIN                         |
| 500 <b>G</b> y      | Firm's name (or yours.   | MAT  |  |  |
|                     | and address  | RA CT CHULA VISTA (  | CA 91911   | ● Telephone 619 4267902                            |
|                     | May the FTB discuss this return with the prepare   | r shown above? See instructions  |  | ● ☐ Yes ☒ No                                       |
|                     |  |  |  |  |

|      | edule A Taxes Deducted. Use addit<br>(a)<br>Nature of tax | (l<br>Taxing a                | uthority                  | Total      | (c)<br>amount | (d)<br>Nondeductible a | mou |
|------|---|-------------------------------|---------------------------|------------|---------------|------------------------|-----|
| DD   | OPERTY TAX  | COUNTY SD                     | dillotity                 | 10101      | 1059          | Nonacaactible a        | 0   |
| ΓN   | OFERTI TAX  | COUNTIBL                      |                           |            | 1000          |                        |     |
| tal. | Enter total of column (c) on Schedule F, line             | 17, and total of column (d) ( | on Side 1. line 2 or line | 3.         |               |                        |     |
|      | If the corporation uses California computation            |                               |                           |            | 1059          | •                      | 0   |
|      | edule F Computation of Net Incom                          | <u> </u>                      |                           | 56.        |               |                        |     |
|      | 1 a) Gross receipts or gross sales   0                    | io: odd matradilona.          |                           |            |               |                        |     |
|      | <b>b)</b> Less returns and allowance • 0                  |                               | c) B                      | alance •   | 1c            |                        | 0   |
| ١,   | 2 Cost of goods sold. Attach federal Form                 | 1125-A (California Schedule   | <b>0,</b>                 |            | 2             |                        | 0   |
|      | 3 Gross profit. Subtract line 2 from line 1c              |                               |                           |            | 3             |                        | 0   |
|      | 4 Total dividends. Attach federal Schedule                |                               |                           |            | 4             |                        | 0   |
|      | <b>a)</b> Interest on obligations of the United S         |                               | , ,                       |            | 5a            |                        | 0   |
| `    | <b>b)</b> Other interest. Attach schedule                 |                               |                           |            | 5b            |                        | 0   |
| L    | 6 Gross rents   |                               |                           |            | 6             |                        | 0   |
|      | 7 Gross royalties   |                               |                           |            | 7             |                        | 0   |
|      | 8 Capital gain net income. Attach federal S               |                               |                           |            | 8             |                        | 0   |
|      | 9 Ordinary gain (loss). Attach federal Form               |                               | ,                         |            | 9             |                        | 0   |
|      | O Other income (loss). Attach schedule                    |                               |                           |            | 10            |                        | 0   |
|      | <b>1 Total income</b> . Add line 3 through line 10        |                               |                           |            | 11            |                        | 0   |
|      | 2 Compensation of officers. Attach federal                |                               |                           |            |               |                        |     |
| ١    | equivalent schedule                                       |                               | 12                        | 0 00       |               |                        |     |
| 1:   | 3 Salaries and wages (not deducted elsewh                 | _                             | 13                        | 0 00       |               |                        |     |
|      | 4 Repairs and maintenance                                 |                               | 14                        | 0 00       |               |                        |     |
|      | <b>5</b> Bad debts  |                               | 15                        | 0 00       |               |                        |     |
| 10   |   |                               | 16                        | 0 00       |               |                        |     |
| 1 -  | 7 Taxes (California Schedule A). See instru               |                               | 17                        | 0 00       |               |                        |     |
|      | 8 Interest. Attach schedule                               |                               | 18                        | 0 00       |               |                        |     |
| 1    | 9 Charitable Contributions. Attach schedule               |                               | 19                        | 0 00       |               |                        |     |
| 1    | Depreciation. Attach federal                              | ,                             | 13                        | 0  00      |               |                        |     |
| -    | Form 4562 and FTB 3885 • 20                               | 0                             |                           |            |               |                        |     |
| 9.   | 1 Less depreciation claimed                               |                               |                           |            |               |                        |     |
| _    | elsewhere on return  21a                                  | 0                             | 21b                       | 0 00       |               |                        |     |
| 2    | 2 Depletion. Attach schedule                              |                               | 22                        | 0 00       |               |                        |     |
|      | •   | _                             |                           | 0 00       |               |                        |     |
|      | 3 Advertising   | <u> </u>                      | 23                        | 0 00       |               |                        |     |
|      | 4 Pension, profit-sharing plans, etc                      |                               |                           |            |               |                        |     |
|      | 5 Employee benefit plans                                  | <b>○</b> F                    | 25                        | 0 00       |               |                        |     |
| 21   | 6 a) Total travel and entertainment   O                   |                               | OCh                       | 0 00       |               |                        |     |
| ١.   | b) Deductible amounts                                     |                               | 26b                       | 0 00       |               |                        |     |
|      | 7 Other deductions. Attach schedule                       | _                             | 27                        | 0 00       |               |                        |     |
| 2    | 8 Specific deduction for organizations und                | I                             |                           | 0 00       |               |                        |     |
| _    | Section 23701r or 23701t. See instructio                  |                               |                           | 0 00       | 1             |                        | 0   |
|      | 9 Total deductions. Add line 12 through lin               |                               |                           |            | 29            |                        |     |
|      | Net income before state adjustments. Su                   |                               |                           | I, line 1● | 30            |                        | 0   |
|      | edule J Add-On Taxes and Recapt                           |                               |                           |            |               |                        |     |
|      | FO recapture due to S corporation election,               | . ,                           |                           |            | 1             |                        |     |
|      | terest computed under the look-back metho                 |                               | ,                         | ,          | 2             |                        |     |
| In   | terest on tax attributable to installment: a              |                               |                           |            | 3a            |                        |     |
|      |   | Method for nondealer install  | -                         |            | 3b            |                        |     |
|      | RC Section 197(f)(9)(B)(ii) election                      |                               |                           | •          | 4             |                        |     |
|      | redit recapture name:                                     |                               |                           |            | 5             |                        |     |
|      | ombine line 1 through line 5, revise Side 2,              |                               |                           |            |               |                        |     |
| "    | Schedule J" to the left of line 39 or line 40             |                               |                           |            | 6             |                        |     |

| S  | chedule V Cost of Goods Sold                            |                     |              |                               |                 |  |                   |            |          |            |
|----|---|---------------------|--------------|-------------------------------|-----------------|--|-------------------|------------|----------|------------|
| 1  | Inventory at beginning of year                          |                     |              |                               |                 |  |                   | 1          |          | 0 00       |
|    | Purchases   |                     |              |                               |                 |  |                   | 2          |          | 0 00       |
|    | Cost of labor.  |                     |              |                               |                 |  | $\sim$ $_{\rm F}$ | 3          |          | 0 00       |
|    | a Additional IRC Section 263A costs. Attach schedu      |                     |              |                               |                 |  |                   | 4a         |          | 0 00       |
|    | <b>b</b> Other costs. Attach schedule                   |                     |              |                               |                 |  | 1                 | 4b         |          | 0 00       |
| 5  | Total. Add line 1 through line 4b                       |                     |              |                               |                 |  | Г                 | 5          |          | 0 00       |
|    | Inventory at end of year                                |                     |              |                               |                 |  | Г                 | 6          |          | 0 00       |
|    | Cost of goods sold. Subtract line 6 from line 5. Ente   |                     |              |                               |                 |  |                   | 7          |          | 0 00       |
|    | ethod of inventory valuation                            |                     | ,            |                               | ,               |  |                   |            |          |            |
|    | as there any change in determining quantities, costs of | of valuations       | between op   | ening a                       | and closing inv | /ento  | ry?               |            | [        | Yes 🗵 No   |
|    | 'Yes," attach an explanation.                           |                     | ·            | Ü                             | Ü               |  | ,                 |            |          |            |
|    | ter California seller's permit number, if any 🕨         |                     |              |                               |                 |  |                   |            |          |            |
|    | eck if the LIFO inventory method was adopted this ta    | axable year fo      | or any good: | s. If ch                      | ecked, attach   | feder  | ral Form 9        | 70         |          |            |
|    | the LIFO inventory method was used for this taxable     |                     |              |                               |                 |  |                   |            |          |            |
|    | the rules of IRC Section 263A (with respect to prop     |                     |              |                               |                 |  |                   | n?         | [        | ☐ Yes ☒ No |
|    | e corporation may not be required to complete Sch       |                     |              |                               |                 |  |                   |            |          |            |
|    | chedule L Balance Sheet                                 |                     | Beginning o  |                               |                 |  |                   | End of tax |          |            |
| A  | ssets   |                     | a)           |                               | (b)             |  |                   | (c)        | , , ,    | (d)        |
| 1  | Cash  |                     |              | •                             | . ,             | 0  |                   | . ,        | •        | 0          |
| 2  | a Trade notes and accounts receivable                   | •                   | 0            |                               |                 |  | •                 | 0          |          |            |
|    | <b>b</b> Less allowance for bad debts                   | <b>(</b>            | 0)           | <b>O</b>                      |                 | 0  | • (               | 0)         | •        | 0          |
| 3  | Inventories   |                     |              | <u> </u>                      |                 | $\overline{0}$                               |                   | <u> </u>   | •        | 0          |
|    | Federal and state government obligations                |                     |              | •                             |                 | Ō  |                   |            | •        | 0          |
|    | Other current assets. Attach schedule(s)                |                     |              |                               |                 | ŏ  |                   |            |          | 0          |
|    | Loans to stockholders/officers. Attach schedule         |                     |              | lacksquare                    |                 | ŏ  |                   |            | •        | 0          |
|    | Mortgage and real estate loans                          |                     |              | $\overline{\bullet}$          |                 | ŏ  |                   |            | •        | 0          |
|    | Other investments. Attach schedule(s)                   |                     |              | $\overline{\bullet}$          |                 | ŏ  |                   |            | •        | 0          |
|    | a Buildings and other fixed depreciable assets          | _                   | 0            |                               |                 |  | •                 | 0          |          |            |
|    | <b>b</b> Less accumulated depreciation                  | _                   | 0)           | •                             |                 | 0  | • (               | 0)         | •        | 0          |
| 10 | a Depletable assets                                     |                     | 0            |                               |                 |  | ,                 | 0          |          | _          |
|    | <b>b</b> Less accumulated depletion                     |                     | 0)           | •                             |                 | 0  | (                 | 0)         |          | 0          |
| 11 | Land (net of any amortization)                          |                     |              | •                             |                 | 0  |                   |            | •        | 0          |
| 12 | a Intangible assets (amortizable only)                  | <ul><li>•</li></ul> | 0            |                               |                 |  | •                 | 0          |          |            |
|    | <b>b</b> Less accumulated amortization                  | <b>(</b>            | 0)           | •                             |                 | 0  | <b>●</b> (        | 0)         | •        | 0          |
| 13 | Other assets. Attach schedule(s)                        |                     |              | •                             |                 | 0  |                   |            | •        | 0          |
| 14 | Total assets  |                     |              | •                             |                 | 0  |                   |            | •        | 0          |
| Li | abilities and Stockholders' Equity                      |                     |              |                               |                 |  |                   |            |          |            |
|    | Accounts payable  |                     |              | <ul><li></li></ul>            |                 | 0  |                   |            | •        | 0          |
| 16 | Mortgages, notes, bonds payable in less than 1 year     |                     |              | •                             |                 | 0  |                   |            | •        | 0          |
| 17 | Other current liabilities. Attach schedule(s)           |                     |              | <b>O</b>                      |                 | 0  |                   |            |          | 0          |
|    | Loans from stockholders. Attach schedule(s)             |                     |              | <b>O</b>                      |                 | 0  |                   |            | •        | 0          |
| 19 | Mortgages, notes, bonds payable in 1 year or more       |                     |              | <ul><li>O</li><li>O</li></ul> |                 | 0  |                   |            | •        | 0          |
|    | Other liabilities. Attach schedule(s)                   |                     |              | <u> </u>                      |                 | 0  |                   |            | •        | 0          |
| 21 | Capital stock: a Preferred stock                        | ledow               | 0            |                               |                 |  | •                 | 0          |          |            |
|    | <b>b</b> Common stock                                   |                     | 0            | 0                             |                 | 0  | •                 | 0          | •        | 0          |
|    | Paid-in or capital surplus. Attach reconciliation       |                     |              | <u> </u>                      |                 | 0  |                   |            | •        | 0          |
|    | Retained earnings – Appropriated. Attach schedule       |                     |              | <u>•</u>                      |                 | 0  |                   |            | <b>O</b> | 0          |
|    | Retained earnings – Unappropriated                      |                     |              | •                             |                 | <u>0                                    </u> |                   |            | •        | 0          |
|    | Adjustments to shareholders' equity. Attach schedule    |                     |              |                               |                 | 0  |                   |            | ,        | 0          |
|    | Less cost of treasury stock                             |                     |              | (                             |                 | <u>0 ) </u>                                  |                   |            | (        | 0)         |
| 27 | Total liabilities and stockholders' equity              |                     |              | 1                             |                 | O I  |                   |            |          | 0          |

079 3605234 Form 100 2023 **Side 5** 

| 8 Deductions in this return not charged against book income this year (tiernize) a Depreciation . \$, 0  | S      | chedule M-1 Reconciliation of Inco                              |                    |                      |  |                                     |             |
|--|--------|---|--------------------|----------------------|--|-------------------------------------|-------------|
| tin this return (tiemize)  5 Expenses recorded on books this year not deducted in this return (tiemize) a Depreciation   | 2<br>3 | Net income per books  | •                  | 0 7<br>0 0           | Income recorded on be included in this return a Tax-exempt interest                  | ooks this year not (itemize)  • \$0 |             |
| 5 Expenses recorded on books this year not deducted in this return (itemize) a Depreciation \$.0 b State taxes \$.0 c C Travel and entertainment  \$.0 d d Other \$.0 c Other \$.0 c Other \$.0 d d Other \$.0 c Other \$.  | •      |   |                    |                      | <b>c</b> Total. Add line 7a ar   | nd line 7b •                        | 0           |
| entertainment  \$ \$ 0 d Other \$ 0 e Total. Add line 5a through line 5d.  | 5      | in this return (itemize)  a Depreciation\$ 0  b State taxes\$ 0 | ducted             |                      | against book income t<br><b>a</b> Depreciation \$<br><b>b</b> State tax refunds . \$ | his year (itemize)<br>0             |             |
| d Other  |        |   |                    |                      |  | _                                   |             |
| Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Side 5, Schedule L, line 24)  1 Balance at beginning of year  |        |   |                    | 9                    | Total. Add line 7c and   | line 8d                             | 0           |
| Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Side 5, Schedule L, line 24)  1 Balance at beginning of year  | c      | •   |                    |                      |  |                                     | 0           |
| 1 Balance at beginning of year   |        |   |                    | <u> </u>             |  |                                     |             |
| 2 Net income per books   | _      |   |                    |                      | •  | <u> </u>                            | 0           |
| Other increases (itemize)  Other decreases (itemize)  Other and in 6  Salance at end of year.  Subtract line 7 from line 4  Other decreases (itemize)  Other decreases (itemize         |        |   |                    |                      |  |                                     |             |
| Other decreases (itemize)  Total. Add line 5 and line 6.  Sabance at end of year. Subtract line 7 from line 4.  Other decreases (itemize)  Other decreases (itemize)  Total. Add line 5 and line 6.  Subtract line 7 from line 4.  Other decreases (itemize)  Other decreases (itemize)  Total. Add line 5 and line 6.  Subtract line 7 from line 4.  Other decreases (itemize)  Total. Add line 5 and line 6.  Subtract line 7 from line 4.  Other decreases (itemize)  Total. Add line 5 and line 6.  Subtract line 7 from line 4.  Other decreases (itemize)  Total line 5 and line 6.  Subtract line 7 from line 4.  Other decreases (itemize)  Total line 5 and line 6.  Subtract line 7 from line 4.  Other decreases (itemize)  Total line 5 and line 6.  Subtract line 7 from line 4.  Other decreases (itemize)  Total line 5 and line 6.  Subtract line 7 from line 4.  Other decreases (itemize)  Total line 5 and line 6.  Subtract line 7 from line 4.  Other decreases (itemize)  Total line 5 and line 6.  Subtract line 7 from line 4.  Other decreases (itemize)  Total line 5 and line 6.  Subtract line 7 from line 4.  Other decreases (itemize)  Subtract line 7 from line 4.  Other decreases (itemize)  Total line 5 and line 6.  Subtract line 7 from line 4.  Other decreases (itemize)  Subtract line 7 from line 4.  Other decreases (itemize)  Subtract line 7 from line 4.  Other decreases of line 6.  Other decreases of lene of pear.  Subtract line 7 from line 4.  Other decreases of lene 1 from line 4 line 6.  Other decreases of lene 1 from line 1 from line 2 line 2 or line 37.  Other line 5 and in cessary.  Other line 5 decreases of lene 1 from line 4 line 2 line 3 line 2 or line 37.  Other line 5 and in cessary.  Oth |        | ·   |                    | <u> </u>             |  |                                     |             |
| 4 Total. Add line 1 through line 3   | J      | Other increases (itemize)                                       |                    | 6 (                  |  |                                     |             |
| **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) (b) (c) Date sold (mm/dd/yyyy) (m/dd/yyyy) price (mm/dd/yyyy) (m/dd/yyyy) price (mm/dd/yyyy) (m/dd/yyyy) (m/dd/y |        |   |                    |                      | Total Add line F and lin   | •                                   | 0           |
| A Total. Add line 1 through line 3   |        |   | •                  | ( / )                |  | le b                                |             |
| 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) (b) Date acquired (mm/dd/yyyy) Price (mm/dd/yyyy) Gain (loss) Gain ( | 4      | Total. Add line 1 through line 3                                |                    |                      |  | e 4 •                               | 0           |
| (a) Kind of property and description (Example, 100 shares of Z Co.)    Data equired (mm/dd/yyyy)   Date sold (mm/dd/yyyy) | S      | <del>_</del>  |                    |                      |  |                                     |             |
| Kind of property and description (Example, 100 shares of Z Co.)  Date acquired (mm/dd/yyyy)  Date sold (mm/dd/yyyy)  Price  Cost or other basis plus expense of sale  Cost or other basis plus expense | Pa     | <u> </u>  | es – Assets He     |                      |  | <del>, ` ' ' "</del>                | (5)         |
| 2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37   |        | Kind of property and description                                |                    | Datè śold            | Gross sales  | Cost or other basis plus            | Gain (loss) |
| 2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37   | 1      |   |                    |                      |  |                                     | 00          |
| 2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37   |        |   |                    |                      |  |                                     | 00          |
| 2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37   | _      |   |                    |                      |  |                                     | 00          |
| 2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37   | _      |   |                    |                      |  |                                     | 00          |
| 3 Unused capital loss carryover from 2022. 4 Net short-term capital gain (loss). Combine line 1 through line 3   | _2     | <br>  Short-term capital gain from installment sale             | s from form FTB    | 3805E, line 26 or li | ne 37  |                                     |             |
| Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year. Use additional sheet(s) if necessary.  5  | 3      | Unused capital loss carryover from 2022                         |                    |                      |  |                                     | 00          |
| 5 (C)  | _      | Net short-term capital gain (loss). Combine I                   | ine 1 through line | 3                    |  | • 4                                 | 00          |
| 6 Enter gain from Schedule D-1, line 9 and/or any capital gain distributions.  7 Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37  8 Net long-term capital gain (loss). Combine line 5 through line 7  9 Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8)  10 Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4).  11 Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5.   | _      |   | ses – Assets He    | eld More Than Oi     | <b>1e Year.</b> Use additiona  | al sheet(s) if necessar             |             |
| 6 Enter gain from Schedule D-1, line 9 and/or any capital gain distributions   | _      | ).  |                    |                      |  |                                     | 00          |
| 6 Enter gain from Schedule D-1, line 9 and/or any capital gain distributions   | _      |   |                    |                      |  |                                     | 00          |
| 6 Enter gain from Schedule D-1, line 9 and/or any capital gain distributions.  7 Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37  8 Net long-term capital gain (loss). Combine line 5 through line 7  9 Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8)  10 Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4)  11 Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5.  | _      |   |                    |                      |  |                                     | 00          |
| 7 Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37  |        |   |                    |                      |  |                                     | 00          |
| 8 Net long-term capital gain (loss). Combine line 5 through line 7   |        |   |                    |                      |  |                                     | 00          |
| 9 Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8)  |        |   |                    |                      |  |                                     | 00          |
| <ul> <li>10 Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4)</li></ul>  |        |   |                    |                      |  |                                     | 00          |
| 11 Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5.   |        |   |                    |                      |  |                                     |             |
|  |        | Total lines 9 and 10. Enter here and on Form                    | 100, Side 1, line  | 5.                   |  |                                     |             |

