

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

For calendar year 2019 or tax year beginning _____, and ending _____

TYPE OR PRINT	Name GOLF VISTA HOA	Employer identification number ** - *** 9793
	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	17,048.
C Total expenditures made for purposes described in 90% expenditure test		C	17,372.
D Association's total expenditures for the tax year		D	17,372.
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	SEE STATEMENT 2	2	77.
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	77.

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	77.
18 Specific deduction of \$100		18	\$100

Tax and Payments

19 Taxable income. Subtract line 18 from line 17		19	-23.
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 2018 overpayment credited to 2019 23a		c Total ▶ 23c	0.
b 2019 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	
25 Overpayment. Subtract line 22 from line 23g		25	
26 Enter amount of line 25 you want: Credited to 2020 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	TAXPAYER COPY Signature of officer _____ Date _____	PRESIDENT Title _____ Date _____	May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Print/Type preparer's name Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN</p> <p>LUKE R. FIXTER, CPA _____ P01745790</p> <p>Firm's name ▶ TWO RIVERS CPA, LLC Firm's EIN ▶ ** - *** 6586</p> <p>Firm's address ▶ PO BOX 1369 Phone no. 307-231-0625</p> <p>PINEDALE, WY 82941</p>		

Paid Preparer's Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

LUKE R. FIXTER, CPA _____ **P01745790**

Firm's name ▶ **TWO RIVERS CPA, LLC** Firm's EIN ▶ **** - *** 6586**

Firm's address ▶ **PO BOX 1369** Phone no. **307-231-0625**

PINEDALE, WY 82941

FORM 1120-H	EXEMPT FUNCTION INCOME	STATEMENT	1
-------------	------------------------	-----------	---

<u>DESCRIPTION</u>	<u>AMOUNT</u>
HOA MEMBERSHIP DUES	12,864.
HOA SPECIAL ASSESSMENT FEES	3,635.
HOA LATE PAYMENT FEES	549.
TOTAL TO FORM 1120-H, ITEM B	17,048.

FORM 1120-H	INTEREST INCOME	STATEMENT	2
-------------	-----------------	-----------	---

<u>DESCRIPTION</u>	<u>US</u>	<u>OTHER</u>
INTEREST INCOME		77.
TOTAL TO FORM 1120-H, LINE 2		77.

<input type="checkbox"/> Amended Return? Check the box. See instr. for reasons to amend and enter the number that applies.	For calendar year 2019 or fiscal year beginning	Mo	Day	Year	ending	Mo	Day	Year	State use only
									1219
Business name					State use only				
GOLF VISTA HOA					GOLF				
Current business mailing address					Federal Employer Identification Number (EIN)				
P.O. BOX 3393					*****9793				
City					State		ZIP Code		
JACKSON					WY		83001		
					NAICS Code				
					• 531390				

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? _____ Yes • No
 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. Does one interest own more than 50% of this corporation and another corporation? _____ 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 you're filing a water's-edge return, do you elect not to file the water's-edge spreadsheets? _____ Yes • No
 c. If you're filing a worldwide return, did you compute foreign income 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 using cost of performance to compute the sales factor? _____ Yes • No

Additions

11. Federal taxable income. See instructions	• 11	- 23
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	- 23

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, then 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	- 23

Continue to page 2.

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise ID 83756-0056
Include a complete copy of your federal Form 1120.



32. Net business income subject to apportionment. Enter the amount from line 31	32	-23
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	-23
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	-23
38. Idaho income tax. Multiply line 37 by 6.925%. 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 untaxed purchases (online, mail order and other)	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 EINs, provide EINs, amounts and rollforwards	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	

Refund or Payment Due

57. Tax due. If line 52 is more than line 56, subtract line 56 from line 52	57	10
58. Penalty Interest from the due date Enter total	58	
59. Total Due. Add lines 57 and 58	59	10
60. Overpayment. If line 52 is less than line 56, subtract line 52 from line 56	60	
61. Refund. Amount of line 60 you want refunded to you	61	
62. Estimated Tax. Amount you want credited to your 2020 estimated tax. Subtract line 61 from line 60	62	

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. See instructions.

Sign Here	Signature of officer TAXPAYER COPY	Date
	Title PRESIDENT	Phone number 307-733-5881
Paid preparer's signature		Preparer's EIN, SSN or PTIN ** - ***6586
Address TWO RIVERS CPA, LLC PO BOX 1369 PINEDALE, WY 82941		Phone number 307-231-0625



Names as shown on return								Social Security number or EIN		
GOLF VISTA HOA								** - ***9793		
1. Loss or absorption year	2013	2014	2015	2016	2017	2018	2019			
2. Individuals, trusts and estates enter Idaho adjusted income (loss); corporations enter Idaho taxable income (loss) ...	-100.	-100.	-100.	-100.	-100.	-100.	-23.			
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.	-100.	-23.			
8. Idaho absorption income										
NOL Application										
year to year										
to										
to										
to										
to										
to										
to										
to										
to										
to										
to										
to										
NOL available for future years	-100.	-100.	-100.	-100.	-100.	-100.	-23.			

ID 41 IDAHO BUSINESS LOSS DEDUCTION STATEMENT 1

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>
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
12/31/17	100.00	0.00	100.00
12/31/18	100.00	0.00	100.00
TOTAL LOSS CARRYOVER AVAILABLE THIS YEAR			<u>600.00</u>