Form 1120-H

Department of the Treasury Internal Revenue Service

U.S. Income Tax Return for Homeowners Associations

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

OMB No. 1545-0123

2015

For (calendar	year 2015 or tax year begin	ming	, 4	2015, and ending		,	
TYPE BEI		LLA VISTA HOMES H O CRYSTAL LAKE CO BOX 8550 ND, OR 97708	OMEOWNERS ASSOCIA' MMUNITY MGMT, INC	FION .	CLIEN	Employer iden 90-0877 Date association 8/17/2	531 n formed	number
Check if: (1) Final return (2) Name change (3) Address change (4) Amended return								
Chec	Check II. (1) I mai return (2) I rum change (c) I state of the state o							
Α		e of homeowners association:	Condominium management assoc		Residential real estate		L	Timeshare association
В	Total ex	empt function income. Mus	st meet 60% gross income te	est (see instruct	ions)		В	79,876.
C	Total ex	penditures made for purpo	ses described in 90% expen	diture test (see	instructions)		С	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	,
	Gross Income (excluding exempt function income)							
1	Dividend						1	
2	Tavable	interest					2	35.
	Cross	nterest					3	
3	Gross re	ents.					4	
4	Gross ro	oyaities					5	
5	Capital	gain net income (attach Sc	hedule D (Form 1120))	4707			6	
6	Net gair	or (loss) from Form 4797,	Part II, line 17 (attach Form	1 4/9/)			7	
7	Other in	come (excluding exempt fu	unction income) (attach state	ement)			8	25
8	Gross in	ncome (excluding exempt f	unction income). Add lines	through /			_	35.
	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 a	nd licenses					12	
13	Interest						13	
14	Deprecia	ation (attach Form 4562)					14	
15	Other de	eductions (attach statemen	t)				15	
16	Total de	ductions. Add lines 9 thro	ugh 15				16	0.
17	Taxable	income before specific de	duction of \$100. Subtract lin	e 16 from line 8			17	35.
18	Specific	deduction of \$100					18	\$100.
Tax and Payments								
19	Taxable	income. Subtract line 18 f	rom line 17				19	-65.
20	Enter 30	% of line 19. (Timeshare a	associations, enter 32% of lin	ne 19.)			20	0.
21	Tax cred	dits (see instructions)					21	
22	Total ta	. Subtract line 21 from line	e 20. See instructions for red	capture of certain	n credits		22	0.
23		overpayment credited to	1 1				1000	
		estimated tax payments.		c Total	► 23 c	0.		
					23 d		10 6 75 66 10 10 10 10 10 10 10 10 10 10 10 10 10 1	
			ital gains (attach Form 2439)					
	-		uels (attach Form 4136)				1 481	
							23 g	0.
							24	0.
			om line 22 (see instructions)				25	0.
			n line 23g				26	
26	Enter am	ount of line 25 you want: Cre	dited to 2016 estimated tax			Refunded >		and a second
		Under penalties of perjury, I declar belief, it is true, correct, and comp	re that I have examined this return, in- lete. Declaration of preparer (other th	cluding accompanyin an taxpayer) is based	g scredules and statem I on all information of w	hich preparer has a	any knowl	edge.
Sign Here		Signature of officer Date Title					May th	le IRS discuss this return le preparer shown below listrs)? X Yes No
		Print/Type preparer's name	Preparer's signature		Date	v	PTI	N
Paid Preparer Use Only					1-28-1	Check X self-employed	if	0236705
		STUART D. KATTER	STUART D. K. KATTER & NELSON,			Firm's EIN		3-1154108
		Firm's name ► KERKOCH Firm's address ► 45 NW H		דודוב		1 11113 111	- 55	, 1104100
						Phone no.	5/11	-382-3468
		BEND, C	R 97703			, morie no.	041	302 3400

Form 1120-H

Department of the Treasury Internal Revenue Service

* Tax Exempt Oregon HOA Ú.S. Income Tax Return

for Homeowners Associations

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OMB No. 1545-0123

2015

For calendar year 2015 or tax year beginning 2015, and ending Employer identification number 90-0877531 TYPE BELLA VISTA HOMES HOMEOWNERS ASSOCIATION C/O CRYSTAL LAKE COMMUNITY MGMT, INC. PRINT PO BOX 8550 BEND, OR 97708 8/17/2012 Amended return Address change (4)Final return Name change (3)Check if: (1) (2)Timeshare association Condominium management association X Residential real estate association Check type of homeowners association: Total exempt function income. Must meet 60% gross income test (see instructions)..... 79,876. В B Total expenditures made for purposes described in 90% expenditure test (see instructions)..... 71,933. C Association's total expenditures for the tax year (see instructions)..... D 71,933. E Tax-exempt interest received or accrued during the tax year..... F Gross Income (excluding exempt function income) 1 2 35. Taxable interest 3 3 4 Gross royalties 5 Capital gain net income (attach Schedule D (Form 1120))..... 5 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)..... 6 7 8 35. Gross income (excluding exempt function income). Add lines 1 through 7. 8 Deductions (directly connected to the production of gross income, excluding exempt function income) 9 Salaries and wages..... 10 11 Rents.... 11 12 12 13 13 Depreciation (attach Form 4562)..... 14 14 Other deductions (attach statement)..... 15 15 16 0. Total deductions. Add lines 9 through 15..... 16 Taxable income before specific deduction of \$100. Subtract line 16 from line 8 17 35. 17 18 \$100. Specific deduction of \$100. 18 Tax and Payments 19 -65. Taxable income. Subtract line 18 from line 17..... 19 0. 21 Tax credits (see instructions)..... 22 22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits. 0. 23 a 2014 overpayment credited to 2015. . . | 23a 2015 estimated tax payments 23 b 23 c 0 d Tax deposited with Form 7004..... 23 d 23 e Credit for federal tax paid on fuels (attach Form 4136)..... 23 q 0. Add lines 23c through 23f..... 24 0. 25 25 Overpayment. Subtract line 22 from line 23g..... 26 26 Enter amount of line 25 you want: Credited to 2016 estimated tax 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 May the IRS discuss this return with the prep (see instrs)? Here Signature of officer X Print/Type preparer's name Check STUART. P00236705 STUART D. KATTER Paid Firm's EIN ▶ 93-1154108 ► KERKOCH KATTER & NELSON, LLP Preparer Use Only ► 45 NW HAWTHORNE AVE 541-382-3468 BEND, OR 97703 Form 1120-H (2015) BAA For Paperwork Reduction Act Notice, see separate instructions. CPCA3002L 08/03/15