### VILLA TEMPRA HOMEOWNERS ASSOCIATION

### BALANCE SHEET FISCAL YEAR END JUNE 30, 2024 AS OF 06/30/2024

### ASSETS

|                   |                                    | <u> </u>                           |            |
|-------------------|------------------------------------|------------------------------------|------------|
| 102               | ALLIANCE ASSOCIATION BANK          | 68,662.26                          |            |
| 160               | SDCCU-CHECKING                     | 3,938.22                           |            |
| 140               | SDCCU -SAVINGS                     | 50.00                              |            |
| 155               | SDCCU-CD 11/16/2020 .40%           | 60,352.45                          |            |
| 156               | SDCCU-CD 11/20/2020 1.19%          | 11,134.76                          |            |
|                   | TOTAL ASSETS                       |                                    | 144,137.69 |
|                   |                                    | LIABILITIES                        |            |
|                   | TOTAL LIABILITIES                  |                                    | 0.00       |
|                   | <u>0</u>                           | WNERS EQUITY                       |            |
| 300               | OPERATING FUND                     | 4,651.66                           |            |
|                   | TOTAL OPERATING FUND               |                                    | 4,651.66   |
| 305<br>315<br>320 | RESERVES<br>REPAIRS<br>MAINTENANCE | 131,511.19<br>1,001.89<br>3,110.67 |            |
| 325               | IMPROVEMENTS<br>TOTAL RESERVES     | (525.07)                           | 139,750.34 |
|                   | Y.T.D. SURPLUS/(DEFICIT)           |                                    | 4,387.35   |
|                   | TOTAL EQUITY                       |                                    | 144,137.69 |

144,137.69

TOTAL LIABILITIES & EQUITY

# VILLA TEMPRA HOMEOWNERS ASSOCIATION INCOME STATEMENT FISCAL YEAR END JUNE 30, 2024 FOR THE PERIOD 06/01/2024 TO 06/30/2024

|      |                           |   | CURRENT<br>ACTUAL | CURRENT<br>BUDGET |   | CURRENT<br>VARIANCE | Y-T-D<br>ACTUAL | Y~T~D<br>BUDGET |     | Y-T-D<br>VARIANCE |
|------|---------------------------|---|-------------------|-------------------|---|---------------------|-----------------|-----------------|-----|-------------------|
| INCO | <b>м</b> Е                |   |                   |                   |   |                     |                 |                 |     |                   |
| 400  | ASSESSMENTS               |   | 4,779.87          | 5,580.00          | ( | 800.13)             | 70,520.38       | 66,960.00       |     | 3,560.38          |
| 420  | LATE FEES / DELINQ. INT.  |   | 117.74            | 0.00              |   | 117.74              | 852.04          | 0.00            |     | 852.04            |
| 430  | COLLECTION FEES           |   | 10.00             | 0.00              |   | 10.00               | 20.00           | 0.00            |     | 20.00             |
| 440  | MISCELLANEOUS INCOME      |   | 0.00              | 0.00              |   | 0.00                | 200.00          | 0.00            |     | 200.00            |
| 450  | INTEREST                  |   | 137.79            | 36.00             |   | 101.79              | 1,303.42        | 432.00          |     | 871.42            |
|      | TOTAL INCOME              |   | 5,045.40          | 5,616.00          | ( | 570.60)             | 72,895.84       | 67,392.00       | ,   | 5,503.84          |
| ЕХРЕ | N S E                     |   |                   |                   |   |                     |                 |                 |     |                   |
| 502  | ADMINISTRATION            |   | 0.00              | 108.00            |   | 108.00              | 17.00           | 1,296.00        |     | 1,279.00          |
| 504  | BOOKEEPING & MANAGEMENT   |   | 485.33            | 360.00            | ( | 125.33)             | 5,823.96        | 4,320.00        | (   | 1,503.96)         |
| 506  | OFFICE SUPPLIES           |   | 26.00             | 90.00             |   | 64.00               | 309.00          | 1,080.00        |     | 771.00            |
| 508  | PERMITS & TAXES           |   | 0.00              | 108.00            |   | 108.00              | 1,059.18        | 1,296.00        |     | 236.82            |
| 510  | INSURANCE                 |   | 9,199.00          | 720.00            | ( | 8,479.00)           | 18,433.00       | •               | (   | 9,793.00)         |
| 512  | MISCELLANEOUS/CONTINGENCI |   | 0.00              | 324.00            | • | 324.00              | 10.00           | 3,888.00        | ٠.  | 3,878.00          |
| 514  | GAS & ELECTRIC            |   | 0.00              | 63.00             |   | 63.00               | 2,535.78        | 756.00          | (   | 1,779.78)         |
| 516  | WATER & SEWER - BIMONTHLY |   | 0.00              | 2,268.00          |   | 2,268.00            | 19,586.93       | 27,216.00       | •   | 7,629.07          |
| 518  | MAINTENANCE               |   | 0.00              | 0.00              |   | 0.00                | 130.00          | 0.00            | (   | 130.00)           |
| 520  | GARDENING                 |   | 300.00            | 275.04            | ( | 24.96)              | 3,600.00        | 3,300.48        | (   | 299.52)           |
| 524  | REFUSE SERVICE            |   | 0.00              | 831.96            |   | 831.96              | 10,142.37       | 9,983.52        | (   | 158.85)           |
| 526  | PEST CONTROL              |   | 0.00              | 0.00              |   | 0.00                | 3,060.14        | 0.00            | (   | 3,060.14)         |
| 527  | TERMITE INSURANCE         |   | 0.00              | 180.00            |   | 180.00              | 0.00            | 2,160.00        |     | 2,160.00          |
| 532  | SUPPLIES                  |   | 0.00              | 0.00              |   | 0.00                | 345.13          | 0.00            | ( _ | 345.13)           |
|      | TOTAL OPERATING EXPENSE   |   | 10,010.33         | 5,328.00          | ( | 4,682.33)           | 65,052.49       | 63,936.00       | ( · | 1,116.49)         |
|      | NET OPERATING INCOME      | ( | 4,964.93)         | 288.00            | ( | 5,252.93)           | 7,843.35        | 3,456.00        |     | 4,387.35          |
| 605  | RESERVE ALLOCATION        |   | 288.00            | 288.00            |   | 0.00                | 3,456.00        | 3,456.00        | _   | 0.00              |
|      | NET SURPLUS/(DEFICIT)     | ( | 5,252.93)         | 0.00              | ( | 5,252.93)           | 4,387.35        | 0.00            |     | 4,387.35          |

### Villa Tempra HOA Proposed Budget 2023-2024

#### Income

| income                      | Per Unit | Month * 36 Units | Annual           |
|-----------------------------|----------|------------------|------------------|
| Monthly HOA Fee **          | \$170.00 | \$6,120.00       | \$73,440.00      |
| Interest on checking        | \$1.00   | \$36.00          | \$432.00         |
| Total Income                | \$171.00 | \$6,156.00       | \$73,872.00      |
| Expenses                    |          |                  |                  |
| Administration              | \$3.00   | \$108.00         | \$1,296.00       |
| Mgt&Bookeep                 | \$12.00  | \$432.00         | \$5,184.00       |
| Office Supplies             | \$3.00   | \$108.00         | \$1,296.00       |
| APS Total                   | \$18.00  | \$648.00         | \$7,776.00       |
| Taxes&Permit                | \$3.00   | \$108.00         | \$1,296.00       |
| Insurance                   | \$20.00  | \$720.00         | \$8,640.00       |
| Termite Inspection          | \$4.77   | \$171.72         | \$2,060.64       |
| Gas&Electric                | \$1.75   | \$63.00          | \$756.00         |
| Water&Sewer                 | \$65.00  | \$2,340.00       | \$28,080.00      |
| Gardening                   | \$12.00  | \$432.00         | \$5,184.00       |
| Refuse/Garbage              | \$22.00  | \$792.00         | \$9,504.00       |
| Operations Expenses Total   | \$128.52 | \$4,626.72       | \$55,520.64      |
| Reserves (10% by law)       |          |                  |                  |
| Repairs                     | \$6.00   | \$216.00         | \$2,592.00       |
| Maintenance                 | \$6.00   | \$216.00         | \$2,592.00       |
| Improvements                | \$4.00   | \$144.00         | \$1,728.00       |
| Miscellaneous/Contingencies | \$8.48   | \$305.28         | \$3,663.36       |
| Total Reserves              | \$24.48  | \$881.28         | \$10,575.36      |
| Total HOA Budget            | \$171.   | 00 \$6,156       | 5.00 \$73,872.00 |

<sup>\*\*</sup> Effective 7/1/2023 monthly dues will be \$170 per month Late fees \$12 plus \$5 administrative charge total HOA if late fee \$187

### **CIVIL CODE LINKS**

https://en.wikipedia.org/wiki/Davis%E2%80%93Stirling\_Common\_Interest\_Development

### Villa Tempra HOA Budget effective 7/1/2022

| Income |
|--------|
|--------|

|                             | Per Unit | Month * 36 Units | Annual      |
|-----------------------------|----------|------------------|-------------|
|                             |          |                  |             |
| Monthly HOA Fee **          | \$155.00 | ' '              | · ·         |
| Interest on checking        | \$1.00   |                  |             |
| Total Income                | \$156.00 | \$5,616.00       | \$67,392.00 |
| Evnence                     |          |                  |             |
| Expenses                    |          |                  |             |
| Administration              | \$3.00   | \$108.00         | \$1,296.00  |
| Mgt&Bookeep                 | \$10.00  | \$360.00         | \$4,320.00  |
| Office Supplies             | \$2.50   | \$90.00          | \$1,080.00  |
| APS Total                   | \$15.50  | \$558.00         | \$6,696.00  |
| Taxes&Permit                | \$3.00   | \$108.00         | \$1,296.00  |
| Insurance                   | \$20.00  | \$720.00         | \$8,640.00  |
| Termite Inspection          | \$5.00   | \$180.00         | \$2,160.00  |
| Gas&Electric                | \$1.75   | \$63.00          | \$756.00    |
| Water&Sewer                 | \$63.00  | \$2,268.00       | \$27,216.00 |
| Gardening                   | \$7.64   | \$275.04         | \$3,300.48  |
| Refuse/Garbage              | \$23.11  | \$831.96         | \$9,983.52  |
| Operations Expenses Total   | \$123.50 | \$4,446.00       | \$53,352.00 |
| Reserves (10% by law)       |          |                  |             |
| Repairs                     | \$3.00   | \$108.00         | \$1,296.00  |
| Maintenance                 | \$3.00   | ·                | • •         |
| Improvements                | \$3.00   | •                |             |
| Miscellaneous/Contingencies | \$8.00   | •                |             |
| Total Reserves              | \$17.00  | \$612.00         | \$7,344.00  |
| Total HOA Budget            | \$156.00 | \$5,616.00       | \$67,392.00 |

<sup>\*\*</sup> Effective 7/1/2022 monthly dues will be \$155 per month Late fees \$12 plus \$5 administrative charge total HOA fee \$172

### **CIVIL CODE LINKS**

https://en.wikipedia.org/wiki/Davis%E2%80%93Stirling\_Common\_Interest\_Development

### Form **1120-H**

### U.S. Income Tax Return for Homeowners Associations

OMB No. 1545-0123

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form1120H for instructions and the latest information.

| roi cai    | eriuar y      | eai 2022 Oi la                      | x year begiririi iç                            | 9             |                   | 07/01         | , 204  | zz, anu     | ending   | _                 |          |           | 00/30 , 20 23                                |
|------------|---------------|-------------------------------------|--|---------------|-------------------|---------------|--------|-------------|----------|-------------------|----------|-----------|--|
|            | Name          | )                                   |  |               |                   |               |        |             |          | Employer ic       | lentific | cation nu | mber   |
|            | VII           | LLA TEMPRA                          | A HOA  |               |                   |               |        |             |          |                   | 33       | - 01601   | 43   |
| TYPE<br>OR | INUITIL       | oer, street, and roo<br>MAURICIO CH | om or suite no. If a P<br>AMAT PRESIDEN        | O. box, se    | ee instructions.  |               |        |             |          | Date associa      |          |           |  |
| PRIN'      | <b>r</b> 1300 | O VILLA TEMPR                       | RA HOA   |               |                   |               |        |             |          | 1                 | 07 /     | /30 /198  | 34   |
| l          |               |                                     | rovince, country, and                          | d ZIP or for  | reign postal cod  | е             |        |             |          |                   |          |           |  |
|            | CHU           | JLA VISTA CA 9                      | )1911  |               |                   |               |        |             |          |                   |          |           |  |
| Check      | if: (1        | 1) 🗌 Final reti                     | urn  | (2) 🗌 N       | ame change        |               | (3) [  | Addr        | ess cha  | inge              | (4)      | Am        | ended return                                 |
| A          |               |                                     | ers association:                               |               |                   |               |        |             |          | l estate assoc    | iation   | Tim       | eshare association                           |
| В          |               | •                                   | n income. Must                                 |               | •                 |               |        |             |          |                   |          | В         | 68982  |
| С          |               |                                     | ade for purpose                                |               |                   |               |        |             |          |                   |          | С         | 0  |
| D          |               |                                     | kpenditures for t                              |               |                   |               |        |             |          |                   |          | D         | 0  |
| E          | Tax-ex        | empt interest                       | received or accr                               |               |                   |               |        |             |          |                   |          | E         | 801  |
|            |               |                                     |  | ss Inco       | <b>me</b> (exclud | ing exemp     | t fur  | nction i    | income   | <del>)</del>      |          |           |  |
| 1          | Dividen       | nds                                 |  |               |                   |               |        |             |          |                   |          | 1         | 0  |
| 2          | Taxable       | e interest                          |  |               |                   |               |        |             |          |                   |          | 2         | 0  |
| 3          | Gross r       | rents                               |  |               |                   |               |        |             |          |                   |          | 3         | 0  |
| 4          |               |                                     |  |               |                   |               |        |             |          |                   |          | 4         | 0  |
| 5          |               |                                     | me (attach Sche                                |               |                   |               |        |             |          |                   |          | 5         | 0  |
| 6          | _             |                                     | n Form 4797, Pa                                |               | •                 |               |        |             |          |                   |          | 6         | 0  |
| 7          |               | •                                   | ding exempt fund                               |               |                   |               |        |             |          |                   |          | 7         | 0  |
| 8          |               |                                     | uding exempt fu                                |               |                   |               |        |             |          |                   |          | 8         | 0  |
|            |               | •                                   | ectly connecte                                 |               | •                 |               |        | · · · · · · |          | · .               |          |           | <del></del>                                  |
|            |               | s and wages                         |  |               |                   |               |        |             |          |                   |          | 9         | 0  |
| 10         |               |                                     | ance   |               |                   |               |        |             |          |                   | ٠        | 10        | 0  |
| 11         |               |                                     |  |               |                   |               |        |             |          |                   | ٠        | 11        | 0  |
| 12         |               |                                     |  |               |                   |               |        |             |          |                   |          | 12        | 1064   |
| 13         | Interest      |                                     |  |               |                   |               |        |             |          |                   | •        | 14        | $\frac{0}{0}$                                |
| 14<br>15   |               |                                     | Form 4562) . tach statement)                   |               |                   |               |        |             |          |                   |          | 15        | 0  |
| 16         |               |                                     | dd lines 9 throu                               |               |                   |               |        |             |          |                   |          | 16        | 1064   |
| 17         |               |                                     | re specific dedu                               |               |                   |               |        |             |          |                   |          | 17        | -1064  |
| 18         |               |                                     | f \$100  |               |                   |               |        |             |          |                   |          | 18        | \$100  |
|            | Орссии        | e academon of                       | Ψ100   |               | Tax an            | d Paymen      | ts.    |             |          |                   | •        | 10        | φισσ   |
| 19         | Taxabl        | e income. Su                        | btract line 18 fro                             | om line 1     |                   |               |        |             |          |                   |          | 19        | -1164  |
|            |               |                                     | ine 19. (Timesha                               |               |                   |               |        |             |          |                   |          | 20        | 0  |
| 21         |               | edits (see instr                    | •  |               |                   | •             | -      |             | -        |                   |          | 21        | 0  |
| 22         |               |                                     | ne 21 from line 2                              | 20. See       | instructions t    | for recapture | e of   | certain     | credits  |                   |          | 22        | 0  |
|            |               |                                     |  | 1             | 23a               | 0             |        |             |          |                   |          |           |  |
| b          |               | · ·                                 | ayments  |               | 23b               | 0             | С      | Total       | 23c      |                   | 0        |           |  |
| d          |               | posited with F                      | •  | _             |                   |               |        |             | 23d      |                   | 0        |           |  |
| е          | Credit f      | for tax paid on                     | undistributed o                                | capital ga    | ains (attach F    | orm 2439)     |        |             | 23e      |                   | 0        |           |  |
| f          | Credit f      | for federal tax                     | paid on fuels (a                               | ttach Fo      | rm 4136) .        |               |        |             | 23f      |                   | 0        |           |  |
| g          | Add line      | es 23c throug                       | h 23f  |               |                   |               |        |             |          |                   |          | 23g       | 0  |
| 24         | Amoun         | nt owed. Subt                       | ract line 23g fro                              | m line 2      | 2. See instru     | ctions        |        |             |          |                   |          | 24        | 0  |
| 25         | Overpa        | <b>ayment.</b> Subtr                | act line 22 from                               | line 23g      |                   |               |        |             |          |                   |          | 25        | 0  |
| 26         | Enter a       | mount of line                       | 25 you want: <b>Cr</b>                         | redited t     | to 2023 estir     | nated tax     |        | 0           |          | Refun             | ded      | 26        | 0  |
| C:         |               |                                     | I declare that I have a Declaration of prepare |               |                   |               |        |             |          |                   |          | of my kno | wledge and belief, it is                     |
| Sign       | liue, con     | rect, and complete.                 | . Deciaration of prepar                        | rei (other ti |                   |               | natioi | I OI WINCII | preparer | ias ariy kilowici | Ĭ        |           | RS discuss this return                       |
| Here       |               |                                     |  |               | 07/13/            |               | RES    | SIDEN'      | Γ        |                   |          |           | eparer shown below?<br>tions. <b>XYes No</b> |
|            | Signatur      | e of officer                        |  |               | Date              | Title         |        |             | T =      |                   | L        |           | T DTU:                                       |
| Paid       |               | Print/Type prepa                    |  |               | Preparer's sign   | ature         |        |             | Da       | te                |          | ck $X$ if | PTIN   |
| Prepa      | arer          |                                     |  | NTT A 3 5 11  | E CD4             |               |        |             |          |                   |          | employed  | P0-0688138                                   |
| Use (      | Only          | Firm's name                         | MAURICIO C                                     | HAMA          | I CPA             |               |        |             |          |                   |          | s EIN     | 0.4267002                                    |
|            |               | Firm's address                      | 1335 LA TEMPRA CT<br>CHULA VISTA CA 919        | 911           |                   |               |        |             |          |                   | Phor     | ne no. 01 | 9-4267902                                    |

