

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

▶ Go to [www.irs.gov/Form1120H](http://www.irs.gov/Form1120H) for instructions and the latest information.

For calendar year 2020 or tax year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_,

<b>TYPE OR PRINT</b>	ORION CONDOMINIUM ASSOCIATION, INC P O BOX 5547 STATELINE, NV 89449-5547	Employer identification number <b>88-0269189</b> Date association formed 1/01/1991
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Check if: (1)  Final return (2)  Name change (3)  Address change (4)  Amended return

A Check type of homeowners association:  Condominium management association  Residential real estate association  Timeshare association

B Total exempt function income. Must meet 60% gross income test. See instructions.....	15,000.
C Total expenditures made for purposes described in 90% expenditure test. See instructions.....	17,729.
D Association's total expenditures for the tax year. See instructions.....	
E Tax-exempt interest received or accrued during the tax year.....	

**Gross Income (excluding exempt function income)**

1 Dividends.....	1
2 Taxable interest.....	1.
3 Gross rents.....	3
4 Gross royalties.....	4
5 Capital gain net income (attach Schedule D (Form 1120)).....	5
6 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797).....	6
7 Other income (excluding exempt function income) (attach statement).....	7
8 <b>Gross income</b> (excluding exempt function income). Add lines 1 through 7.....	1.

**Deductions (directly connected to the production of gross income, excluding exempt function income)**

9 Salaries and wages.....	9
10 Repairs and maintenance.....	10
11 Rents.....	11
12 Taxes and licenses.....	12
13 Interest.....	13
14 Depreciation (attach Form 4562).....	14
15 Other deductions (attach statement).....	15
16 <b>Total deductions</b> . Add lines 9 through 15.....	0.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8.....	1.
18 <b>Specific deduction of \$100</b> .....	\$100

**Tax and Payments**

19 <b>Taxable income</b> . Subtract line 18 from line 17.....	19	-99.
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.).....	20	0.
21 Tax credits (see instructions).....	21	
22 <b>Total tax</b> . Subtract line 21 from line 20. See instructions for recapture of certain credits.....	22	0.
23 a 2019 overpayment credited to 2020.. <b>23a</b> _____	c Total ▶	0.
b 2020 estimated tax payments..... <b>23b</b> _____		
d Tax deposited with Form 7004..... <b>23d</b> _____		
e Credit for tax paid on undistributed capital gains (attach Form 2439)..... <b>23e</b> _____		
f Credit for federal tax paid on fuels (attach Form 4136)..... <b>23f</b> _____		
g Add lines 23c through 23f..... <b>23g</b>		
24 <b>Amount owed</b> . Subtract line 23g from line 22. See instructions.....	24	0.
25 <b>Overpayment</b> . Subtract line 22 from line 23g.....	25	
26 Enter amount of line 25 you want: <b>Credited to 2021 estimated tax</b> ▶	26	<b>Refunded</b> ▶

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

**Sign Here** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **Treasurer** \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below? See instrs.  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Kevin K. Morita, CPA</b>	Preparer's signature <i>Kevin K. Morita, CPA</i>	Date <b>1/25/21</b>	Check <input checked="" type="checkbox"/> self-employed if PTIN <b>P00737233</b>
	Firm's name ▶ <b>Morita Accountancy</b>	Firm's EIN ▶ <b>83-1692240</b>		
	Firm's address ▶ <b>431 South Ham Lane Suite D Lodi, CA 95242</b>	Phone no. <b>(209) 368-5324</b>		

orm 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2020

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

ORION CONDOMINIUM ASSOCIATION, INC

Identifying number

88-0269189

Business or activity to which this form relates

Form 1120

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Section 179 election. Includes fields for maximum amount, total cost, threshold cost, reduction in limitation, dollar limitation, and carryover of disallowed deduction.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation. Includes fields for special depreciation allowance, property subject to election, and other depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Includes fields for MACRS deductions for assets placed in service before 2020 and a checkbox for grouping assets.

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, and residential/nonresidential real property.

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Month and year placed in service, Recovery period, Convention, Method, and Depreciation deduction. Includes rows for 12-year, 30-year, and 40-year class life.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Includes fields for listed property amount, total depreciation deduction, and carryover of disallowed deduction.

**CONFIDENTIAL**  
**INTERNAL SECURITY - HIGH**  
**RESTRICTED**

SECRET

This document contains information which is classified as CONFIDENTIAL.

FORM NO. 104-101 (REV. 1-61)

1. **IDENTIFICATION**  
 a. **NAME** \_\_\_\_\_  
 b. **ADDRESS** \_\_\_\_\_  
 c. **CITY** \_\_\_\_\_

2. **STATEMENT**  
 a. **REASON FOR CONTACT** \_\_\_\_\_  
 b. **DATE OF CONTACT** \_\_\_\_\_  
 c. **CHARACTER OF CONTACT** \_\_\_\_\_

3. **DETAILS**  
 a. **PERSONS MET** \_\_\_\_\_  
 b. **PLACES VISITED** \_\_\_\_\_  
 c. **ACTIVITIES ENGAGED IN** \_\_\_\_\_

4. **OPINIONS**  
 a. **OF THE SOURCE** \_\_\_\_\_  
 b. **OF THE SUBJECT** \_\_\_\_\_  
 c. **OF THE SITUATION** \_\_\_\_\_

5. **REMARKS**  
 a. **GENERAL** \_\_\_\_\_  
 b. **SPECIFIC** \_\_\_\_\_

NO.	DATE	NAME	ADDRESS	CITY	STATE	REMARKS
1	11/15/50	John Doe	123 Main St	Chicago	Ill.	Initial contact
2	11/20/50	Jane Smith	456 Elm St	New York	N.Y.	Follow up
3	12/01/50	Bob Johnson	789 Oak St	Los Angeles	Calif.	Interview
4	12/15/50	Alice Brown	101 Pine St	San Francisco	Calif.	Check back
5	12/25/50	Charlie White	202 Cedar St	Philadelphia	Penn.	Report

6. **DISPOSITION**  
 a. **CLASSIFICATION** \_\_\_\_\_  
 b. **REMARKS** \_\_\_\_\_

7. **APPROVALS**  
 a. **BY** \_\_\_\_\_  
 b. **DATE** \_\_\_\_\_