

RICHARD F. FAGNANT, CPA
MICHAEL B. LEWIS, CPA
DAVID BRINDA, CPA
SARAH L. SWEENEY, CPA
LORIELLE MORTON, CPA
TIMOTHY R. FIXTER, CPA, CFE



ERIC ANDREWS, CPA
DEBORAH ELLIS, CPA
LUKE FIXTER, CPA

DEAN W. McKEE, CPA
OF COUNSEL

March 9, 2018

Golf Vista HOA
P.O. Box 3393
Jackson, WY 83001

Dear Scott,

We have prepared and enclosed your 2017 Homeowners Association income tax return for the year ended December 31, 2017. The return should be signed and dated by the appropriate corporate officer(s) and mailed.

The federal Form 1120-H should be mailed on or before April 17, 2018 to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0012

No payment is required with this return when filed.

We sincerely appreciate this opportunity to serve you. If you have any questions regarding the return, please do not hesitate to call.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Mike B. Lewis, CPA

GOLF VISTA HOA
P.O. BOX 3393
JACKSON, WY 83001

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



U.S. Income Tax Return for Homeowners Associations

2017

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

For calendar year 2017 or tax year beginning _____, and ending _____

TYPE OR PRINT	Name GOLF VISTA HOA	Employer identification number 20-4119793
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 3393	Date association formed 05/01/1981
	City or town, state or province, country, and ZIP or foreign postal code JACKSON, WY 83001	

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 STATEMENT 1	B	15,668.
C Total expenditures made for purposes described in 90% expenditure test	C	9,807.
D Association's total expenditures for the tax year	D	9,807.
E Tax-exempt interest received or accrued during the tax year	E	0.

Gross Income (excluding exempt function income)

1 Dividends	1	
2 Taxable interest	2	
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	0.

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

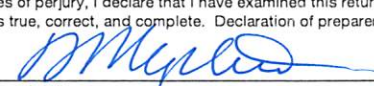
9 Salaries and wages	9	
10 Repairs and maintenance	10	
11 Rents	11	
12 Taxes and licenses	12	
13 Interest	13	
14 Depreciation (attach Form 4562)	14	
15 Other deductions (attach statement)	15	
16 Total deductions. Add lines 9 through 15	16	0.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	0.
18 Specific deduction of \$100	18	\$100.00

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	-100.
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20	0.
21 Tax credits	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	23c	0.
b 2017 estimated tax payments 23b	23d	
c Total ▶	23e	
d Tax deposited with Form 7004	23f	
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	23g	0.
24 Amount owed. Subtract line 23g from line 22. See instructions	24	
25 Overpayment. Subtract line 22 from line 23g	25	
26 Enter amount of line 25 you want: Credited to 2018 estimated tax ▶	26	Refunded ▶

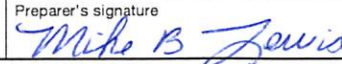
Sign Here

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: **3/9/18** Title: **PRESIDENT**

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

Paid Preparer's Use Only

Print/Type preparer's name: **MIKE B. LEWIS, CPA** Preparer's signature:  Date: **3-9-2018** Check if self-employed: PTIN: **P00362305**

Firm's name: **FAGNANT, LEWIS & BRINDA, P.C., CPA'S** Firm's EIN: **83-0254900**

Firm's address: **PO BOX 711 PINEDALE, WY 82941** Phone no: **307-367-2858**

FORM 1120-H

EXEMPT FUNCTION INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

HOA MEMBERSHIP DUES

15,668.

TOTAL TO FORM 1120-H, ITEM B

15,668.

RICHARD F. FAGNANT, CPA
MICHAEL B. LEWIS, CPA
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ERIC ANDREWS, CPA
DEBORAH ELLIS, CPA
LUKE FIXTER, CPA

DEAN W. MCKEE, CPA
OF COUNSEL

March 9, 2018

Golf Vista HOA
P.O. Box 3393
Jackson, WY 83001

Dear Scott,

We have prepared and enclosed your 2017 Idaho Corporation income tax return for the year ended December 31, 2017. The return should be signed and dated by the appropriate corporate officer(s) and mailed.

The Idaho Form 41 should be mailed on or before April 17, 2018 to:

Idaho State Tax Commission
P.O. Box 56
Boise, ID 83756-0056

Enclose a check or money order for \$10.00, payable to Idaho State Tax Commission.

We sincerely appreciate this opportunity to serve you. If you have any questions regarding the return, please do not hesitate to call.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Mike B. Lewis, CPA

GOLF VISTA HOA
P.O. BOX 3393
JACKSON, WY 83001

IDAHO STATE TAX COMMISSION
P.O. BOX 56
BOISE, ID 83756-0056



DON'T STAPLE

FORM

41 IDAHO CORPORATION INCOME TAX RETURN 1019 2017

EFO00025
08-05-2017

AMENDED RETURN? Check the box. See instr. for reasons to amend and enter the number that applies.