### VILLA TEMPRA HOMEOWNERS ASSOCIATION

# B A L A N C E S H E E T FISCAL YEAR END JUNE 30, 2023 AS OF 06/30/2023

### A S S E T S

| 102                      | ALLIANCE ASSOCIATION BANK                 | 64,074.20  |                   |
|--------------------------|---|--|-------------------|
| 125                      | US BANK SAVINGS                           | 776.24   |                   |
| 160                      | SDCCU-CHECKING                            | 3,838.22   |                   |
| 140                      | SDCCU -SAVINGS                            | 50.00  |                   |
| 155                      | SDCCU-CD 11/16/2020 .40%                  | 59,292.34  |                   |
| 156                      | SDCCU-CD 11/20/2020 1.19%                 | 10,891.55  |                   |
|                          | TOTAL ASSETS                              |  | 138,922.55        |
|                          | LIAB                                      | I L I T I E S                                      |                   |
|                          | TOTAL LIABILITIES                         |  | 0.00              |
|                          | O W N E R                                 | SEQUITY  |                   |
| 300                      | OPERATING FUND                            | 5,328.00   |                   |
|                          | TOTAL OPERATING FUND                      |  | 5,328.00          |
| 305<br>315<br>320<br>325 | RESERVES REPAIRS MAINTENANCE IMPROVEMENTS | 115,839.58<br>( 150.11)<br>4,604.03<br>( 1,677.07) | 122 044 42        |
|                          | TOTAL RESERVES                            |  | 123,944.43        |
|                          | Y.T.D. SURPLUS/(DEFICIT)                  |  | <u>14,978.1</u> 2 |
|                          | TOTAL EQUITY                              |  | 138,922.55        |
|                          | TOTAL LIABILITIES & EQUITY                |  | 138,922.55        |

# VILLA TEMPRA HOMEOWNERS ASSOCIATION INCOME STATEMENT FISCAL YEAR END JUNE 30, 2023 FOR THE PERIOD 06/01/2023 TO 06/30/2023

|      |                           | CURRENT<br>ACTUAL | CURRENT<br>BUDGET | CURRENT<br>VARIANCE | Y-T-D<br>ACTUAL | Y-T-D<br>BUDGET | Y-T-D<br><u>VARIANCE</u> |
|------|---------------------------|-------------------|-------------------|---------------------|-----------------|-----------------|--------------------------|
| INCO | ) M E                     |                   |                   |                     |                 |                 |                          |
| 400  | ASSESSMENTS               | 5,894.37          | 5,580.00          | 314.37              | 66,651.47       | 66,960.00 (     | 308.53)                  |
| 420  | LATE FEES / DELINQ. INT.  | 47.63             | 0.00              | 47.63               | 420.40          | 0.00            | 420.40                   |
| 430  | COLLECTION FEES (         | 2.50)             | 0.00              |                     | 10.00           | 0.00            | 10.00                    |
| 440  | MISCELLANEOUS INCOME      | 0.00              | 0.00              | 0.00                | 1,900.00        | 0.00            | 1,900.00                 |
| 450  | INTEREST                  | 110.03            | 36.00             | 74.03               | 800.98          | 432.00          | 368.98                   |
| ,,,, |                           |                   |                   |                     |                 |                 |                          |
|      | TOTAL INCOME              | 6,049.53          | 5,616.00          | 433.53              | 69,782.85       | 67,392.00       | 2,390.85                 |
|      |                           |                   |                   |                     |                 |                 |                          |
| EXPE | NSE                       |                   |                   |                     |                 |                 |                          |
| 502  | ADMINISTRATION            | 0.00              | 108.00            | 108.00              | 31.00           | 1,296.00        | 1,265.00                 |
| 504  | BOOKEEPING & MANAGEMENT   | 485.33            | 360.00 (          |                     | 5,515.12        | 4,320.00 (      | 1,195.12)                |
| 506  | OFFICE SUPPLIES           | 27.00             | 90.00             | 63.00               | 620.00          | 1,080.00        | 460.00                   |
| 507  | CIVIL CODE COMPLIANCE     | 0.00              | 0.00              | 0.00                | 25.00           | 0.00 (          | 25.00)                   |
| 508  | PERMITS & TAXES           | 0.00              | 108.00            | 108.00              | 1,064.32        | 1,296.00        | 231.68                   |
| 510  | INSURANCE                 | 247.00            | 720.00            | 473.00              | 9,200.00        | 8,640.00 (      | 560.00)                  |
| 512  | MISCELLANEOUS/CONTINGENCI | 0.00              | 324.00            | 324.00              | 0.00            | 3,888.00        | 3,888.00                 |
| 514  | GAS & ELECTRIC            | 262.98            | 63.00 (           |                     | 2,364.31        | 756.00 (        | 1,608.31)                |
| 516  | WATER & SEWER - BIMONTHLY | 0.00              | 2,268.00          | 2,268.00            | 18,819.96       | 27,216.00       | 8,396.04                 |
| 518  | MAINTENANCE               | 0.00              | 0.00              | 0.00                | 587.52          | 0.00 (          | 587.52)                  |
| 520  | GARDENING                 | 300.00            | 275.04 (          |                     | 3,420.00        | 3,300.48 (      | 119.52)                  |
| 522  | REPAIRS                   | 0.00              | 0.00              | 0.00                | 975.00          | 0.00 (          | 975.00)                  |
| 524  | REFUSE SERVICE            | 729.74            | 831.96            | 102.22              | 8,726.50        | 9,983.52        | 1,257.02                 |
| 527  | TERMITE INSURANCE         | 0.00              | 180.00            | 180.00              | 0.00            | 2,160.00        | 2,160.00                 |
|      | TOTAL OPERATING EXPENSE   | 2,052.05          | 5,328.00          | 3,275.95            | 51,348.73       | 63,936.00       | 12,587.27                |
|      | NET OPERATING INCOME      | 3,997.48          | 288.00            | 3,709.48            | 10 424 12       | 2 456 00        | 14 070 13                |
|      | NET OPERATING INCOME      | 3,337.40          | 200.00            | 3,709.48            | 18,434.12       | 3,456.00        | 14,978.12                |
| 605  | RESERVE ALLOCATION        | 288.00            | 288.00            | 0.00                | 3,456.00        | 3,456.00        | 0.00                     |
|      | NET SURPLUS/(DEFICIT)     | 3,709.48          | 0.00              | 3,709.48            | 14,978.12       | 0.00            | 14,978.12                |

TAXABLE YEAR

2022

## California Corporation Franchise or Income Tax Return

| F | ORN | 1 |
|---|-----|---|

100

07-01-2022

06-30-2023

VILLA TEMPRA HOA

1252798

33-0160143

1300 VILLA TEMPRA HOA

CHULA VISTA CA 91911

| S                 | ch  | edule Q Quest   | ions (continued on Side 2  | )   |                               |                           |  |
|-------------------|-----|---|--|---|-------------------------------|---------------------------|--|
| A                 | FIN | IAL RETURN?   | Dissolved Surrend  | ered (withdrawn)  | Merged/Reorganized            | IRC Section 338 sa        | le QSub election                             |
|                   |     |   |  |   | Enter da                      | te (mm/dd/yyyy)           |  |
| В                 | 1.  | Is income included i  | n a combined report of a unitary Wholly within CA (R&  |   |                               |                           | Yes X No                                     |
|                   |     |   | Within and outside of  | CA  |                               |                           |  |
|                   | 2.  | Is there a change in  | the members listed in Schedule   | R-7 from the prior y  | ear?                          |                           | Yes X No                                     |
|                   | 3.  |   | members (including parent or k<br>franchise tax  | . ,   |                               |                           | •  |
|                   | 4.  | Is form FTB 3544 at   | ached to the return?   |   |                               |                           | • Yes X No                                   |
| С                 | 1.  | of this corporation of  | ear, did another person or legal<br>r any of its subsidiaries that owl<br>s or more, or leased such prope              | ned California real pr  | roperty (i.e., land, building | gs), leased such property | • Yes X No                                   |
|                   | 2.  | (more than a 50% in   | ear, did this corporation or any<br>terest) in another legal entity th<br>of 35 years or more, or leased so            | at owned California ı   | real property (i.e., land, bu | uildings), leased such    | • Yes X No                                   |
|                   | 3.  | transactions after ar   | ear, has more than 50% of the v<br>interest in California real prope<br>sment under R&TC Section 62(a                  | rty (i.e., land, buildin                                      | gs) was transferred to it     | that was excluded from    |  |
|                   |     | (Yes requires filing  | of statement, penalties may ap   | ply – see instructio  | ns.)                          |                           |  |
| State Adjustments | 3   | <ul><li>2 Amount deducted f</li><li>3 Amount deducted f</li><li>4 Interest on governr</li><li>5 Net California capita</li></ul> | efore state adjustments. See instror foreign or domestic tax based contax under the provisions of the nent obligations | on income or profits fr<br>Corporation Tax Law t<br><br>ne 11 | rom Schedule A                | 2 3 4 5 5                 | 0 00<br>0 00<br>0 00<br>0 00<br>0 00<br>0 00 |
| tate              | -   | •   | rporations not included in federal   |   |                               |                           | 0 00   |
| တ                 | '   |   | ach schedule(s)  |   |                               |                           | 0 00   |
| _                 | ⊥!  | iotal. Add line 1 thi   | ough line 8  | <u></u>   |                               | ● 9                       | 00   |

| int.)                     | 10               | Intercompany dividend elimination. Attach Schedule H (100) •                       | 10      | 0 0                                   | 0                                      |  |
|---------------------------|------------------|--|---------|---------------------------------------|--|--|
| 00)                       | 11               | Dividends received deduction. Attach Schedule H (100)                              | 11      | 0 0                                   | 0                                      |  |
| nts                       | l                | Additional depreciation allowed under CA law. Attach form FTB 3885.                |         | 0 0                                   | _                                      |  |
| me                        |                  | Capital gain from federal Form 1120, line 8  |         | 0 0                                   | _                                      |  |
| ıst                       |                  | Charitable Contributions   |         | 0 0                                   | _                                      |  |
| Ē                         |                  | Other deductions. Attach schedule(s)   |         |                                       | _                                      |  |
| e /                       | ı                | Total. Add line 10 through line 15   |         |                                       |  | 16 0 00                                  |
| State Adjustments (cont.) | l                | Net income (loss) after state adjustments. Subtract line 16 from Side 1, lin       |         |                                       | - H                                    | 17 0 00                                  |
|                           |                  | Net income (loss) for state purposes. Complete Schedule R if apportioning of       |         |                                       | _                                      | 18 0 00                                  |
| E                         | 19               | Net operating loss (NOL) deduction. See instructions                               |         | 0 0                                   |  |  |
| 100                       | l                | EZ, TTA, or LAMBRA NOL carryover deduction.  | 13      | 3 0                                   | $\dashv$                               |  |
| =                         |                  | See instructions   | 20      | 0 0                                   | اام                                    |  |
| CA Net Income             | 21               | Disaster loss deduction. See instructions  |         | 0 0                                   | _                                      |  |
| CA                        | l                | Net income for tax purposes. Combine line 19 through line 21. Then, subt           |         |                                       | _                                      | 22 0 00                                  |
| _                         | 23               | Tax. $8.84\%$ x line 22 (at least minimum franchise tax, if applicable             |         |                                       |  | 23 0 00                                  |
|                           | 24               | Credit name code • amount •  |         | 0 0                                   |  | 23 0 00                                  |
|                           |                  | Credit name         amount ▶   |         |                                       | _                                      |  |
| S                         |                  | To claim more than two credits, see instructions                                   |         | 0 0                                   | _                                      |  |
| Taxes                     | l                | Add line 24 through line 26  |         | · · · · · · · · · · · · · · · · · · · |  | 27 0 00                                  |
| _                         | 27<br>28         | <b>Balance</b> . Subtract line 27 from line 23 (at least minimum franchise tax, if |         |                                       | - H                                    | <b>28</b> 0 00                           |
|                           | 20               | Alternative minimum tax. Attach Schedule P (100). See instructions                 |         | •                                     | г                                      | <b>29</b> 0 00                           |
|                           | 30               | Total tax. Add line 28 and line 29   |         |                                       |  | 30 0 00                                  |
| _                         |                  | Overpayment from prior year allowed as a credit                                    |         |                                       | _                                      | 50 00                                    |
| ıts                       |                  | 2022 Estimated tax payments. See instructions                                      |         |                                       | 0                                      |  |
| Payments                  | l                | 2022 Withholding (Form 592-B and/or 593). See instructions                         |         | 0 0                                   | _                                      |  |
| ayn                       | l <sub>-</sub> . | Amount paid with extension of time to file tax return                              |         | 0 0                                   | _                                      |  |
| ۵                         | 34<br>35         | Total payments. Add line 31 through line 34  |         | 1 0                                   |  | 35 0 00                                  |
|                           |                  | Use tax. This is not a total line. See instructions                                |         | 0 0                                   |  | 55                                       |
|                           |                  | Payments balance. If line 35 is more than line 36, subtract line 36 from           |         | 1 0                                   | -                                      | 37 0 00                                  |
|                           | l                | <b>Use tax balance.</b> If line 36 is more than line 35, subtract line 35 from     |         |                                       |  | 38 0 00                                  |
|                           | l                |  |         |                                       |  | 39 0 00                                  |
| -                         | ı                |  |         |                                       |  | 40 00                                    |
| Due                       | l                | Amount of line 40 to be credited to 2023 estimated tax                             |         |                                       |  | 41 0 00                                  |
| Ħ                         | l                | <b>Refund.</b> Subtract line 41 from line 40                                       |         |                                       |  | 42 0 00                                  |
| <b>Amount Due</b>         |                  | See instructions to have the refund directly deposited.                            |         |                                       |  |  |
| An                        |                  |  |         |                                       |  |  |
| d or                      |                  | Checking   |         |                                       |  |  |
| Refund                    |                  | Savings  |         |                                       |  |  |
| B                         |                  | •  | nt n    | umbar                                 |  |  |
|                           | 12               | <b>42a.</b> ■ Routing number <b>42b.</b> ■ Type <b>42c.</b> ■ Accou                | 111 111 | umber                                 |  | 0 00                                     |
|                           | 40               | a reliantes and interest   |         |                                       | ֓֟֟֝֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | - 00                                     |
|                           |                  | <b>b</b> •   | C or    | n form FTB 5806. See instruction      | ıs.                                    |  |
|                           | 44               | Total amount due. Add line 38, line 39, line 41, and line 43a. Then, so            |         | _                                     | _                                      | 0 00                                     |
| Sc                        | he               | dule Q Questions (continued from Side 1)   |         |                                       |  | ·  |
| D                         | f the            | corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 an       |         |                                       |  |  |
| ,                         | water            | 's-edge election ended   |         | (mm/dd,                               | /ууу                                   | /y) •                                    |
| E '                       | Vas t            | the corporation's income included in a consolidated federal return?                |         |                                       |  | • X No                                   |
|                           |                  | ipal business activity code. ( <b>Do not</b> leave blank):                         |         |                                       |  | <u></u>                                  |
|                           |                  | ipai dusiness activity code. ( <b>Du not</b> leave diank):                         |         |                                       |  |  |
|                           |                  | uct or service OTHER ACTIVITIES RELATED TO REAL                                    |         |                                       |  | O O O O O O O O O O O O O O O O O O O    |
|                           | iout             | 301 01 001 VIOU_0  |         | Schedu                                | ıe                                     | <b>Q Questions</b> (continued on Side 3) |

