

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

2017

Department of the Treasury
Internal Revenue Service

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

For calendar year 2017 or tax year beginning _____, 2017, 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
----------------------	--	---

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 95,555.
C Total expenditures made for purposes described in 90% expenditure test. See instructions			C 92,580.
D Association's total expenditures for the tax year. See instructions			D 92,580.
E Tax-exempt interest received or accrued during the tax year			E

Gross Income (excluding exempt function income)

1 Dividends	1
2 Taxable interest	2 56.
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 56.

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 Total deductions. Add lines 9 through 15	16 0.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17 56.
18 Specific deduction of \$100	18 \$100.

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19 -44.		
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 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22 0.		
23 a 2016 overpayment credited to 2017	23a	c Total ▶ 23c 0. 23d 23e 23f	23g 0.
b 2017 estimated tax payments	23b		
d Tax deposited with Form 7004			
e Credit for tax paid on undistributed capital gains (attach Form 2439)			
f Credit for federal tax paid on fuels (attach Form 4136)			
g Add lines 23c through 23f			
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 2018 estimated tax	26	Refunded	

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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------	---	--

Paid Preparer Use Only	Print/Type preparer's name STUART KATTER	Preparer's signature STUART KATTER	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00236705
	Firm's name ▶ STUART KATTER, CPA, LLP			Firm's EIN ▶ 82-4132496	
	Firm's address ▶ 2689 NORTHWEST CROSSING DRIVE BEND, OR 97703			Phone no. 541-639-7299	

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

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

2017

For calendar year 2017 or tax year beginning , 2017, 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
----------------------	--	---

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	95,555.
C Total expenditures made for purposes described in 90% expenditure test. See instructions	C	92,580.
D Association's total expenditures for the tax year. See instructions.	D	92,580.
E Tax-exempt interest received or accrued during the tax year.	E	

Gross Income (excluding exempt function income)

1 Dividends	1	
2 Taxable interest	2	56.
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	56.

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 Total deductions. Add lines 9 through 15	16	0.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	56.
18 Specific deduction of \$100	18	\$100.

Tax and Payments

19 Taxable income. Subtract line 18 from line 17.	19	-44.
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 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	0.
23 a 2016 overpayment credited to 2017. 23a		
b 2017 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 2018 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 KATTER** Preparer's signature: **STUART KATTER** Date: _____

Firm's name ▶ **STUART KATTER, CPA, LLP** Firm's EIN ▶ **82-4132496**

Firm's address ▶ **2689 NORTHWEST CROSSING DRIVE** Phone no. **541-639-7299**

BEND, OR 97703