For calendar year 2017 or fiscal year beginning

Mo Day Year ending

State use only

1217

Business name

State use only

GOLF

Federal Employer Identification Number (EIN)

204119793

GOLF VISTA HOA

Current business mailing address

P.O. BOX 3393

City, state, and ZIP Code

JACKSON, WY 83001

531390

NAICS Code

1. If a federal audit was finalized this year, enter the latest year audited
2. Is this an inactive corporation or nameholder corporation? Yes No
3. a. Were federal estimated tax payments required? Yes No
b. Were estimated tax payments based on annualized amounts? Yes No
4. Is this a final return? Yes No
If yes, check the proper box below and enter the date the event occurred
 Withdrawn from Idaho Dissolved Merged or reorganized Enter new EIN
5. Is this an electrical or telephone utility? Yes No
6. EIN of parent from consolidated Form 1120, Schedule K as filed with the IRS
7. Did you use the combined reporting method?
a. Does this corporation own more than 50% of another corporation? Yes No
b. Does another corporation own more than 50% of this corporation? Yes No
c. Are more than 50% of this corporation and another corporation owned by the same interest? Yes No
d. Are two or more corporations in this report operating in Idaho or authorized to do business in Idaho? Yes No
8. If you're a multinational unitary group, answer questions a, b, and c. Complete Form 42.
a. Check the box for your filing method: worldwide return water's-edge return See Form 14.
b. If a water's-edge return is filed, do you elect not to file water's-edge spreadsheets? Yes No
c. If a worldwide return is filed, is foreign income computed by making book to tax adjustments? Yes No
9. Did you claim the property tax exemption for investment tax credit property acquired this tax year? Yes No
10. Are one or more corporations in this report paying the Idaho premium tax? Yes No

ADDITIONS

- | | | |
|--|------|------|
| 11. Federal taxable income. See instructions | • 11 | -100 |
| 12. Interest and dividends not taxable under Internal Revenue Code | • 12 | |
| 13. State, municipal, and local taxes measured by net income | • 13 | |
| 14. Net operating loss deducted on federal return | • 14 | |
| 15. Dividends received deduction on federal return | • 15 | |
| 16. Bonus depreciation. Include a schedule | • 16 | |
| 17. Other additions, including additions from Form 42, Part II | • 17 | |
| 18. Add lines 11 through 17 | • 18 | -100 |

SUBTRACTIONS

- | | | |
|---|------|------|
| 19. Foreign dividend gross-up (Sec. 78, Internal Revenue Code) | • 19 | |
| 20. Interest from Idaho municipal securities | • 20 | |
| 21. Interest on U.S. Government obligations. Include a schedule | • 21 | |
| 22. Interest and other expenses related to lines 20 and 21 | • 22 | |
| 23. Add lines 20 and 21 and subtract line 22 | • 23 | |
| 24. Technological equipment donation | • 24 | |
| 25. Allocated income. Include a schedule | • 25 | |
| 26. Interest and other expenses related to line 25. Include a schedule | • 26 | |
| 27. Subtract line 26 from line 25 | • 27 | |
| 28. Bonus depreciation. Include a schedule | • 28 | |
| 29. Other subtractions, including subtractions from Form 42, Part II | • 29 | |
| 30. Total subtractions. Add lines 19, 23, 24, 27, 28, and 29 | • 30 | |
| 31. Net business income subject to apportionment. Subtract line 30 from line 18 | • 31 | -100 |

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise ID 83756-0056
INCLUDE A COMPLETE COPY OF YOUR FEDERAL FORM 1120 OR 1120A.



0 1 7 2 0 0 0 9

32. Net business income subject to apportionment. Enter the amount from line 31	32	-100
33. Corporations with all activity in Idaho enter 100%. Multistate/multinational corporations complete and include Form 42; enter the apportionment factor from Form 42, Part I, line 21	33	100.0000 %
34. Net business income apportioned to Idaho. Multiply line 32 by the percent on line 33	34	-100
35. Income allocated to Idaho. See instructions	35	
36. Idaho net operating loss carryover • _____ carryback • _____ Enter total	36	
SEE STATEMENT 1		
37. Idaho taxable income. Add lines 34 and 35 then subtract line 36	37	-100
38. Idaho income tax. Multiply line 37 by 7.4%. Minimum \$20 for each corporation (see instructions)	38	0

CREDITS

39. Credit for contributions to Idaho educational entities	39	
40. Credit for contributions to Idaho youth and rehabilitation facilities	40	
41. Total business income tax credits from Form 44, Part I, line 9. Include Form 44	41	
42. Total credits. Add lines 39 through 41	42	
43. Subtract line 42 from line 38. If line 42 is greater than line 38, enter zero	43	

OTHER TAXES

44. Permanent building fund tax. Enter \$10. Combined reports include \$10 for each corporation operating or authorized to do business in Idaho	44	10
45. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44	45	
46. Fuels tax due. Include Form 75	46	
47. Sales/use tax due on internet, mail order, and other nontaxed purchases	47	
48. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER	48	
49. Total tax. Add lines 43 through 48	49	10
50. Underpayment interest. Include Form 41ESR	50	
51. Donation to Opportunity Scholarship Program	51	
52. Add lines 49 through 51	52	10

PAYMENTS AND OTHER CREDITS

53. Estimated tax payments. If made under other EIN(s), provide EIN(s), amount(s), and rollforward(s)	53	
54. Special fuels tax refund _____ Gasoline tax refund _____ Include Form 75	54	
55. Tax Reimbursement Incentive credit. Include certificate	55	
56. Total payments and other credits. Add lines 53 through 55	56	

If line 52 is more than line 56, GO TO LINE 57. If line 52 is less than line 56, GO TO LINE 60.