| G Date incor                  | rporated (mm/dd/yyyy): 07/30/1984   | Where: ● State <u>CA</u> Cour  | ntry  |  |
|-------------------------------|---|--|---|--|
|                               | ness began in California or date income was first derived fro   | om California sources  | (mm/dd/yyyy)  | • 07/30/1984                               |
|                               | n?  |  | ,                       |  |
|                               |   |  |   |  |
|                               | •   | oprietorship <b>(2)</b> Partnership <b>(</b><br>tement showing name, address, and FE     |   | ·  |
| <b>J</b> "Doing bu            | siness as" name. See instructions:  | ●VILLA TEMPRA I  | HOA   |  |
| ✓ At any tim                  | e during the taxable year, was more than 50% of the voting  | stock.   |   |  |
| -                             | orporation owned by any single interest?  |  |   | Yes X No                                   |
|                               | ner corporation owned by this corporation?  |  |   |  |
|                               | and one or more other corporations owned or controlled, dire  |  |   |  |
|                               | is "Yes," enter the country of the ultimate parent  |  |   |  |
| If 1, 2, c                    | or 3 is "Yes," furnish a statement of ownership indicating pewner(s) is an individual, provide the SSN/ITIN and see FTB 1           | ertinent names, addresses, and percent   | tages of stock owned.   |  |
| If "Yes," co                  | orporation included a reportable transaction or listed transaction or listed transaction.   |  |   |  |
|                               | poration apportioning or allocating income to California usi  |  |   |  |
|                               | / affiliates in the combined report are claiming immunity fro   |  |   |  |
| <ul><li>Corporation</li></ul> | on headquarters are:  | ☑ Within California (2) ☐ Outside  | e of California, within the U                                 | J.S. (3) U Outside of the U.S.             |
| P Location o                  | of principal accounting records: 1300 VILLA   | TEMPRA HOA, , CH   | ULA VISTA, (  | A, 91911                                   |
|                               | g method:   |  |   |  |
|                               | corporation or any of its subsidiaries have a Deferred Interc   |  |   |  |
|                               | nter the total balance of all DISAs   |  |   |  |
|                               | poration or any of its subsidiaries a RIC?  |  |   |  |
|                               | poration treated as a REMIC for California purposes?  |  |   |  |
|                               | corporation a REIT for California purposes?   |  |   | Yes △ No                                   |
| with the                      | tion U1 is "Yes," does the entity own any qualified REIT sub<br>california Secretary of State? If yes, see instructions             |  |   |  |
|                               | poration an LLC or limited partnership electing to be taxed a<br>nter the effective date of the election (mm/dd/yyyy):              |  |   |  |
|                               | poration to be treated as a credit union?   |  |   |  |
|                               | poration to be treated as a credit union?  poration under audit by the IRS or has it been audited by the                            |  |   |  |
|                               | equired information returns (e.g. federal Forms 1099, 5471,   |  |   |  |
|                               | axpayer (or any corporation of the taxpayer's combined gro  |  |   |  |
|                               | corporation file the federal Schedule UTP (Form 1120)?  | · · · · · · · · · · · · · · · · · · ·  |   |  |
|                               | ry member of the combined report own an SMLLC or general  |  |   |  |
|                               | this business entity previously filed an unclaimed property h   |  |   |  |
|                               | es," when was the last report filed? (mm/dd/yyyy)   |  |   | •  |
|                               |   |  |   |  |
| Sign                          | Under penalties of perjury, I declare that I have examined this re true, correct, and complete. Declaration of preparer (other than | eturn, including accompanying schedules a<br>taxpayer) is based on all information of wh | and statements, and to the be<br>iich preparer has any knowle | est of my knowledge and belief, it is dge. |
| Here                          | Si-matura   | Title  | 1   | Telephone                                  |
|                               | Signature of officer  | PRESIDENT  | 07/13/22  | 510 4067000                                |
|                               | Officer's email address (optional) VILLATEMPRA  | A@GMAIL.COM  |   | 519 4267902                                |
| Paid<br>Preparer's            | Preparer's signature  | Date   | Check if self-<br>employed ► 🄀                                | PTIN<br>00688138                           |
| Use Only                      |   | I  |   | Firm's FEIN                                |
| ,                             | Firm's name (or yours,<br>  if self-employed)   | IAT  |   |  |
|                               |   | CT CHULA VISTA (   | CA 91911  | Telephone 619 4267902                      |
|                               | May the FTB discuss this return with the preparer s   | hown above? See instructions   |   | ☐ Yes ☒ No                                 |
|                               |   |  |   |  |

079

Form 100 2022 **Side 3** 

| sary. (b) (c) (d) xing authority Total amount Nondeductible a | amai                |
|---|---------------------|
| 1064  |                     |
|   | 0                   |
| n (d) on Side 1, line 2 or line 3.                            |                     |
| the net income, see instructions.   1064                      | 0                   |
| the flet income, see mistractions.                            | $\overset{\circ}{}$ |
|   |                     |
|   | 0                   |
| c) Balance • 1c 00  |                     |
| nedule V)   | 0                   |
|   | 0                   |
| H (100))  | 0                   |
| nentalities <u>5a</u>   | 0                   |
| ● <mark>5b</mark>   | 0                   |
| ● 6   | 0                   |
| • 7   | 0                   |
| Schedule D)   | 0                   |
| edule D-1)  | 0                   |
|   | 0                   |
| 11  | 0                   |
|   |                     |
| . ● 12 0 00   |                     |
| . • 13 0 00   |                     |
| 0 00  |                     |
| 15 0 00   |                     |
| . • 16 0 00   |                     |
| 0 00  |                     |
| . • 18 0 00   |                     |
|   |                     |
| . •   19   U   00   |                     |
|   |                     |
|   |                     |
|   |                     |
| ● 21b 0 00  |                     |
| 22 0 00   |                     |
| . 0 00  |                     |
| 24 0 00   |                     |
| <u>25</u> 0 00 00   |                     |
|   |                     |
| . ● <b>26b</b> 0 00   |                     |
| . • 27 0 00   |                     |
|   |                     |
| . ● 28 0 00   |                     |
| 29  | 0                   |
| e 11. Enter here and on Side 1, line 1 • 30                   | 0                   |
| See instructions.   |                     |
|   |                     |
| erral: \$ • 1   |                     |
| term contracts (Attach form FTB 3834) • 2                     |                     |
| nares and residential lots                                    |                     |
| installment obligations                                       |                     |
|   |                     |
| ● 5   |                     |
| chever applies, by this amount. Write                         |                     |
| • 6   |                     |

| So   | chedule V Cost of Goods Sold                           |                          |                               |                   |                   |            |                    |            |
|--|--|--------------------------|-------------------------------|-------------------|-------------------|------------|--------------------|------------|
| 1  | Inventory at beginning of year                         |                          |                               |                   |                   | 1          |                    | 0 00       |
|  | Purchases  |                          |                               |                   | <u> </u>          | 2          |                    | 0 00       |
|  | Cost of labor  |                          |                               |                   | $\smile$ $\vdash$ | 3          |                    | 0 00       |
| 4 a Additional IRC Section 263A costs. Attach schedule |  |                          |                               |                   |                   | 4a         |                    | 0 00       |
|  | <b>b</b> Other costs. Attach schedule                  |                          |                               |                   |                   | 4b         |                    | 0 00       |
| 5  | Total. Add line 1 through line 4b                      |                          |                               |                   | [                 | 5          |                    | 0 00       |
|  | Inventory at end of year                               |                          |                               |                   |                   | 6          |                    | 0 00       |
|  | Cost of goods sold. Subtract line 6 from line 5. Ente  |                          |                               |                   |                   | 7          |                    | 0 00       |
|  | thod of inventory valuation                            |                          |                               |                   |                   |            |                    |            |
| Wa   | s there any change in determining quantities, costs of | of valuations between op | ening and                     | d closing invento | ry?               |            |                    | ☐ Yes ☒ No |
| lf "   | Yes," attach an explanation.                           |                          |                               |                   |                   |            |                    |            |
| Ent  | er California seller's permit number, if any 🕨         |                          |                               |                   |                   |            |                    |            |
| Ch   | eck if the LIFO inventory method was adopted this ta   | axable year for any good | s. If chec                    | ked, attach fedei | al Form 97        | '0         |                    |            |
|  | he LIFO inventory method was used for this taxable     |                          |                               |                   |                   |            |                    |            |
| Do   | the rules of IRC Section 263A (with respect to prope   | erty produced or acquire | ed for res                    | ale) apply to the | corporatio        | n?         |                    | ☐ Yes ☒ No |
|  | e corporation may not be required to complete Sch      |                          |                               |                   | tructions fo      | <u> </u>   | _•                 |            |
| _  | chedule L Balance Sheet                                | Beginning o              | f taxable                     | *                 |                   | End of tax | cable yea          |            |
|  | ssets  | (a)                      |                               | (b)               |                   | (c)        | _                  | (d)        |
|  | Cash   |                          | •                             | 0                 |                   |            | •                  | 0          |
| 2  | <b>a</b> Trade notes and accounts receivable           |                          |                               |                   | •                 | 0          |                    |            |
|  | <b>b</b> Less allowance for bad debts                  |                          | <b>O</b>                      | 0                 | • (               | 0)         | •                  | 0          |
|  | Inventories  |                          |                               | 0                 |                   |            | •                  | 0          |
|  | Federal and state government obligations               |                          | <b>O</b>                      | 0                 |                   |            | •                  | 0          |
|  | Other current assets. Attach schedule(s)               |                          |                               | 0                 |                   |            | <u> </u>           | 0          |
|  | Loans to stockholders/officers. Attach schedule        |                          | <u> </u>                      | 0                 |                   |            | •                  | 0          |
|  | Mortgage and real estate loans                         |                          | <u>•</u>                      | 0                 |                   |            | _                  | 0          |
|  | Other investments. Attach schedule(s)                  |                          | •                             | 0                 |                   |            | •                  | 0          |
| 9  | <b>a</b> Buildings and other fixed depreciable assets  |                          |                               | 0                 | •                 | 0          |                    |            |
|  | <b>b</b> Less accumulated depreciation                 |                          | •                             | 0                 | • (               | 0)         | •                  | 0          |
| 10   | a Depletable assets                                    |                          |                               | 0                 | /                 |            |                    |            |
|  | <b>b</b> Less accumulated depletion                    |                          | <u> </u>                      | 0                 | (                 | 0)         |                    | 0          |
|  | Land (net of any amortization)                         |                          | •                             | U                 |                   | 0          | •                  | 0          |
| 12   | a Intangible assets (amortizable only)                 | $\circ$                  | •                             | 0                 | <u>•</u> (        | 0)         |                    | 0          |
| 12   | <b>b</b> Less accumulated amortization                 | <u> </u>                 |                               | 0                 |                   | 0 )        | <u> </u>           |            |
|  | Other assets. Attach schedule(s)                       |                          | 0                             | 0                 |                   |            |                    |            |
|  | Total assetsabilities and Stockholders' Equity         |                          |                               |                   |                   |            |                    |            |
|  | Accounts payable                                       |                          | •                             | 0                 |                   |            |                    | 0          |
|  | Mortgages, notes, bonds payable in less than 1 year    |                          |                               | 0                 |                   |            |                    | 0          |
|  | Other current liabilities. Attach schedule(s)          |                          |                               | 0                 |                   |            |                    |            |
|  | Loans from stockholders. Attach schedule(s)            |                          | <u> </u>                      | 0                 |                   |            |                    | 0          |
|  | Mortgages, notes, bonds payable in 1 year or more      |                          |                               | 0                 |                   |            |                    | 0          |
|  | Other liabilities. Attach schedule(s)                  |                          | <ul><li>O</li><li>O</li></ul> | 0                 |                   |            |                    | 0          |
| 21   | Capital stock: <b>a</b> Preferred stock                | 0                        |                               | J                 | •                 | 0          |                    |            |
| - 1  | b Common stock   | 0                        | •                             | 0                 | •                 | 0          | •                  | 0          |
| 22   | Paid-in or capital surplus. Attach reconciliation      |                          | <u> </u>                      | 0                 |                   |            | •                  | 0          |
|  | Retained earnings – Appropriated. Attach schedule      |                          |                               | 0                 |                   |            | 0                  | 0          |
|  | Retained earnings – Unappropriated                     |                          | •                             | 0                 |                   |            | $\overline{\circ}$ | 0          |
|  | Adjustments to shareholders' equity. Attach schedule   |                          | Ĭ                             | 0                 |                   |            | $\vdash$           | 0          |
|  | Less cost of treasury stock                            |                          | (                             | 0)                |                   |            | (                  | 0)         |
|  | Total liabilities and stockholders' equity             |                          |                               | 0                 |                   |            | ·                  | 0          |

079 3605224 Form 100 2022 **Side 5** 

TAXABLE YEAR

## **California Exempt Organization Annual Information Return**

| F | 0 | R | M |  |
|---|---|---|---|--|
|   |   |   |   |  |

| 202                | 2 Annual Information Return  |                                    |                     | 199                         |  |  |
|--------------------|--|------------------------------------|---------------------|-----------------------------|--|--|
|                    | ar 2022 or fiscal year beginning (mm/dd/yyyy) <u>07/01/2022</u> , and ending (mm   |                                    |                     | 6/30/2023 .                 |  |  |
|                    | Organization name  | California corpo                   |                     |                             |  |  |
|                    | LA TEMPRA HOA  |                                    | 2798                |                             |  |  |
| Additional in      | formation. See instructions.   | FEIN                               | 01.40               |                             |  |  |
| Stroot addre       | ess (suite or room)  | 33016                              | U L 4 3<br>PMB no   |                             |  |  |
|                    |  |                                    | PIVID IIC           | ).                          |  |  |
| City               | ) VILLA TEMPRA HOA   | State                              | Zip code            | <u> </u>                    |  |  |
| ,                  |  |                                    |                     |                             |  |  |
| Foreign cou        | A VISTA Foreign province/state/county  | CA                                 | 9191                | L L<br>postal code          |  |  |
| i oreigii cou      | To leigh province/state/county   |                                    | Oreign              | postal code                 |  |  |
|                    |  |                                    |                     |                             |  |  |
| A First retu       | ırn  | ny changes to it                   | s guideli           | nes                         |  |  |
| <b>B</b> Amende    | d return ●□Yes 図No not reported to the FTB? Se   | e instructions                     |                     | ● L Yes ≥ No                |  |  |
| C IRC Sect         | ion 4947(a)(1) trust   | ion 23/01d, ha:<br>s2 See instruct | s the orga          | anization<br>●□Yes ⊠No      |  |  |
|                    | ormation return?   |                                    |                     |                             |  |  |
|                    | ssolved $\;\;\sqcup\;\;$ Surrendered (Withdrawn) $\;\;\sqcup\;\;$ Merged/Reorganized $\;\;\;\;\mid\;\;$ If "Yes." enter the gross rec  |                                    |                     |                             |  |  |
|                    | te: (mm/dd/yyyy) •// le the organization a limited   | •                                  |                     |                             |  |  |
|                    | counting method: (1) 🖾 Cash (2) 🗀 Accrual (3) 🗀 Other  |                                    |                     |                             |  |  |
|                    | eturn filed? (1) ● □ 990T (2) ● □ 990PF (3) ● □ Sch H (990)   taxable income?  |                                    |                     | ●□Yes ⊠No                   |  |  |
| (4) ∐01            | her 990 series <b>N</b> Is the organization under au   | dit by the IRS                     | or has the          | e IRS                       |  |  |
|                    | group filing? See instructions   |                                    |                     |                             |  |  |
| <b>ℍ</b> Is this o | rganization in a group exemption   |                                    |                     | □Yes ⊠No                    |  |  |
| If "Yes,"          | what is the parent's name?  Date filed with IRS  |                                    |                     |                             |  |  |
|                    |  |                                    |                     |                             |  |  |
| Part I C           | omplete Part I unless not required to file this form. See General Information B and C.   |                                    |                     |                             |  |  |
|                    | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8   |                                    | 1                   | 69783 00                    |  |  |
|                    | <b>2</b> Gross dues and assessments from members and affiliates  |                                    | 2                   | 0 00                        |  |  |
|                    | <b>3</b> Gross contributions, gifts, grants, and similar amounts received  |                                    | 3                   | 0 00                        |  |  |
| Receipts<br>and    | 4 Total gross receipts for filing requirement test. Add line 1 through line 3.   |                                    |                     | 69783 00                    |  |  |
| Revenues           | This line must be completed. If the result is less than \$50,000, see General Information B  | 0                                  |                     | 09/03/00                    |  |  |
|                    | 5 Cost of goods sold   | 0 1                                |                     |                             |  |  |
|                    | 7 Total costs. Add line 5 and line 6.  |                                    |                     | 0 00                        |  |  |
|                    | 8 Total gross income. Subtract line 7 from line 4.   |                                    |                     | 69783 00                    |  |  |
| Expenses           | 9 Total expenses and disbursements. From Side 2, Part II, line 18  |                                    |                     | 1064 00                     |  |  |
| ryheiises          | <b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  |                                    |                     | 68719 00                    |  |  |
|                    | <b>11</b> Total payments   |                                    | 11                  | 0 00                        |  |  |
|                    | <b>12</b> Use tax. See General Information K   |                                    | 12                  | 0 00                        |  |  |
| Filing Egg         | <b>13</b> Payments balance. If line 11 is more than line 12, subtract line 12 from line 11   |                                    | 13                  | 0 00                        |  |  |
| rilling ree        | 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12   |                                    | 1 1                 | O 00<br>O 00                |  |  |
|                    | 15 Penalties and interest. See General Information J   |                                    |                     | 0 00                        |  |  |
|                    | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater  | ments, and to the                  | pest of my          | knowledge and belief, it is |  |  |
| Sign               | true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer   | rer has any know                   | edge.               |                             |  |  |
| Here               | Title Date   | [`                                 | Telepho             | one                         |  |  |
|                    | of officer Date Charles  |                                    | DTINI               |                             |  |  |
|                    | Preparer's   | . 11 3611-                         | PTIN                | 00120                       |  |  |
| Paid               | signature • emplo  | yed ▶ 🏻                            | Firm's I            | 688138<br>EEIN              |  |  |
| Preparer's         | Firm's name (or yours,   |                                    | <b>≠</b> 1 11111151 | LIIN                        |  |  |
| Use Only           | if self-employed) MAURICIO CHAMAT  | 1 1                                | Telepho             | nne                         |  |  |
|                    | and address 1335 LA TEMPRA CT CHULA VISTA CA 9   | <b>-</b>                           |                     |                             |  |  |
|                    | Manatha FTD discours this automorphism of the property of the control of the cont |                                    | 619 4267902         |                             |  |  |
|                    | May the FTB discuss this return with the preparer shown above? See instructions  | <u></u>                            | ■ Yes               | ∐ IVO                       |  |  |

