

KERKOCCH KATTER & NELSON, LLP

45 NW HAWTHORNE AVE - BEND, OR 97703 - 541-382-3468

January 31, 2017

CLIENT COPY

BELLA VISTA HOMES HOMEOWNERS ASSOCIATION
C/O CRYSTAL LAKE COMMUNITY MGMT, INC.
PO BOX 8550
BEND, OR 97708

Dear Client:

Enclosed is your **2016 Federal Income Tax Return** for Homeowners Associations. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail the Federal return on or before April 18, 2017 to:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0012

Enclosed is your **2016 Oregon Corporation Excise Tax Return**. The original should be signed at the bottom of page three. There is a balance of \$0. No tax is payable with the filing of this return. Mail the Oregon return on or before May 15, 2017 to:

REFUND
P.O. BOX 14777
SALEM, OR 97309-0960

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to ensure that there are no omissions or misstatements.

Please be sure to call if you have any questions.

Sincerely,


STUART D. KATTER

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

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 1120-H and its separate instructions is at www.irs.gov/form1120h.

For calendar year 2016 or tax year beginning _____, 2016, and ending _____,

TYPE OR PRINT	BELLA VISTA HOMES HOMEOWNERS ASSOCIATION C/O CRYSTAL LAKE COMMUNITY MGMT, INC. PO BOX 8550 BEND, OR 97708	Employer identification number 90-0877531 Date association formed 8/17/2012
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CLIENT COPY

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

A	Check type of homeowners association: <input type="checkbox"/> Condominium management association <input checked="" type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association		
B	Total exempt function income. Must meet 60% gross income test. See instructions.	B	84,621.
C	Total expenditures made for purposes described in 90% expenditure test. See instructions.	C	79,799.
D	Association's total expenditures for the tax year. See instructions.	D	79,799.
E	Tax-exempt interest received or accrued during the tax year.	E	

Gross Income (excluding exempt function income)

1	Dividends		
2	Taxable interest	2	43.
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	Gross income (excluding exempt function income). Add lines 1 through 7.	8	43.

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

9	Salaries and wages		
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	Total deductions. Add lines 9 through 15.	16	0.
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8.	17	43.
18	Specific deduction of \$100	18	\$100.

Tax and Payments

19	Taxable income. Subtract line 18 from line 17.		
20	Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	19	-57.
21	Tax credits (see instructions)	20	0.
22	Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits.	21	
22		22	0.
23	a 2015 overpayment credited to 2016. 23a b 2016 estimated tax payments. 23b c Total ▶ 23c 0. d Tax deposited with Form 7004. 23d e Credit for tax paid on undistributed capital gains (attach Form 2439). 23e f Credit for federal tax paid on fuels (attach Form 4136). 23f g 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	
26	Enter amount of line 25 you want: Credited to 2017 estimated tax ▶ 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 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 _____ Title _____

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

Paid Preparer Use Only	Print/Type preparer's name STUART D. KATTER	Preparer's signature STUART D. KATTER	Date 2-15-17	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00236705
	Firm's name ▶ KERKCOCH KATTER & NELSON, LLP	Firm's EIN ▶ 93-1154108			
	Firm's address ▶ 45 NW HAWTHORNE AVE BEND, OR 97703	Phone no. 541-382-3468			

"Tax-Exempt Oregon HOA"

Form 1120-H

U.S. Income Tax Return for Homeowners Associations

OMB No. 1545-0123

2016

Department of the Treasury Internal Revenue Service

Information about Form 1120-H and its separate instructions is at www.irs.gov/form1120h.

For calendar year 2016 or tax year beginning , 2016, and ending

Header section containing association name (BELLA VISTA HOMES HOMEOWNERS ASSOCIATION), address (C/O CRYSTAL LAKE COMMUNITY MGMT, INC., PO BOX 8550, BEND, OR 97708), and employer identification number (90-0877531).

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

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

Table with 2 columns: Description (B Total exempt function income, C Total expenditures, D Association's total expenditures, E Tax-exempt interest) and Amount (84,621, 79,799, 79,799).

Gross Income (excluding exempt function income)

Table with 2 columns: Description (1 Dividends, 2 Taxable interest, 3 Gross rents, 4 Gross royalties, 5 Capital gain net income, 6 Net gain or (loss) from Form 4797, 7 Other income, 8 Gross income) and Amount (43, 43).

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

Table with 2 columns: Description (9 Salaries and wages, 10 Repairs and maintenance, 11 Rents, 12 Taxes and licenses, 13 Interest, 14 Depreciation, 15 Other deductions, 16 Total deductions, 17 Taxable income before specific deduction, 18 Specific deduction) and Amount (0, 43, 100).

Tax and Payments

Table with 2 columns: Description (19 Taxable income, 20 Enter 30% of line 19, 21 Tax credits, 22 Total tax, 23 a-f tax payments and credits, 23g Add lines 23c through 23f, 24 Amount owed, 25 Overpayment, 26 Enter amount of line 25) and Amount (-57, 0, 0, 0, 0, 0, 0).

Sign Here section with signature line, date, and title for the officer.

Paid Preparer Use Only section with fields for preparer name (STUART D. KATTER), firm name (KERKCOCH KATTER & NELSON, LLP), address (45 NW HAWTHORNE AVE, BEND, OR 97703), and EIN (93-1154108).