

Department of the Treasury  
Internal Revenue Service

Information about Form 1120-H and its separate instructions is at [www.irs.gov/form1120h](http://www.irs.gov/form1120h).

For calendar year 2015 or tax year beginning , 2015, and ending ,

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

**CLIENT COPY**

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

<b>A</b> 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>B</b> Total exempt function income. Must meet 60% gross income test (see instructions)			<b>B</b> 79,876.
<b>C</b> Total expenditures made for purposes described in 90% expenditure test (see instructions)			<b>C</b> 71,933.
<b>D</b> Association's total expenditures for the tax year (see instructions)			<b>D</b> 71,933.
<b>E</b> Tax-exempt interest received or accrued during the tax year			<b>E</b>

<b>Gross Income</b> (excluding exempt function income)	
1 Dividends	1
2 Taxable interest	2 35.
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	8 35.

<b>Deductions</b> (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	16 0.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17 35.
18 Specific deduction of \$100	18 100.

<b>Tax and Payments</b>	
19 <b>Taxable income.</b> Subtract line 18 from line 17	19 -65.
20 Enter 30% of line 19. (Timeshare associations, enter 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 2014 overpayment credited to 2015	23 a
b 2015 estimated tax payments	23 b
c Total	23 c 0.
d Tax deposited with Form 7004	23 d
e Credit for tax paid on undistributed capital gains (attach Form 2439)	23 e
f Credit for federal tax paid on fuels (attach Form 4136)	23 f
g Add lines 23c through 23f	23 g 0.
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 2016 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	26

**Sign Here**

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ 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	Preparer's signature	Date	Check self-employed <input checked="" type="checkbox"/> if	PTIN
	STUART D. KATTER	STUART D. KATTER	1-18-16		P00236705
	Firm's name	Firm's address	Firm's EIN	Phone no.	
	KERKOCHE KATTER & NELSON, LLP	45 NW HAWTHORNE AVE	93-1154108	541-382-3468	
	BEND, OR 97703				

*"Tax Exempt Oregon HOA"*

Form **1120-H**

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

OMB No. 1545-0123

**2015**

Department of the Treasury  
Internal Revenue Service

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For calendar year 2015 or tax year beginning , 2015, and ending ,

<b>TYPE OR PRINT</b>	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

**CLIENT COPY**

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).....	B	79,876.
C Total expenditures made for purposes described in 90% expenditure test (see instructions).....	C	71,933.
D Association's total expenditures for the tax year (see instructions).....	D	71,933.
E Tax-exempt interest received or accrued during the tax year.....	E	

<b>Gross Income</b> (excluding exempt function income)		
1 Dividends.....	1	
2 Taxable interest.....	2	35.
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.....	8	35.

<b>Deductions</b> (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.....	16	0.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8.....	17	35.
18 Specific deduction of \$100.....	18	\$100.

<b>Tax and Payments</b>		
19 <b>Taxable income.</b> Subtract line 18 from line 17.....	19	-65.
20 Enter 30% of line 19. (Timeshare associations, enter 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 2014 overpayment credited to 2015. <b>23a</b> .....		
b 2015 estimated tax payments..... <b>23b</b>		
c Total <b>23c</b> 0.		
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>		0.
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 2016 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	26	

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Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ 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 STUART D. KATTER	Preparer's signature STUART D. KATTER	Date 1-28-16	Check <input checked="" type="checkbox"/> self-employed if	PTIN P00236705
	Firm's name KERKOCHE KATTER & NELSON, LLP	Firm's EIN 93-1154108	Firm's address 45 NW HAWTHORNE AVE BEND, OR 97703	Phone no. 541-382-3468	