079 Form 199 2022 **Side 1** 3651224

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.

|                  | rege   | irdless of amount of gross receipts — comp                                     | nete Fait ii di lullisii su | Daniule Illivillation.       |                        |            |               |
|------------------|--------|--|-----------------------------|------------------------------|------------------------|------------|---------------|
|                  |        | Gross sales or receipts from all business ac                                   |                             |                              |                        | 69783      | $\overline{}$ |
|                  |        | Interest   |                             |                              |                        |            | 00            |
| Receipts         |        | Dividends  |                             | _                            | 0                      |            |               |
| from<br>Other    |        | Gross rents  |                             |                              |                        | -          | 0             |
| Sources          |        | Gross royalties  |                             |                              |                        | i          | 0             |
|                  |        | Gross amount received from sale of assets                                      |                             | 0                            |                        |            |               |
|                  |        | Other income. Attach schedule Total gross sales or receipts from other source. |                             | 69783                        |                        |            |               |
|                  |        | Contributions, gifts, grants, and similar amo                                  |                             |                              |                        | _ 1        | 0             |
|                  |        | Disbursements to or for members  |                             |                              |                        |            | 0             |
|                  |        | Compensation of officers, directors, and tru                                   |                             |                              |                        |            | 0             |
|                  |        | Other salaries and wages   |                             |                              |                        |            | C             |
| Expenses         |        | Interest   |                             |                              |                        | 0          |               |
| and              |        | Taxes  |                             |                              |                        | 1064       |               |
| Disburse-        |        | Rents  |                             |                              |                        | 0          | 0             |
| nents            |        | Depreciation and depletion (See instructions                                   |                             |                              |                        | 0          | 0             |
|                  |        | Other expenses and disbursements. Attach                                       |                             |                              |                        | 0          | 0             |
|                  | 18     | Total expenses and disbursements. Add line                                     | 9 through line 17. Enter    | here and on Side 1, Part I,  | line 9 18              | 1064       | 0             |
| Schedul          | e L    | Balance Sheet  | Beginning of                | f taxable year               | End of tax             | kable year |               |
| Assets           |        |  | (a)                         | (b)                          | (c)                    | (d)        |               |
| <b>1</b> Cash.   |        |  |                             | 117144                       |                        | 138923     | <u>3</u>      |
| 2 Net ac         | cour   | nts receivable   |                             | 0                            |                        | •          | 0             |
| 3 Net no         | otes i | receivable   |                             | 0                            |                        |            | 0             |
| 4 Invent         | ories  | 8  |                             | 0                            |                        | •          | 0             |
| <b>5</b> Federa  | al an  | d state government obligations   |                             | 0                            |                        | •          | 0             |
| 6 Invest         | men    | ts in other bonds  |                             | 0                            |                        |            | 0             |
| 7 Invest         | men    | ts in stock  |                             | 0                            |                        | •          | 0             |
| 8 Mortg          | age l  | oans   |                             | 0                            |                        |            | 0             |
| 9 Other          | inve   | stments. Attach schedule   |                             | 0                            |                        |            | 0             |
| <b>10 a</b> Dep  | recia  | able assets  | 0                           |                              | 0                      |            |               |
|                  |        | cumulated depreciation   | 0                           | 0                            | 0                      |            | 0             |
|                  |        | ·  |                             | 0                            |                        | •          | 0             |
|                  |        | ts. Attach schedule  |                             | 0                            |                        | •          | 0             |
|                  |        | ts   |                             | 117144                       |                        | 13892      | _<br>3        |
|                  |        | net worth  |                             |                              |                        |            |               |
|                  |        | payable  |                             | 0                            |                        | •          | $\cap$        |
|                  |        | ons, gifts, or grants payable  |                             | Ď ĺ                          |                        | •          | n             |
|                  |        | notes payable  |                             | 0                            |                        |            | 0             |
|                  |        | payable  |                             | 0                            |                        |            | n             |
|                  |        | ities. Attach schedule   |                             | 0                            |                        | -          | 0             |
|                  |        | ck or principal fund   |                             | 0                            |                        |            | 0             |
|                  |        | capital surplus. Attach reconciliation   |                             | 0                            |                        | i .        | n             |
|                  |        | arnings or income fund   |                             | 0                            |                        | <u> </u>   | Ω             |
|                  |        | lities and net worth   |                             | 0                            |                        |            | $^{\sim}$     |
| Schedule         |        | <ol> <li>Reconciliation of income per books \u00ed</li> </ol>                  |                             | 0 1                          |                        | ,          | U             |
|                  |        | Do not complete this schedule if the a   | mount on Schedule L, line   | e 13, column (d), is less th | an \$50,000.           |            | _             |
| 1 Net ind        | com    | e per books  | 69783                       | 7 Income recorded on I       | oooks this year        |            |               |
| 2 Federa         | al inc | ome tax  | • 0                         | not included in this re      | eturn. Attach schedule |            | 0             |
| 3 Excess         | s of o | capital losses over capital gains  | • 0                         | 8 Deductions in this ret     | urn not charged        |            |               |
|                  |        | t recorded on books this year.   |                             | against book income          |                        |            |               |
|                  |        | edule  | 0                           | -                            |                        |            | $\cap$        |
|                  |        | recorded on books this year not  |                             | 1                            | line 8                 |            | $\sim$        |
|                  |        |  | • 0                         | 1                            |                        |            | U             |
|                  |        |  |                             | 10 Net income per return     |                        | (070       | _             |
| <b>n</b> 101al . | Aaa    | line 1 through line 5  | 69783                       | Subtract line 9 from I       | ine 6                  | 6978:      | <u>ತ</u>      |

| S  | chedule M-1 Reconciliation of Income (L  If the corporation completed fe  |   |      |  |  |                                    |
|----|---|---|------|--|--|------------------------------------|
| 2  | Net income per books  | 0   |      | Income recorded on boincluded in this return ( a Tax-exempt interest b Other       | oks this year not itemize)                   |                                    |
|    | (itemize) •   |   | 8    | <b>c</b> Total. Add line 7a and Deductions in this retur                           | n not charged                                | 0                                  |
| 5  | Expenses recorded on books this year not deducted in this return (itemize)  a Depreciation\$_O  b State taxes\$_O |   |      | against book income th  a Depreciation \$_  b State tax refunds . \$_  c Other \$_ | 0 0  |                                    |
|    | c Travel and entertainment   \$\infty \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\                     |   | 9    | <b>d</b> Total. Add line 8a thro<br>Total. Add line 7c and line                    | _  | 0                                  |
| 6  | d Other \$\(\text{O}\)  e Total. Add line 5a through line 5d •  Total. Add line 1 through line 5e                 |   | 10   | Net income per return.<br>Subtract line 9 from line                                | 2.6  | 0                                  |
|    | chedule M-2 Analysis of Unappropriated  |   | r Bo |  |  |                                    |
| _  | Balance at beginning of year  |   |      | Distributions: <b>a</b> Cash   | ·  | 0                                  |
| 2  | Net income per books  | 0   |      |  |  | 0                                  |
| 3  | Other increases (itemize)   |   | 6    | <b>c</b> Prope<br>Other decreases (itemize   | rty •  | 0                                  |
|    |   |   | U    | Diller decreases (itemize  | •  | 0                                  |
|    |   | . 1   |      | Total. Add line 5 and line<br>Balance at end of year.                              | 6  | 0                                  |
| 4  | Total. Add line 1 through line 3  |   |      | Subtract line 7 from line  | 4  | 0                                  |
|    | chedule D California Capital Gain   | s and Losses                                |      |  | •  |                                    |
| Pa | rt I Short-Term Capital Gains and Losses – F  |   | or L |  | <del>_ ` `</del>                             | (0)                                |
|    | Kind of property and description Date :   | (b)<br>acquired<br>(dd/yyyy)<br>(mm/dd/yyyy | y)   | (d)<br>Gross sales<br>price  | (e) Cost or other basis plus expense of sale | (f)<br>Gain (loss)<br>(d) less (e) |
| 1  |   |   |      |  | -  | 00                                 |
| _  |   |   |      |  |  | 00                                 |
| _  |   |   |      |  |  | 00                                 |
| _  |   |   |      |  |  | 00                                 |
| 2  | Short-term capital gain from installment sales from   | form FTB 3805E, line 26                     | or I | ine 37   |  | 00                                 |
|    | Unused capital loss carryover from 2021   |   |      |  |  | 00                                 |
| _  | Net short-term capital gain (loss). Combine line 1 th   |   |      |  |  | 00                                 |
| 5  | rt II Long-Term Capital Gains and Losses – A  | ASSEIS HEIU MOTE THAI                       | ΙU   | lie fear. Ose additional   | sneer(s) if necessary.                       | 00                                 |
| _  |   |   |      |  |  | 00                                 |
|    |   |   |      |  |  | 00                                 |
| _  |   |   |      |  |  | 00                                 |
| _  |   |   |      |  |  | 00                                 |
|    | Enter gain from Schedule D-1, line 9 and/or any cap<br>Long-term capital gain from installment sales from         |   |      |  |  | 00                                 |
|    | Net long-term capital gain (loss). Combine line 5 th  |   |      |  |  | 00                                 |
|    | Enter excess of net short-term capital gain (line 4) of   |   |      |  |  | 00                                 |
|    | Net capital gain. Enter excess of net long-term capit   |   |      |  |  | 00                                 |
| 11 | Total lines 9 and 10. Enter here and on Form 100, S<br>If losses exceed gains, carry forward losses to 2023       |   |      |  |  | 00                                 |

### PROPOSED VillaTempra Budget effective 7/1/2020

| Income               |          |               |             |          |
|----------------------|----------|---------------|-------------|----------|
|                      | Per Unit | Month*36Units | Yearly      |          |
| Monthly HOA Fee **   | \$142.00 | \$5,112.00    | 61,344      |          |
| Interest on checking | \$0.51   | \$18.36       | 220         |          |
| Total Income         | \$142.51 | \$5,130.36    | 61,564      |          |
| Expenses             |          |               |             |          |
| Administration       | \$2.00   | \$72.00       | \$864.00    |          |
| Mgt&Bookeep          | \$10.75  | \$387.00      | \$4,644.00  |          |
| Office Supplies      | \$1.00   | \$36.00       | \$432.00    |          |
| APS Total            | \$13.75  |               | _           | \$5,940  |
| Taxes&Permit         | \$2.00   | \$72.00       | \$800.00    |          |
| Insurance            | \$20.00  | \$720.00      | \$8,640.00  |          |
| Termite Insurance    | \$4.76   | \$171.36      | \$2,056.00  |          |
| Gas&Electric         | \$3.00   | \$108.00      | \$1,296.00  |          |
| Water&Sewer          | \$60.00  | \$2,160.00    | \$25,920.00 |          |
| Gardening            | \$7.00   | \$252.00      | \$3,024.00  |          |
| Refuse/Garbage       | \$17.74  | \$638.50      | \$7,661.95  |          |
| Operations total     | \$114.50 |               |             | \$49,398 |
| Reserves             |          |               |             |          |

\$3.00

\$3.00

\$3.00

\$5.26

\$14.26

\$142.51

#### **CIVIL CODE LINKS**

Repairs

Maintenance

Improvements

Total Reserves

**Total HOA Budget** 

Miscellaneous/Contingencio

**BUDGET** 

https://en.wikipedia.org/wiki/Davis%E2%80%93Stirling Common Interest Development

\$108.00

\$108.00

\$108.00

\$189.36

\$5,130

\$1,296

\$1,296

\$1,296

\$2,272

\$61,498

\$6,160

\$61,498

https://www.echo-ca.org/the-law/civil-code-new-davis-stirling-act

To be submitted for approval at next annual meeting Certified by Mauricio Chamat, President

<sup>\*\*</sup> Proposed that Effective 7/1/2020 monthly dues are \$142 per month Late fees \$12 plus \$5 administrative charge total late fee \$159 - AS PROPOSED

### Villa Tempra HOA Budget

| Income                |            |               |             |             |
|-----------------------|------------|---------------|-------------|-------------|
|                       | Per Unit   | Month*36Units | Yearly      |             |
|                       |            |               | •           |             |
| Monthly HOA Fee **    | \$130.00   | \$4,680.00    | \$56,160.00 |             |
| Interest on checking  | \$0.51     | \$18.36       | \$220.32    |             |
| Total Income          | \$130.51   | \$4,698.36    | \$56,380.32 |             |
| Expenses              |            |               |             |             |
| Administration        | \$2.00     | \$72.00       | \$864.00    |             |
| Mgt&Bookeep           | \$9.75     | \$351.00      | \$4,212.00  |             |
| Office Supplies       | \$1.00     | \$36.00       | \$432.00    |             |
| APS Total             | \$12.75    | ψ00.00        | Ψ+02.00_    | \$5,508.00  |
| 7 ii O i Otai         | <b>4.2</b> |               | =           | Ψο,οσοίου   |
| Taxes&Permit          | \$2.00     | \$72.00       | \$864.00    |             |
| Insurance             | \$18.52    | \$666.67      | \$8,000.00  |             |
| Termite Insurance     | \$4.76     | \$171.36      | \$2,056.00  |             |
| Gas&Electric          | \$2.00     | \$72.00       | \$864.00    |             |
| Water&Sewer           | \$54.00    | \$1,944.00    | \$23,328.00 |             |
| Gardening             | \$7.00     | \$252.00      | \$3,024.00  |             |
| Refuse/Garbage        | \$18.00    | \$648.00      | \$7,776.00  |             |
| Miscellaneous/Conting |            | \$89.28       | \$1,071     |             |
| Operations total      | \$108.76   |               |             | \$46,983.36 |
| Reserves              |            |               |             |             |
| Repairs               | \$3.00     | \$108.00      | \$1,296.00  |             |
| Maintenance           | \$3.00     | \$108.00      | \$1,296.00  |             |
| Improvements          | \$3.00     | \$108.00      | \$1,296.00  |             |
| Total Reserves        | \$9.00     |               |             | \$3,888.00  |
| Total HOA Budget      | \$130.51   | \$4,698       | \$56,381    | \$56,379.4  |

<sup>\*\*</sup> Effective 7/1/2018 monthly dues are \$130 per month Late fees \$12 plus \$5 administrative charge total late fee \$147

### Form 1120-H

### U.S. Income Tax Return for Homeowners Associations

OMB No. 1545-0123

2018

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form1120H for instructions and the latest information.