REFUND OR PAYMENT DUE

57. Tax due. Subtract line 56 from line 52	57	10
58. Penalty • _____ Interest from due date • _____ Enter total	58	
59. TOTAL DUE. Add line 57 and line 58		10
60. Overpayment. Subtract line 52 from line 56	60	
61. REFUND. Amount of line 60 you want refunded to you		

62. ESTIMATED TAX. Amount you want credited to your 2018 estimated tax. Subtract line 61 from line 60

AMENDED RETURN ONLY. Complete this section to determine your tax due or refund.

63. Total due (line 59) or overpayment (line 60) on this return	63	
64. Refund from original return plus additional refunds	64	
65. Tax paid with original return plus additional tax paid	65	
66. Amended tax due or refund. Add lines 63 and 64 then subtract line 65	66	

• Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete.

SIGN HERE	Signature of officer <i>J. Mykstad</i>	Date 3/9/18
	Title PRESIDENT	Phone number 307-733-5881
	Paid preparer's signature <i>Mike B Lewis</i>	Preparer's EIN, SSN or PTIN P00362305
	Address FAGNANT, LEWIS & BRINDA, P.C., CPA'S PO BOX 711 PINEDALE, WY 82941	Phone number 307-367-2858

748302 09-12-17



0 1 7 2 0 2 0 9

IDAHO NET OPERATING LOSS
 CARRYFORWARD/CARRYBACK

Name(s) as shown on return

Social Security Number or EIN

GOLF VISTA HOA

20-4119793

1. Loss or absorption year	2013	2014	2015	2016	2017				
2. Individuals, trusts and estates enter Idaho adjusted income (loss); Corporations enter Idaho taxable income (loss) ...	-100.	-100.	-100.	-100.	-100.				
3. Idaho NOL carryforward/ carryback deducted on the return									
4. Net capital loss deducted on the federal return									
5. Idaho capital gains deduction claimed on the return									
6. Casualty losses on Idaho property included in itemized deductions									
7. Idaho net operating loss	-100.	-100.	-100.	-100.	-100.				
8. Idaho absorption income									
NOL Application year to year									
to									
to									
to									
to									
to									
to									
to									
to									
to									
to									
to									
to									
NOL available for future years	-100.	-100.	-100.	-100.	-100.				

ID 41 IDAHO BUSINESS LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
12/31/13	100.00	0.00	100.00
12/31/14	100.00	0.00	100.00
12/31/15	100.00	0.00	100.00
12/31/16	100.00	0.00	100.00
TOTAL LOSS CARRYOVER AVAILABLE THIS YEAR			400.00

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

For calendar year 2017 or tax year beginning _____, and ending _____

TYPE OR PRINT	Name GOLF VISTA HOA	Employer identification number 20-4119793
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 3393	Date association formed 05/01/1981
	City or town, state or province, country, and ZIP or foreign postal code JACKSON, WY 83001	

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 STATEMENT 1	B 15,668.
C Total expenditures made for purposes described in 90% expenditure test	C 9,807.
D Association's total expenditures for the tax year	D 9,807.
E Tax-exempt interest received or accrued during the tax year	E 0.

Gross Income (excluding exempt function income)

1 Dividends	1
2 Taxable interest	2
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 0.

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 0.
18 Specific deduction of \$100	18 \$100.00

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19 -100.		
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20 0.		
21 Tax credits	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.
b 2017 estimated tax payments 23b		23d	
d Tax deposited with Form 7004		23e	
e Credit for tax paid on undistributed capital gains (attach Form 2439)		23f	
f Credit for federal tax paid on fuels (attach Form 4136)			
g Add lines 23c through 23f		23g	0.
24 Amount owed. Subtract line 23g from line 22. See instructions	24		
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: PRESIDENT	May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------	--	--

Print/Type preparer's name MIKE B. LEWIS, CPA	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	PTIN P00362305
Firm's name ▶ FAGNANT, LEWIS & BRINDA, P.C., CPA'S			Firm's EIN ▶ 83-0254900	
Firm's address ▶ PO BOX 711 PINEDALE, WY 82941			Phone no. 307-367-2858	

FORM 1120-H

EXEMPT FUNCTION INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

HOA MEMBERSHIP DUES

15,668.

TOTAL TO FORM 1120-H, ITEM B

15,668.