

U.S. Income Tax Return
for Homeowners AssociationsDepartment of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form1120H for instructions and the latest information

2017

For calendar year 2017 or tax year beginning

, 2017, and ending

, 20

TYPE OR PRINT	Name Loch Haven Hills Homeowners Assoc I	Employer identification number 82-0362894
	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 2137	Date association formed
	City or town, state or province, country, and ZIP or foreign postal code Hayden ID 83835	

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		70,950
C Total expenditures made for purposes described in 90% expenditure test. See instructions	C		85,580
D Association's total expenditures for the tax year. See instructions	D		85,580
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	182
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	182

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	
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	182
18	Specific deduction of \$100	18	100

Tax and Payments

19	Taxable income. Subtract line 18 from line 17	19	82
20	Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20	25
21	Tax credits (see instructions)	21	
22	Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	25
23	a 2016 overpayment credited to 2017	23a	
	b 2017 estimated tax payments	23b	
	c Total	23c	
	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	
24	Amount owed. Subtract line 23g from line 22. See instructions	24	25
25	Overpayment. Subtract line 22 from line 23g	25	
26	Enter amount of line 25 you want: Credited to 2018 estimated tax	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 instructions. ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ Van Zandt Financial

Firm's address ▶ 14841 Hwy 41

Rathdrum ID 83858

Firm's EIN ▶ 27-0741724

Phone no. (208) 687-6868

For Paperwork Reduction Act Notice, see separate instructions.

DON'T STAPLE **FORM 41**
EFO00025
06-05-2017

IDAHO CORPORATION INCOME TAX RETURN 2017

AMENDED RETURN? Check the box.

See page 6 of instructions for reasons

to amend and enter the number that applies

For calendar year

2017 or fiscal

year beginning

Mo Day Year

Mo Day Year

ending

State use only

1217

Business name

State use only

Federal employer identification number (EIN)

Loch Haven Hills Homeowners Assoc

LOCH

82 0362894

Current business mailing address

PO Box 2137

City, state, and Zip Code

Hayden, ID 83835

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. 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 are 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 spreadsheet? ☐ 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 | 82 |
| 12. Interest and dividends not taxable under Internal Revenue Code | 12 | |
| 13. State, municipal, and local taxes measured against 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 | 82 |

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 | 0 |
| 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 lines 19 through 26 from line 23 | 27 | 0 |
| 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 | 0 |
| 31. Net business income subject to apportionment. Subtract line 30 from line 18 | 31 | 82 |

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise ID 83756-0056

INCLUDE A COMPLETE COPY OF YOUR FEDERAL FORM 1120 OR 1120A.



01720018

32. Net business income subject to apportionment. Enter the amount from line 31	32	82
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	82
35. Income allocated to Idaho. See instructions	35	
36. Idaho net operating loss carryover • _____ carryback • _____ Enter total	36	
37. Idaho taxable income. Add lines 34 and 35 then subtract line 36	37	82
38. Idaho income tax. Multiply line 37 by 7.4%. Minimum \$20 for each corporation (see instructions)	38	6

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	6

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	16
50. Underpayment interest. Include Form 41ESR	50	
51. Donation to Opportunity Scholarship Program	51	
52. Add lines 49 through 51	52	16

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	0

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	16
58. Penalty • _____ Interest from due date • _____ Enter total	58	
59. TOTAL DUE. Add line 57 and line 58		16
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	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.

SIGN HERE	Signature of officer	Date
	Title	Phone number
Paid preparer's signature		Preparer's EIN, SSN or PTIN
• Rick Van Zandt CPA PFS		• P00036918
Address 14841 Hwy 41 Rathdrum, ID 83858		Phone number 208-687-6868



01720218

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	Number, street, and room or suite no. If a P.O. box, see instructions.	Date association formed
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	City or town, state or province, country, and ZIP or foreign postal code	
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Date

Title

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with the preparer shown below?
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Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

Firm's name ▶ Van Zandt Financial

Firm's EIN ▶ 27-0741724

Firm's address ▶ 14841 Hwy 41

Rathdrum ID 83858

Phone no. (208) 687-6868

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Form 1120-H (2017)