| For cal     | endar year 2018 or tax year beginning 0//01 , 2018, and ending   |                     | 00/30 , 2019                   |  |  |  |
|-------------|--|---------------------|--------------------------------|--|--|--|
|             | Name Employer identification   | number              |                                |  |  |  |
|             | VILLA TEMPRA HOA   | 33 - 016            | 50143                          |  |  |  |
| TYPE        | Number, street, and room or suite no. If a P.O. box, see instructions.  Date association formed  |                     |                                |  |  |  |
| OR<br>PRINT | 1200 VIII LA TEMBRA HOA  | 07 /30 /1984        |                                |  |  |  |
| PRIIVI      | 1300 VILLA TEMPRA HOA City or town, state or province, country, and ZIP or foreign postal code   |                     |                                |  |  |  |
|             | CHULA VISTA CA 91911   |                     |                                |  |  |  |
| 011-        |  | (4)                 | A see a select vest use        |  |  |  |
| Check       |  | (4)                 | Amended return                 |  |  |  |
|             | Check type of homeowners association: X Condominium management association Residential real estate association                           |                     | Timeshare association          |  |  |  |
|             | Total exempt function income. Must meet 60% gross income test. See instructions  | В                   | 56993                          |  |  |  |
| C           | Total expenditures made for purposes described in 90% expenditure test. See instructions   | C                   | 56993                          |  |  |  |
|             | Association's total expenditures for the tax year. See instructions  | D                   | 56993                          |  |  |  |
| E           | Tax-exempt interest received or accrued during the tax year  | E                   | 352                            |  |  |  |
| -           | Gross Income (excluding exempt function income)  |                     |                                |  |  |  |
| 1           | Dividends  | 1                   | 0                              |  |  |  |
|             | Taxable interest   | 2                   | 0                              |  |  |  |
| 3           | Gross rents  | 3                   | 0                              |  |  |  |
|             |  | 4                   | 0                              |  |  |  |
| 4           | Gross royalties  | 5                   |                                |  |  |  |
| 5           | Capital gain net income (attach Schedule D (Form 1120))  |                     | 0                              |  |  |  |
| 6           | Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)   | 6                   | 0                              |  |  |  |
| 7           | Other income (excluding exempt function income) (attach statement)   | 7                   | 0                              |  |  |  |
| 8           | Gross income (excluding exempt function income). Add lines 1 through 7   | 8                   | 0                              |  |  |  |
|             | Deductions (directly connected to the production of gross income, excluding exempt for   | unction             | income)                        |  |  |  |
| 9           | Salaries and wages   | 9                   | 0                              |  |  |  |
| 10          | Repairs and maintenance  | 10                  | 0                              |  |  |  |
| 11          | Rents  | 11                  | 0                              |  |  |  |
| 12          | Taxes and licenses   | 12                  | 1796                           |  |  |  |
| 13          | Interest   | 13                  | 0                              |  |  |  |
| 14          | Depreciation (attach Form 4562)  | 14                  | 0                              |  |  |  |
| 15          | Other deductions (attach statement)  | 15                  | 0                              |  |  |  |
| 16          | Total deductions. Add lines 9 through 15   | 16                  | 1796                           |  |  |  |
| 17          | Taxable income before specific deduction of \$100. Subtract line 16 from line 8  | 17                  | 0                              |  |  |  |
| 18          |  | 18                  | \$100 00                       |  |  |  |
|             | Specific deduction of \$100  | 10                  | \$100 <sub>1</sub> 00          |  |  |  |
| 40          |  | 19                  |                                |  |  |  |
| 19          | Taxable income. Subtract line 18 from line 17  | -                   | 0                              |  |  |  |
| 20          | Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)  | 20                  | 0                              |  |  |  |
|             | Tax credits (see instructions)   | 21                  | 0                              |  |  |  |
| 22          | Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits  | 22                  | 0                              |  |  |  |
| 23          | a 2017 overpayment credited to 2018 23a  |                     |                                |  |  |  |
|             | b 2018 estimated tax payments . 23b 0 c Total ▶ 23c 0  |                     |                                |  |  |  |
|             | <b>d</b> Tax deposited with Form 7004  |                     |                                |  |  |  |
|             | e Credit for tax paid on undistributed capital gains (attach Form 2439) 23e 0  |                     |                                |  |  |  |
|             | f Credit for federal tax paid on fuels (attach Form 4136) 23f 0  |                     |                                |  |  |  |
|             | <b>g</b> Add lines 23c through 23f   | 23g                 | 0                              |  |  |  |
| 24          | Amount owed. Subtract line 23g from line 22. See instructions  | 24                  | 0                              |  |  |  |
| 25          | Overpayment. Subtract line 22 from line 23g  | 25                  | 0                              |  |  |  |
| 26          | Enter amount of line 25 you want. Credited to 2019 estimated tax ▶ 0 Refunded ▶  | ▶ 26                | 0                              |  |  |  |
|             | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best | t of my know        | wledge and belief, it is true, |  |  |  |
| Sign        | correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    | May th              | ne IRS discuss this return     |  |  |  |
| Here        | 07/26/2019 PRESIDENT   | with th             | e preparer shown below?        |  |  |  |
|             | Signature of officer Date Title  | See ins             | structions. XYes No            |  |  |  |
| <u> </u>    |  | Check X             | ) PTIN                         |  |  |  |
| Paid        | 7-26-19  | Check<br>self-emplo | 11 20 0 000120                 |  |  |  |
| Prepa       | arer MAUDICIO CHAMAT CDA   | Firm's EIN          | , 1                            |  |  |  |
| Use C       | UNIV   |                     | 619-4267902                    |  |  |  |
| P" _ P      | 7 \ 1  | Phone no.           | Form <b>1120-H</b> (2018)      |  |  |  |
| For Par     | perwork Reduction Act Notice, see separate instructions.   |                     | 101111 1 120-11 (2018)         |  |  |  |

### VILLA TEMPRA HOMEOWNERS ASSOCIATION

### BALANCE SHEET FISCAL YEAR END JUNE 30, 2019 AS OF 06/30/2019

### A S S E T S

| 102                      | ALLIANCE ASSOCIATION BANK                          | 47,300.44  |                  |
|--------------------------|--|--|------------------|
| 125                      | US BANK SAVINGS                                    | 781.24   |                  |
| 160                      | SDCCU-CHECKING                                     | 7,078.22   |                  |
| 140                      | SDCCU -SAVINGS                                     | 50.00  |                  |
| 155                      | SDCCU-CD 05/16/2018 .30%                           | 57,756.53  |                  |
| 156                      | SDCCU-CD 11/20/2018 .350%                          | 10,495.57  |                  |
|                          | TOTAL ASSETS                                       |  | 123,462.00       |
|                          | <u>L :</u>   | I A B I L I T I E S                              |                  |
|                          | TOTAL LIABILITIES                                  |  | 0.00             |
|                          | <u>0 w 0</u>                                       | N E R S E Q U I T Y                              |                  |
| 300                      | OPERATING FUND                                     | 4,325.32   |                  |
|                          | TOTAL OPERATING FUND                               |  | 4,325.32         |
| 305<br>315<br>320<br>325 | RESERVES<br>REPAIRS<br>MAINTENANCE<br>IMPROVEMENTS | 113,777.92<br>2,156.04<br>2,156.03<br>(4,125.07) |                  |
|                          | TOTAL RESERVES                                     | •  | 118,290.24       |
|                          | Y.T.D. SURPLUS/(DEFICIT)                           |  | <u>5,171.7</u> 6 |
|                          | TOTAL EQUITY                                       |  | 123,462.00       |
|                          | TOTAL LIABILITIES & EQUI                           | ITY  | 123,462.00       |

### VILLA TEMPRA HOMEOWNERS ASSOCIATION INCOME STATEMENT FISCAL YEAR END JUNE 30, 2019 FOR THE PERIOD 06/01/2019 TO 06/30/2019

|      |                           | CURRENT<br>ACTUAL | CURRENT<br>BUDGET |   | CURRENT<br>VARIANCE | Y-T-D<br>ACTUAL | Y-T-D<br>BUDGET |   | Y-T-D<br>VARIANCE |
|------|---------------------------|-------------------|-------------------|---|---------------------|-----------------|-----------------|---|-------------------|
| INCO | <u>м Е</u>                |                   |                   |   |                     |                 |                 |   |                   |
| 400  | ASSESSMENTS               | 4,165.00          | 4,680.00          | ( | 515.00)             | 56,012.81       | 56,160.00       | ( | 147.19)           |
| 420  | LATE FEES                 | 0.00              | 0.00              | • | 0.00                | 623.04          | 0.00            | • | 623.04            |
| 430  |                           | ( 10.00)          | 0.00              | ( | 10.00)              | 5.00            | 0.00            |   | 5.00              |
| 450  | INTEREST                  | 47.41             | 18.36             |   | 29.05               | 351.65          | 220.32          | _ | 131.33            |
|      | TOTAL INCOME              | 4,202.41          | 4,698.36          | ( | 495.95)             | 56,992.50       | 56,380.32       |   | 612.18            |
|      |                           |                   |                   |   |                     |                 |                 |   |                   |
| EXPE | N S E                     |                   |                   |   |                     |                 |                 |   |                   |
| 502  | ADMINISTRATION            | 0.00              | 72.00             |   | 72.00               | 188.00          | 864.00          |   | 676.00            |
| 504  | BOOKEEPING & MANAGEMENT   | 420.20            | 351.00            | ( | 69.20)              | 5,042.40        | 4,212.00        | ( | 830.40)           |
| 506  | OFFICE SUPPLIES           | 26.00             | 36.00             |   | 10.00               | 585.69          | 432.00          | ( | 153.69)           |
| 508  | PERMITS & TAXES           | 0.00              | 72.00             |   | 72.00               | 1,796.28        | 864.00          | ( | 932.28)           |
| 510  | INSURANCE                 | 0.00              | 666.67            |   | 666.67              | 6,580.00        | 8,000.04        |   | 1,420.04          |
| 512  | MISCELLANEOUS/CONTINGENCI | 0.00              | 89.28             |   | 89.28               | 0.00            | 1,071.36        |   | 1,071.36          |
| 514  | GAS & ELECTRIC            | 0.00              | 72.00             |   | 72.00               | 1,309.22        | 864.00 (        | ( | 445.22)           |
| 516  | WATER & SEWER - BIMONTHLY | 0.00              | 1,944.00          |   | 1,944.00            | 19,449.63       | 23,328.00       |   | 3,878.37          |
| 518  | MAINTENANCE               | 0.00              | 0.00              |   | 0.00                | 179.95          | 0.00            | ( | 179.95)           |
| 520  | GARDENING                 | 240.00            | 252.00            |   | 12.00               | 2,880.00        | 3,024.00        |   | 144.00            |
| 522  | REPAIRS                   | 0.00              | 0.00              |   | 0.00                | 3,534.19        | 0.00            | ( | 3,534.19)         |
| 524  | REFUSE SERVICE            | 631.15            | 648.00            |   | 16.85               | 6,923.38        | 7,776.00        |   | 852.62            |
| 526  | PEST CONTROL              | 2,056.00          | 0.00              | ( | 2,056.00)           | 2,056.00        | 0.00            | ( | 2,056.00)         |
| 527  | TERMITE INSURANCE         | 0.00              | <u>171.36</u>     | _ | <u> 171.36</u>      | 0.00            | 2,056.32        | _ | 2,056.32          |
|      | TOTAL OPERATING EXPENSE   | 3,373.35          | 4,374.31          |   | 1,000.96            | 50,524.74       | 52,491.72       |   | 1,966.98          |
|      | NET OPERATING INCOME      | 829.06            | 324.05            |   | 505.01              | 6,467.76        | 3,888.60        |   | 2,579.16          |
| 605  | RESERVE ALLOCATION        | 108.00            | 108.00            | - | 0.00                | 1,296.00        | 1,296.00        | _ | 0.00              |
|      | NET SURPLUS/(DEFICIT)     | 721.06            | 216.05            |   | 505.01              | 5,171.76        | 2,592.60        |   | 2,579.16          |

TAXABLE YEAR

2018

## **California Exempt Organization Annual Information Return**

|                             | ar 2018 or fiscal year beginning (mm/dd/yyyy) 07/01/2  | 018                   | , and en  | ding (mm/dd/y                     |                       |                       |                     |         |                   |              |      |
|-----------------------------|--|-----------------------|---|-----------------------------------|-----------------------|-----------------------|---------------------|---------|-------------------|--------------|------|
| •                           | Organization name  |                       |   |                                   | rnia corpo            |                       |                     |         |                   |              |      |
|                             | npra Owners Inc.   |                       |   |                                   | 2 5 2                 | 2 7                   | 9 8                 | }       |                   |              |      |
| Additional in               | formation. See instructions.   |                       |   | FEIN                              |                       |                       |                     |         |                   |              |      |
|                             |  |                       |   | 3                                 | 3 0                   | 1                     | 6                   | 0       | 1                 | 4            | 3    |
| Street addre                | ess (suite or room)  |                       |   | ·                                 |                       | РМВ                   | no.                 |         |                   |              |      |
| 1300 Vil                    | la Tempra HOA  |                       |   |                                   |                       |                       |                     |         |                   |              |      |
| City                        |  |                       |   |                                   | State                 | Zip c                 |                     |         |                   |              |      |
| Chula V                     |  |                       |   |                                   | CA                    | 919                   | 911                 |         |                   |              |      |
| Foreign cour                | ntry name  | Foreign province/s    | tate/county   |                                   |                       | Forei                 | gn posta            | al code | )                 |              |      |
|                             | urn  |                       | J If exempt under R&T engaged in political a                      | C Section 23                      | 701d, ha              | s the                 | organiz             | ation   | . □v <sub>o</sub> |              | No   |
|                             | d Return   |                       | Le the organization of  | compt under                       | 7 111511 UCL          | otion                 | <br>22701 a         |         |                   |              |      |
| C IRC Sect                  | ion 4947(a)(1) trust   | . ∐Yes ☑No            | K Is the organization ex<br>If "Yes," enter the gro               | sempi under i<br>Oss receints f   | rom non               | cuon<br>memh          | 237019<br>Der Solli | rces    | •∟□ Yes<br>S      | 5 L <u>V</u> | טווע |
| ● ☐ Di                      | ormation Return?<br>ssolved □ Surrendered (Withdrawn) □ Merged/l<br>te: (mm/dd/yyyy) ● / /                               | Reorganized           | If organization is a posterion 23701d and check box. No filing to | ublic charity e<br>meets the fili | exempt u<br>ng fee ex | nder F<br>ceptic      | R&TC<br>on,         |         | •□                |              |      |
| E Check ac                  | ccounting method: (1) 🗹 Cash (2) 🗌 Accrual (3  | 3) 🗌 Other            | M Is the organization a   | •                                 |                       |                       |                     |         | Yes               | s <b>√</b>   | No   |
| <b>F</b> Fed <u>era</u> l r | eturn filed? (1) ● ☐ 990T (2) ● ☐ 990PF (3) • her 990 series   |                       | N Did the organization taxable income?                            | file Form 100                     | or Form               | 109 t                 | o repor             | t       | Yes               |              | No   |
| <b>G</b> Is this a          | group filing? See instructions   |                       | Is the organization up<br>audited in a prior year                 | nder audit by                     | the IRS               | or has                | the IR              | S       |                   |              | No.  |
| H Is this or                | ganization in a group exemption  | . ☐Yes ✓ No           | P Is federal Form 1023  |                                   |                       |                       |                     |         |                   |              |      |
| ii yes,                     | what is the parent's name?   |                       | Date filed with IRS _   | •                                 | •                     |                       |                     |         | ш 10.             | , ட          | 1110 |
| ■ Did the o                 | organization have any changes to its guidelines rted to the FTB? See instructions  | -<br>●□Yes ☑No        |   |                                   |                       |                       |                     |         |                   |              |      |
| Part I Co                   | omplete Part I unless not required to file this form.  | See General Info      | ormation B and C.   |                                   |                       |                       |                     |         |                   |              |      |
|                             | 1 Gross sales or receipts from other sources. From   |                       |   |                                   |                       | <b>1</b>              |                     |         |                   | 352          | 00   |
|                             | 2 Gross dues and assessments from members an   |                       |   |                                   |                       |                       |                     |         |                   |              | 00   |
|                             | 3 Gross contributions, gifts, grants, and similar ar   | mounts received       |   |                                   | (                     | <ul> <li>3</li> </ul> | <u> </u>            |         |                   |              | 00   |
| Receipts                    | 4 Total gross receipts for filing requirement test. A  |                       |   | _                                 |                       |                       | 1                   |         | FC                | 002          | 00   |
| and<br>Revenues             | This line must be completed. If the result is les  |                       |   | B                                 |                       | • 4                   | ,                   |         | 50,               | 993          | 100  |
|                             | <ul><li>5 Cost of goods sold</li><li>6 Cost or other basis, and sales expenses of asset</li></ul>                        | o a a ld              |   |                                   |                       | 00<br>00              |                     |         |                   |              |      |
|                             | 7 Total costs. Add line 5 and line 6   | .S S010               |   |                                   |                       |                       | 1                   |         |                   |              | 00   |
|                             | 8 Total gross income. Subtract line 7 from line 4.   |                       |   |                                   |                       |                       |                     |         |                   |              | 00   |
| Evnonoco                    | 9 Total expenses and disbursements. From Side 2  |                       |   |                                   |                       |                       | 1                   |         | 56,               | 993          | 00   |
| Expenses                    | 10 Excess of receipts over expenses and disbursem  |                       |   |                                   |                       | <b>1</b> 0            |                     |         |                   | 0            | 00   |
|                             | <b>11</b> Total payments   |                       |   |                                   |                       | • <u>11</u>           |                     |         |                   |              | 00   |
|                             | <b>12</b> Use tax. See General Information K   |                       |   |                                   |                       | ● <u>12</u>           | 1                   |         |                   |              | 00   |
|                             | 13 Payments balance. If line 11 is more than line 12   |                       |   |                                   |                       |                       |                     |         |                   |              | 00   |
|                             | 14 Use tax balance. If line 12 is more than line 11, s   |                       |   |                                   |                       |                       | 1                   |         |                   | 10           | 00   |
|                             | <b>15</b> Filing fee \$10 or \$25. See General Information F <b>16</b> Penalties and Interest. See General Information   |                       |   |                                   |                       |                       |                     |         |                   |              | 00   |
| i                           | <b>17 Balance due.</b> Add line 12, line 15, and line 16. T  | •                     |   |                                   |                       | •) <u>17</u>          | 1                   |         |                   | 10           | -    |
|                             | Under penalties of perjury, I declare that I have examined t true, correct, and complete. Declaration of preparer (other | his return, including | accompanying schedules a  | nd statements.                    | and to the            | best o                | f my kno            | wledge  | and bel           |              |      |
| Sign                        | true, correct, and complete. Declaration of preparer (other  | Title                 | sed on all information of whi                                     | Date                              |                       |                       | phone               |         |                   |              |      |
| Here                        | Signature of officer ▶   | President             | t   |                                   | - I                   | (61                   | 9)4                 | 26-     | 7902              |              |      |
| -                           |  |                       | Date  | Check if self-                    |                       | PTII                  |                     |         |                   |              |      |
|                             | Preparer's signature   |                       | 07/26/2019  | employed ▶                        | <b>✓</b>              | P, C                  | 0 0                 | 6 8     | 8 1               | 3            | 8    |
| Paid                        | Firm's name (or yours, Mauricio Chamat (   |                       | •   |                                   |                       | Firr                  | n's FEIN            | 1       |                   |              |      |
| Preparer's<br>Use Only      | if self-employed)  | JPA                   |   |                                   |                       |                       |                     |         |                   |              |      |
| <del> ,</del>               | and address  | N. Obodo Villa        | 04.04044  |                                   |                       | ■ Tele                | phone               |         |                   |              |      |
|                             | 1335 La Tempra C   | <u> </u>              | <u> </u>  |                                   |                       |                       | 9)) 4:              |         | 7902              |              |      |
|                             | May the FTB discuss this return with the preparer shown above? See instructions  |                       |   |                                   |                       |                       | Yes 🗌               | 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.

|                  | icyc  | iruiess oi ailioulii oi gross receipis — coili         | piete i ait ii oi iuiiiisii s | anstitute illivilliation.        |                      |                           |          |
|------------------|-------|--|-------------------------------|----------------------------------|----------------------|---------------------------|----------|
|                  | 1     | Gross sales or receipts from all business ac           | tivities. See instructions    |                                  |                      |                           | 00       |
|                  | 2     | Interest   |                               |                                  |                      | 352                       | $\top$   |
| Receipts         |       | Dividends  |                               |                                  |                      |                           | 00       |
| from             |       | Gross rents  |                               |                                  |                      |                           | 00       |
| Other<br>Sources | 1     | Gross royalties  |                               |                                  |                      |                           | 00       |
| Suurces          |       | Gross amount received from sale of assets              | · ·                           |                                  |                      |                           | 00       |
|                  | 1     | Other income. Attach schedule                          |                               |                                  |                      | 252                       | 00       |
|                  | 1     | <b>Total</b> gross sales or receipts from other source |                               |                                  |                      | 352                       | $\top$   |
|                  |       | Contributions, gifts, grants, and similar amo          |                               |                                  |                      |                           | 00       |
|                  |       | Disbursements to or for members                        |                               |                                  |                      |                           | 00       |
|                  |       | Compensation of officers, directors, and tru           |                               |                                  |                      |                           | 00       |
| Fw======         |       | Other salaries and wages                               |                               |                                  |                      |                           | 00       |
| Expenses and     |       | Taxes  |                               |                                  |                      | 1,796                     |          |
| Disburse-        |       | Rents  |                               |                                  |                      | 1,100                     | 00       |
| ments            |       | Depreciation and depletion (See instruction            |                               |                                  |                      |                           | 00       |
|                  |       | Other Expenses and Disbursements. Attach               |                               |                                  |                      |                           | 00       |
|                  | 18    | <b>Total</b> expenses and disbursements. Add line      | e 9 through line 17. Ente     | r here and on Side 1. Part I. I  | ine 9 18             | 1,796                     |          |
| Schedu           |       | L Balance Sheet  |                               | of taxable year                  | End of tax           |                           | 100      |
| Assets           |       |  | (a)                           | (b)                              | (c)                  | (d)                       |          |
| 1 Cash.          |       |  |                               | 114,711                          |                      | • 123,4                   | 462      |
|                  |       | nts receivable   |                               |                                  |                      | •                         |          |
|                  |       | receivable   |                               |                                  |                      | •                         |          |
|                  |       | 3  |                               |                                  |                      | •                         |          |
|                  |       | d state government obligations                         |                               |                                  |                      | •                         |          |
|                  |       | ts in other bonds                                      |                               |                                  |                      | •                         |          |
|                  |       | ts in stock  |                               |                                  |                      | •                         |          |
|                  |       | loans  |                               |                                  |                      | •                         |          |
| _                | -     | stments. Attach schedule                               |                               |                                  |                      | •                         |          |
|                  |       | able assets  |                               |                                  |                      | <u> </u>                  |          |
|                  |       | cumulated depreciation                                 | (                             |                                  | )                    |                           |          |
|                  |       |  | ·                             |                                  | /                    | _                         |          |
|                  |       | ts. Attach schedule                                    |                               |                                  |                      | •                         |          |
|                  |       | ts   |                               | 114,711                          |                      | 123,4                     | <u> </u> |
| Liabilities      |       |  |                               | 111,711                          |                      | 120,1                     | 102      |
|                  |       | payable  |                               |                                  |                      | •                         |          |
|                  |       | •  |                               |                                  |                      | •                         |          |
|                  |       | ons, gifts, or grants payable                          |                               |                                  |                      | •                         |          |
|                  |       | notes payable  |                               |                                  |                      | •                         |          |
|                  |       | s payable  |                               |                                  |                      | •                         | —        |
|                  |       | lities. Attach schedule                                |                               |                                  |                      |                           |          |
|                  |       | ck or principal fund                                   |                               |                                  |                      | •                         | —        |
|                  |       | capital surplus. Attach reconciliation                 |                               | 111 711                          |                      | <ul><li>● 123,4</li></ul> | 462      |
|                  |       | arnings or income fund                                 |                               | 114,711<br>114,711               |                      | 123,4<br>123,4            |          |
| 22 Total I       |       | lities and net worth                                   | with income ner return        | 114,711                          |                      | 123,4                     | +02      |
| Scriedu          | ie i  | Do not complete this schedule if the a                 |                               | ne 13. column (d). is less tha   | n \$50.000           |                           |          |
| 1 Net inc        | rom   | e per books  | <ul><li>56,99</li></ul>       |                                  |                      |                           |          |
|                  |       | come tax   | •                             |                                  | urn. Attach schedule | <b>●</b> 56,9             | 992      |
|                  |       |  | _                             |                                  |                      | 30,0                      |          |
|                  |       | capital losses over capital gains                      |                               | 8 Deductions in this retu        | •                    |                           |          |
|                  |       | t recorded on books this year.                         | _                             | against book income t            |                      | _                         |          |
|                  |       | edule  | •                             |                                  |                      | •                         |          |
| <b>5</b> Expens  | ses   | recorded on books this year not                        |                               | 9 Total. Add line 7 and li       | ne 8                 |                           |          |
| deduct           | ted i | n this return. Attach schedule                         | •                             | <b>10</b> Net income per return. |                      |                           |          |
|                  |       | line 1 through line 5                                  | 56,99                         | <u> </u>                         | ne 6                 | 56,9                      | 000      |

FORM

# California Corporation 2018 Franchise or Income Tax Return

| _ | _ | _ |
|---|---|---|
| 4 | Λ | п |
|   | u | u |

| Fο                | r ca    | lendar year 2018 or fiscal year beginning  | 07/01/201           | 8            | and endi       | 06/60                 | /2019       |                |                      | RP              |
|-------------------|---------|--|---------------------|--------------|----------------|-----------------------|-------------|----------------|----------------------|-----------------|
| _                 |         |  | (mm/dd/yyyy)        |              |                | (mm/dd/yyyy)          |             |                |                      |                 |
|                   | •       | tion name  |                     |              |                | alifornia corporation | on number   | FEIN           |                      |                 |
| V                 | illa    | Tempra HOA   |                     |              | 1              | 252798                |             | 330160         | 0143                 | 1               |
| Add               | ditior  | al information. See instructions.  |                     |              |                |                       | California  | Secretary of S | State file numbe     | r               |
|                   |         |  |                     |              |                |                       |             |                |                      |                 |
| Stre              | eet a   | ddress (suite/room no.)  |                     |              |                |                       |             | P              | MB no.               |                 |
| 1:                | 30      | ) Villa Tempra HOA   |                     |              |                |                       |             |                |                      |                 |
| City              | / (If t | he corporation has a foreign address, see instructions.)   |                     |              |                |                       | State       | ZIP code       |                      |                 |
| C                 | hu      | la Vista   |                     |              |                |                       | CA          | 9 1 9          | 1 1-                 |                 |
| For               | eign    | country name   |                     | Foreign prov | vince/state/co | unty                  |             | For            | eign postal code     | е               |
|                   |         |  |                     |              |                |                       |             |                |                      |                 |
| _                 | - h     | edule Q Questions (continued on Sid  | 4- 0)               |              |                |                       |             |                |                      |                 |
| 30                | €n€     | edule Q Questions (continued on Sic  | ie 2)               |              |                |                       |             |                |                      |                 |
| A                 | FIN     | AL RETURN? • L Dissolved Surr  | endered (withdra    | wn) 🔲 I      | Merged/Reo     | rganized              | IRC Section | n 338 sale     | QSub el              | lection         |
|                   |         |  |                     |              |                | Finta ii data /ina ii | - /-l -l /  |                |                      |                 |
|                   |         |  |                     |              |                | Enter date (mn        | n/aa/yyyy)  |                |                      |                 |
| В                 | 1.      | Is income included in a combined report of a uni   | tary group?         |              |                |                       |             | •              | Yes 【 <mark>✓</mark> | No              |
|                   |         | M/h ally within CA   | (DOTO 05101 15)     |              |                |                       |             |                |                      |                 |
|                   |         | If "Yes," indicate: Wholly within CA (   | K&10 25101.15)      |              |                |                       |             |                |                      |                 |
|                   |         | Within and outside   | e of CA             |              |                |                       |             |                |                      | 71              |
|                   | 2.      | Is there a change in the members listed in Sched   | lule R-7 from the   | prior year?  |                |                       |             | •              | Yes 🛂                | No              |
|                   |         | Enter the number of members (including parent  |                     | ,            |                |                       |             |                |                      |                 |
|                   |         | subject to income or franchise tax   |                     |              |                |                       |             | •              |                      |                 |
|                   | 4.      | Is form FTB 3544 <b>and/or</b> 3544A attached to the i   | return?             |              |                |                       |             | •              | L Yes ✓              | $\square_{No}$  |
|                   |         | During this taxable year, did another person or le   |                     |              |                |                       |             | intoract)      |                      |                 |
| C                 |         | of this corporation or any of its subsidiaries that  |                     |              |                |                       |             | ,              |                      | 71              |
|                   |         | for a term of 35 years or more, or leased such pi  |                     |              |                | - , .                 |             |                | Yes 🗸                | No              |
|                   | 2.      | During this taxable year, did this corporation or a  | any of its subsidia | ries acquire | e control or   | majority owner        | ship        |                |                      |                 |
|                   |         | (more than a 50% interest) in another legal entity   |                     | -            |                | _                     | •           |                | П. <b>Г.</b>         | 71              |
|                   |         | property for a term of 35 years or more, or lease  |                     | -            | _              | -                     |             |                | Yes 🔽                | No              |
|                   |         | During this taxable year, has more than 50% of t<br>transactions after an interest in California real pr |                     |              |                |                       |             |                |                      | _               |
|                   |         | property tax reassessment under R&TC Section   | 62(a)(2) and it wa  | as not repo  | rted on a pre  | evious vear's ta      | x return?   | •              | U Yes ✓              | / <sub>No</sub> |
|                   |         | (Yes requires filing of statement, penalties ma  |                     |              |                | ,                     |             |                |                      |                 |
|                   | Ι.      |  |                     |              |                |                       |             |                | 35                   | 2 00            |
| s                 | 1 2     |  |                     |              |                |                       |             |                |                      | 00              |
| State Adjustments | 3       |  |                     |              |                |                       |             |                |                      | 00              |
| Istu              | 4       | Interest on government obligations   |                     |              |                |                       | ● 4         |                |                      | 00              |
| 칗                 | 5       | ,  |                     |              |                |                       |             |                |                      | 00              |
| ıte /             | 6       |  |                     |              |                |                       |             |                |                      | 00              |
| Sţŝ               | 8       |  |                     |              |                |                       |             |                |                      | 00              |
|                   | 9       | ( )  |                     |              |                |                       |             |                | 35                   | 2 00            |

| _                        |       |   | _      |  |
|--------------------------|-------|---|--------|--|
| ont.                     | 10    | Intercompany dividend elimination. Attach Schedule H (100) • 10 00  | )      |  |
| State Adjustments (cont. | 11    | Dividends received deduction. Attach Schedule H (100) ● 11 00   | )      |  |
| ä                        | 12    | Additional depreciation allowed under CA law. Attach form FTB 3885 .   12 00  | )      |  |
| Ë                        | 13    | Capital gain from federal Form 1120, line 8   | )      |  |
| nst                      | 14    | Charitable Contributions  | )      |  |
| Adj                      | 15    | Other deductions. Attach schedule(s) ■ 15 1,796 00  | )      |  |
| ŧ                        | 16    | Total. Add line 10 through line 15  |        | 1,796 00                                 |
| Sta                      | 17    | Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9                                       | •      | <b>-1,444</b> 00                         |
| e                        | 18    | Net income (loss) for state purposes. Complete Schedule R if apportioning or allocating income. See instructions.     |        | <b>-1,444</b> 00                         |
| Net Income               | 19    | Net operating loss (NOL) deduction. See instructions ● 19 00  | )      |  |
| 2                        | 20    | EZ, LARZ, TTA, or LAMBRA NOL carryover deduction.   |        |  |
| 듁                        |       | See instructions  | וכ     |  |
|                          | 21    | Disaster loss deduction. See instructions   | 5      |  |
| CA                       | 22    | Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18                             | ) 2    | -1,444 00                                |
|                          |       | Tax% x line 22 (at least minimum franchise tax, if applicable). See instructions                                      | $\neg$ | 23 00                                    |
|                          | 1     | Credit name         amount ▶         24   |        |  |
|                          |       | Credit name code ● amount ▶ 25  | _      |  |
| es                       |       | To claim more than two credits, see instructions  | _      |  |
| Taxes                    |       | Add line 24 through line 26   | -      | 27 00                                    |
| •                        |       | <b>Balance</b> . Subtract line 27 from line 23 (at least minimum franchise tax, if applicable)                        |        | 28 00                                    |
|                          |       | Alternative minimum tax. Attach Schedule P (100). See instructions.   |        | 29 00                                    |
|                          | 30    | Total tax. Add line 28 and line 29.   |        | 0 00                                     |
|                          | 31    | Overpayment from prior year allowed as a credit   |        |  |
| nts                      |       | 2018 Estimated tax payments. See instructions   | _      |  |
| Payments                 | 1     |   | _      |  |
| ay                       | 34    | Amount paid with extension of time to file tax return   | _      |  |
| _                        | 35    | Total payments. Add line 31 through line 34   | ) (    | <b>35</b> 00                             |
|                          | 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 00                                    |
|                          | 38    | <b>Use tax balance.</b> If line 36 is more than line 35, subtract line 35 from line 36                                | ) [    | 38 00                                    |
|                          | 39    | <b>Franchise or income tax due.</b> If line 30 is more than line 37, subtract line 37 from line 30                    | ) [3   | 39 00                                    |
| æ                        | 40    | Overpayment. If line 37 is more than line 30, subtract line 30 from line 37   | ) [    | 00                                       |
| Due                      | 41    | Amount of line 40 to be credited to 2019 estimated tax  | ) 4    | 00                                       |
| Ħ                        | 42    | Refund. Subtract line 41 from line 40   |        | 12 00                                    |
| E                        |       | See instructions to have the refund directly deposited.   |        |  |
| or Amount                |       | Checking  |        |  |
|                          |       | offecking   |        |  |
| Refund                   |       | Savings Simple Savings  |        |  |
| æ                        |       | •   |        |  |
|                          | 12    | <b>42a.</b> ■ Routing number <b>42b.</b> ■ Type <b>42c.</b> ■ Account number <b>a</b> Penalties and interest          |        | <b>3a</b> 00                             |
|                          | 43    | a Penallies and interest  | 14     | 33 00                                    |
|                          |       | <b>b</b> • Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions               | s.     |  |
|                          | 44    | <b>Total amount due.</b> Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result          | - 1    | 4 00                                     |
| Sc                       | he    | dule Q Questions (continued from Side 1)  |        | '  |
|                          |       | corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the date | the    |  |
|                          |       | 's-edge election ended(mm/dd/   |        |  |
|                          |       |   |        |  |
|                          |       | the corporation's income included in a consolidated federal return?   |        | ● L Yes V No                             |
| F                        | Princ | ipal business activity code. ( <b>Do not</b> leave blank):  |        |  |
|                          | Busir | less activity Homeowners Association  |        |  |
|                          |       | Pool Estato   | l.c    | O Occaptions (continued on Cide Ci       |
|                          |       | Schedu Schedu   | ıe     | <b>Q Questions</b> (continued on Side 3) |

| G  | Date incor   | porated (mm/dd/yyyy): 0 7 / 3 0 / 1 9 8 4  | Where: ● S                   | State CA Count                       | <sub>ry_</sub> USA              |  |
|----|--------------|--|------------------------------|--------------------------------------|---------------------------------|--|
|    |              | ness began in California or date income was first derived from   | . California source          | !\$                                  | (mm/dd/yyyy                     | $_{\rm v}$ $_{\bullet}$ 07/30/1984       |
|    | Firet return | n? ● ☐ Yes ☑ No If "Yes"   | and this corners             | tion is a successor to               | a a proviouely existin          | an husiness, check the appropriate how   |
| •  | THSC TELUIT  |  |                              |                                      |                                 |  |
|    |              |  |                              | Partnership (3) ne, address, and FEI |                                 | (4) Corporation (5) Other ous business.) |
| J  | "Doing bus   | siness as" name. See instructions:   | ● <u>Villa Ter</u>           | mpra HOA                             |                                 |  |
|    |              |  |                              |                                      |                                 |  |
| K  | -            | e during the taxable year, was more than 50% of the voting s   |                              |                                      |                                 | ▲ □ v <sub>ee</sub> □ Ne                 |
|    |              | orporation owned by any single interest?   |                              |                                      |                                 |  |
|    |              | ner corporation owned by this corporation?   |                              |                                      |                                 |  |
|    |              | and one or more other corporations owned or controlled, direc  |                              |                                      |                                 | Yes V No                                 |
|    | If 1, 2, o   | is "Yes," enter the country of the ultimate parent<br>or 3 is "Yes," furnish a statement of ownership indicating pert<br>vner(s) is an individual, provide the SSN/ITIN and see FTB 11 | inent names, add             | resses, and percenta                 | ges of stock owned.             |  |
|    | If "Yes," co | orporation included a reportable transaction or listed transaction<br>omplete and attach federal Form 8886 for each transaction.   |                              |                                      |                                 |  |
| М  | Is this corp | poration apportioning or allocating income to California using   | Schedule R?                  |                                      |                                 |  |
|    |              | $\eta$ affiliates in the combined report are claiming immunity from  |                              |                                      |                                 |  |
|    |              | on headquarters are:   |                              |                                      |                                 | the U.S. (3) Uoutside of the U.S.        |
|    |              | of principal accounting records  |                              |                                      |                                 |  |
|    |              | g method:  |                              |                                      |                                 |  |
| R  |              | corporation or any of its subsidiaries have a Deferred Interco   |                              |                                      |                                 |  |
|    |              | nter the total balance of all DISAs  |                              |                                      |                                 |  |
|    |              | poration or any of its subsidiaries a RIC?   |                              |                                      |                                 |  |
|    |              | poration treated as a REMIC for California purposes?   |                              |                                      |                                 |  |
|    |              | poration a REIT for California purposes?   |                              |                                      |                                 |  |
| V  |              | poration an LLC or limited partnership electing to be taxed as   |                              |                                      |                                 |  |
|    |              | nter the effective date of the election (mm/dd/yyyy):  |                              |                                      |                                 |  |
|    |              | poration to be treated as a credit union?  |                              |                                      |                                 |  |
|    |              | poration under audit by the IRS or has it been audited by the I  |                              |                                      |                                 |  |
|    |              | equired information returns (e.g. federal Forms 1099, 5471, 5  |                              |                                      |                                 |  |
|    |              | axpayer (or any corporation of the taxpayer's combined grou  |                              |                                      |                                 |  |
|    |              | corporation file the federal Schedule UTP (Form 1120)?   |                              |                                      |                                 |  |
|    |              | y member of the combined report own an SMLLC or generat  |                              |                                      |                                 |  |
| C  |              | his corporation, or any corporation in a combined reporting g<br>s excluded from gross income for state purposes (R&TC Sec   |                              |                                      |                                 |  |
|    |              | s corporation's, or any corporation in a combined reporting g<br>s excluded from gross income under R&TC Section 24330 fo  |                              |                                      |                                 |  |
| _  |              | Under penalties of perjury, I declare that I have examined this retu   |                              |                                      |                                 |  |
|    | gn<br>ere    | true, correct, and complete. Declaration of preparer (other than ta  | xpayer) is based or<br>Title | all information of which             | cn preparer nas any kr<br>IDate | nowleage.<br>■ Telephone                 |
|    | J1 C         | Signature of officer ▶   | President                    |                                      | 07/26/2019                      | '  |
|    |              | Officer's email address (optional)   | Fresident                    |                                      | 0772072018                      | (619) 426-7902                           |
| P2 | nid          |  |                              | Date                                 | Check if self-                  | ● PTIN                                   |
|    | eparer's     | Preparer's signature   |                              | 07/26/2019                           |                                 | P00688138                                |
|    | se Only      | Firm's name (or yours  |                              |                                      |                                 | Firm's FEIN                              |
|    |              | if self-employed)  |                              |                                      |                                 | ● Telephone                              |
|    |              | and address 1335 La Tempra Corte, Chula  | a Vista, CA 919              | 11                                   |                                 | ( 6 19 ) 4 2 6 - 7 9 0 2                 |
| _  |              | May the FTB discuss this return with the preparer sh   | own above? See               | instructions                         |                                 | ● ✓ Yes □ No                             |
|    |              |  |                              |                                      |                                 |  |

3603183 Form 100 2018 **Side 3** 

| <u> 30</u>  | hedule A Taxes Deducted. Use additi<br>(a)       | (b)   |                  | (c)    | (d)                 |
|-------------|--|---|------------------|--------|---------------------|
|             | Nature of tax                                    | Taxing authority  | Total            | amount | Nondeductible amour |
| >r          | pperty Tax                                       | County of San Diego                                       |                  | 1,796  | 0                   |
|             |  |   |                  |        | C                   |
| ota         | • ,  | 17, and total of column (d) on Side 1, line 2 or line 3.  |                  |        |                     |
|             |  | n method to compute the net income, see instructions.     |                  | 1,796  |                     |
| Sc          | hedule F Computation of Net Incom                | e. See instructions.                                      |                  |        |                     |
|             |  |   |                  | _      |                     |
|             |  |   | e ●              |        |                     |
|             |  | l 125-A (California Schedule V)                           | ı                | 2      | (                   |
|             | •  |   | r                | 3      |                     |
|             |  | C, (California Schedule H (100))                          | ı                | 4      | (                   |
| <u> </u>    |  | tates and U.S. instrumentalities                          | I I              | 5a     | (                   |
|             | ·  |   | ı                | 5b     | (                   |
| =           |  |   |                  | 6      | (                   |
|             |  | bedule D (California Schedule D)                          |                  | 7      | (                   |
|             | , ,  | ,   | 1                | 9      | (                   |
|             | , ,  | 4797 (California Schedule D-1)                            | ı                | 10     | 56,993 (            |
|             | , ,  |   | T I              | 11     | 56,993              |
|             | 12 Compensation of officers. Attach federal      | Form 1125-E or  |                  | 11     | 30,333              |
|             | equivalent schedule                              |   | 00               |        |                     |
|             | 13 Salaries and wages (not deducted elsewh       |   | 00               |        |                     |
|             | <b>14</b> Repairs and maintenance                | '   | 00               |        |                     |
|             | <b>15</b> Bad debts                              |   | 00               |        |                     |
|             | <b>16</b> Rents                                  |   | 00               |        |                     |
|             | 17 Taxes (California Schedule A). See instruc    |   | 1,796 00         |        |                     |
|             | <b>18</b> Interest. Attach schedule              |   | 00               |        |                     |
|             | 19 Charitable Contributions. Attach schedule     |   | 00               |        |                     |
|             | 20 Depreciation. Attach federal                  |   | 100              |        |                     |
| 2           | Form 4562 and FTB 3885 • 20                      |   |                  |        |                     |
| 5           | 21 Less depreciation claimed                     |   |                  |        |                     |
| neunciioiis | elsewhere on return • 21a                        | ● 21b   | 00               |        |                     |
| ב           | 22 Depletion. Attach schedule                    | • 22  | 00               |        |                     |
|             | <b>23</b> Advertising                            |   | 00               |        |                     |
|             | 24 Pension, profit-sharing plans, etc            | 24  | 00               |        |                     |
|             | 25 Employee benefit plans                        |   | 00               |        |                     |
|             | 26 a) Total travel and entertainment             |   |                  |        |                     |
|             | <b>b)</b> Deductible amounts                     | ● 26b   | 00               |        |                     |
|             | ${\bf 27}\;$ Other deductions. Attach schedule   | -   | <b>55,197</b> 00 |        |                     |
|             | 28 Specific deduction for organizations under    |   |                  |        |                     |
|             | Section 23701r or 23701t. See instructio         |   | 00               |        |                     |
|             | •  | e 28  | ●                | 29     | 56,993 (            |
|             |  | btract line 29 from line 11. Enter here and on Side 1, li | ne 1 ●           | 30     | 0 0                 |
| òc          | hedule J Add-On Taxes and Recapt                 | ure of Tax Credits. See instructions.                     |                  |        |                     |
|             | LIFO recapture due to S corporation election,    | . ,   | ●                | 1      | (                   |
|             | •  | od for completed long-term contracts (Attach form FTE     | , ,              | 2      | (                   |
| 3           |  | Sales of certain timeshares and residential lots          | 1                | 3a     | (                   |
|             |  | Method for nondealer installment obligations              | ı                | 3b     | (                   |
| 4           |  |   | ●                | 4      | (                   |
| 5           | Credit recapture name:                           |   | ●                | 5      | (                   |
| 6           | •  | ine 39 or line 40, whichever applies, by this amount. V   |                  | _      |                     |
|             | "Schedule J" to the left of line 39 or line 40 . |   | ●                | 6      |                     |

| Sc | chedule V Cost of Goods Sold                                   |                            |                          |            |     |                   |                                       |
|----|--|----------------------------|--------------------------|------------|-----|-------------------|---------------------------------------|
| 1  | Inventory at beginning of year                                 |                            |                          |            | 1   |                   | 00                                    |
|    | Purchases  |                            |                          | - 1        | 2   |                   | 00                                    |
|    | Cost of labor  |                            |                          |            | 3   |                   | 00                                    |
|    | a Additional IRC Section 263A costs. Attach schedu             |                            |                          | r          | 4a  |                   | 00                                    |
|    | <b>b</b> Other costs. Attach schedule                          |                            |                          | 1          | 4b  |                   | 00                                    |
|    | Total. Add line 1 through line 4b                              |                            |                          |            | 5   |                   | 00                                    |
|    | Inventory at end of year                                       |                            |                          | ı          | 6   |                   | 00                                    |
|    | Cost of goods sold. Subtract line 6 from line 5. Ente          |                            |                          |            | 7   |                   | 00                                    |
|    | thod of inventory valuation $\blacktriangleright$              | in more and on older i, co |                          |            | • 1 |                   |                                       |
|    | s there any change in determining quantities, costs of         | of valuations between one  | ening and closing invent | nrv?       |     |                   | Yes No                                |
|    | Yes," attach an explanation.                                   | o. ra.aaoo soioo op        | oming and ordering mirem |            |     |                   |                                       |
|    | ter California seller's permit number, if any                  |                            |                          |            |     |                   |                                       |
|    | eck if the LIFO inventory method was adopted this ta           | axable year for any goods  | s If checked attach fede | ral Form 9 | 70  | -                 |                                       |
|    | he LIFO inventory method was used for this taxable             |                            |                          |            |     |                   | · · · · · · · · · · · · · · · · · · · |
|    | the rules of IRC Section 263A (with respect to prop            |                            |                          |            | n?  | Π,                | Yes No                                |
| -  | e corporation may not be required to complete Sch              |                            |                          |            |     |                   |                                       |
|    | : corporation may not be required to complete Sch<br>:hedule L |                            | t taxable year           | Tuctions i |     |                   | ·                                     |
| -  | sets   |                            |                          |            | (c) | axable year<br>(d | 0                                     |
|    |  | (a)                        | (b) 117,144              |            | (6) | (0                | 123,462                               |
|    | Cash   |                            | 117,144                  | _          |     | _                 | 123,402                               |
| 2  | a Trade notes and accounts receivable                          |                            | •                        | •          |     | \ \               |                                       |
| •  | <b>b</b> Less allowance for bad debts                          |                            | •                        | • (        |     | ,                 |                                       |
|    | Inventories  |                            | •                        |            |     |                   |                                       |
|    | Federal and state government obligations                       |                            |                          |            |     | _                 |                                       |
|    | Other current assets. Attach schedule(s)                       |                            |                          |            |     |                   |                                       |
|    | Loans to stockholders/officers. Attach schedule                |                            |                          |            |     |                   |                                       |
|    | Mortgage and real estate loans                                 |                            | <u>•</u>                 |            |     |                   |                                       |
|    | Other investments. Attach schedule(s)                          |                            |                          | _          |     | •                 |                                       |
| 9  | <b>a</b> Buildings and other fixed depreciable assets          |                            |                          | •          |     | \ •               |                                       |
|    | <b>b</b> Less accumulated depreciation                         |                            | •                        | •(         |     | ) •               |                                       |
| 10 | a Depletable assets  |                            |                          | 1          |     | \                 |                                       |
|    | <b>b</b> Less accumulated depletion                            |                            | •                        | (          |     | )                 |                                       |
|    | Land (net of any amortization)                                 |                            | •                        | _          |     | •                 |                                       |
| 12 | <b>a</b> Intangible assets (amortizable only)                  |                            |                          | •          |     | ,                 |                                       |
|    | <b>b</b> Less accumulated amortization                         | • (                        | •                        | <b>(</b>   |     | ) 💿               |                                       |
|    | Other assets. Attach schedule(s)                               |                            | <u>•</u>                 |            |     | •                 |                                       |
|    | Total assets   |                            | 117,144                  |            |     | •                 | 123,462                               |
|    | abilities and Stockholders' Equity                             |                            |                          |            |     |                   |                                       |
|    | Accounts payable   |                            |                          |            |     | •                 |                                       |
|    | Mortgages, notes, bonds payable in less than 1 year $$         |                            | <u>•</u>                 |            |     | •                 |                                       |
|    | Other current liabilities. Attach schedule(s)                  |                            | <u>•</u>                 |            |     |                   |                                       |
|    | Loans from stockholders. Attach schedule(s) $\dots$            |                            | <u>•</u>                 |            |     | •                 |                                       |
|    | Mortgages, notes, bonds payable in 1 year or more              |                            | <u>•</u>                 |            |     | •                 |                                       |
|    | Other liabilities. Attach schedule(s)                          |                            | •                        |            |     | •                 |                                       |
| 21 | Capital stock: a Preferred stock                               | <u>•</u>                   |                          | •          |     |                   |                                       |
|    | <b>b</b> Common stock  |                            | <b>(a)</b>               | •          |     | •                 |                                       |
|    | Paid-in or capital surplus. Attach reconciliation              |                            | •                        |            |     | •                 |                                       |
|    | Retained earnings – Appropriated. Attach schedule              |                            | 117,144                  |            |     |                   | 123,462                               |
|    | Retained earnings – Unappropriated                             |                            |                          |            |     |                   |                                       |
|    | Adjustments to shareholders' equity. Attach schedule           |                            |                          |            |     |                   |                                       |
|    | Less cost of treasury stock                                    |                            | ( )                      |            |     |                   | )_                                    |
| 27 | Total liabilities and stockholders' equity                     |                            | 117,144                  |            |     |                   | 123,462                               |

3605183 Form 100 2018 **Side 5** 

| S   | chedule M-1 Reconciliation of Inco                     |                     |                   |      |                                 |                     |               |              |
|-----|--|---------------------|-------------------|------|---------------------------------|---------------------|---------------|--------------|
| 1   | Net income per books                                   |                     |                   |      | Income recorded on bo           |                     |               |              |
|     | Federal income tax                                     |                     |                   | ′    | included in this return         | •                   |               |              |
| 3   | Excess of capital losses over capital gains            |                     |                   |      | <b>a</b> Tax-exempt interest    | ` '                 |               |              |
| _   | Taxable income not recorded on books this ye           |                     |                   |      |                                 |                     |               |              |
| 4   |  | tal                 |                   |      | <b>b</b> Other                  |                     |               |              |
|     | (itemize)  |                     |                   | _    | c Total. Add line 7a and        |                     | .•            |              |
| _   |  | •                   |                   | 8    | Deductions in this retu         | •                   |               |              |
| 5   | Expenses recorded on books this year not de            | auctea              |                   |      | against book income th          |                     |               |              |
|     | in this return (itemize)                               |                     |                   |      | a Depreciation \$_              |                     |               |              |
|     | a Depreciation\$                                       |                     |                   |      | <b>b</b> State tax refunds .\$_ |                     |               |              |
|     | <b>b</b> State taxes\$                                 |                     |                   |      | <b>c</b> Other \$_              |                     |               |              |
|     | c Travel and   |                     |                   |      | d Total. Add line 8a thr        | ough line 8c        | . ● 🗀         |              |
|     | entertainment .\$                                      |                     |                   | ^    | Total. Add line 7c and li       |                     | $\overline{}$ |              |
|     | <b>d</b> Other \$                                      |                     |                   | 9    | Total. Add lifte 70 and 1       | ille ou             |               |              |
|     | e Total. Add line 5a through line 5d                   | ●                   | 1                 | 10   | Net income per return.          |                     |               |              |
| 6   | Total. Add line 1 through line 5e                      |                     | 0                 |      | Subtract line 9 from lin        | e 6                 |               | 0            |
| S   | chedule M-2 Analysis of Unapprop                       | riated Retained     | Earnings per      | r Bo | ooks (Side 5, Schedule          | L, line 24)         |               |              |
| 1   | Balance at beginning of year                           | ●                   |                   | 5    | Distributions: <b>a</b> Cash    |                     |               |              |
| 2   | Net income per books                                   | •                   |                   |      | <b>b</b> Stock                  | <                   | •             |              |
|     |  |                     |                   |      | <b>c</b> Prop                   | erty                | •             |              |
| J   | Other increases (itemize)                              |                     |                   | 6    | Other decreases (itemiz         | e)                  |               |              |
|     |  |                     |                   |      |                                 |                     |               |              |
|     |  | _                   |                   | 7    | Total. Add line 5 and line      | e 6                 |               |              |
|     |  | •                   |                   | 8    | Balance at end of year.         |                     |               |              |
| 4   | Total. Add line 1 through line 3                       |                     |                   |      | Subtract line 7 from line       | 9 4                 |               |              |
| S   | chedule D California Capital                           | Gains and L         | .osses            |      |                                 |                     |               |              |
| _   | art I Short-Term Capital Gains and Loss                |                     |                   | r I  | ess. Use additional sho         | eet(s) if necessary | ,             |              |
| -   | (a)  | (b)                 | (c)               |      | (d)                             | (e)                 |               | (f)          |
|     | Kind of property and description                       | Date acquired       | Datè sold         |      | Gross sales                     | Cost or other       | r             | Gain (loss)  |
|     | (Example, 100 shares of Z Co.)                         | (mm/dd/yyyy)        | (mm/dd/yyyy       | y)   | price                           | basis plus          |               | (d) less (e) |
| _   |  |                     |                   |      |                                 | expense of sa       | ie            |              |
| _1  |  |                     |                   |      |                                 |                     |               | 00           |
| _   |  |                     |                   |      |                                 |                     |               | 00           |
| _   |  |                     |                   |      |                                 |                     |               | 00           |
|     |  |                     |                   |      |                                 |                     |               | 00           |
|     |  |                     |                   |      |                                 |                     |               | 00           |
| 2   | 2 Short-term capital gain from installment sale        | s from form FTB     | 3805E, line 26    | or l | ine 37                          |                     | 2             | 00           |
|     | Unused capital loss carryover from 2017                |                     |                   |      |                                 |                     | 3             | 00           |
|     | Net short-term capital gain (loss). Combine l          |                     |                   |      |                                 |                     | 4             | 00           |
|     | art II Long-Term Capital Gains and Los                 | ses – Assets He     | eld More Than     | 1 O  | ne Year. Use additiona          | I sheet(s) if neces | sarv.         |              |
| - 5 |  | 1.000.0             |                   |      |                                 |                     | Ju. J.        | 00           |
| _   |  |                     |                   |      |                                 |                     |               | 00           |
| _   |  |                     |                   |      |                                 |                     |               | 00           |
| _   |  |                     |                   |      |                                 |                     |               |              |
|     |  |                     | 1                 |      |                                 |                     |               | 00           |
| _   |  | .,                  |                   |      |                                 |                     |               | 00           |
|     | Enter gain from Schedule D-1, line 9 and/or            |                     |                   |      |                                 | _                   | 6             | 00           |
|     | 7 Long-term capital gain from installment sale         |                     |                   |      |                                 |                     | 7             | 00           |
|     | <b>3</b> Net long-term capital gain (loss). Combine li |                     |                   |      |                                 |                     | 8             | 00           |
|     | Enter excess of net short-term capital gain (I         |                     |                   |      |                                 |                     | 9             | 00           |
| 10  | Net capital gain. Enter excess of net long-ter         | m capital gain (lir | ne 8) over net sh | hor  | t-term capital loss (line       | 4)                  | 10            | 00           |
|     | Total lines 9 and 10. Enter here and on Form           |                     |                   |      | •                               |                     |               |              |
|     | If losses exceed gains, carry forward losses           | to 2019             |                   |      |                                 |                     | 11            | 00           |
| _   |  |                     |                   |      |                                 |                     |               |              |