

For calendar year 2015 or tax year beginning _____, and ending _____

TYPE OR PRINT	Name Eagle Ridge Homeowners Association	Employer identification number 90-0737183
	Number, street, and room or suite no. If a P.O. box, see instructions. c/o WEB Properties PO Box 21469	Date association formed 02/05/1996
	City or town, state or province, country, and ZIP or foreign postal code Spokane, WA 99201	

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 Statement 1	B 481,575.
C Total expenditures made for purposes described in 90% expenditure test See Statement 2	C 472,961.
D Association's total expenditures for the tax year	D 472,961.
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 3	2 216.
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	8 216.

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	17 216.
18 Specific deduction of \$100	18 \$100.00

COPY FOR YOUR FILE
 Langenhorst & Self-Merritt, CPAs, P.S.
 (509) 444-6819

Tax and Payments									
19 Taxable income. Subtract line 18 from line 17	19 116.								
20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20 35.								
21 Tax credits	21								
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22 35.								
23 a 2014 overpayment credited to 2015 23a	<table border="1"> <tr> <td>c Total</td> <td>23c 0.</td> </tr> <tr> <td>23d</td> <td></td> </tr> <tr> <td>23e</td> <td></td> </tr> <tr> <td>23f</td> <td></td> </tr> </table>	c Total	23c 0.	23d		23e		23f	
c Total		23c 0.							
23d									
23e									
23f									
b 2015 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	23g 0.								
24 Amount owed. Subtract line 23g from line 22 (see instructions)	24 35.								
25 Overpayment. Subtract line 22 from line 23g	25								
26 Enter amount of line 25 you want: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	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: *Leeanna Caldwell* Date: *1/31/16* Title: *Agent for HOA*
 May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

Print/Type preparer's name Leeanna Caldwell	Preparer's signature <i>Leeanna Caldwell CPA</i>	Date <i>3/7/16</i>	Check if self-employed <input type="checkbox"/>	PTIN P01071151
Firm's name Langenhorst & Self-Merritt CPAs, P.S.	Firm's EIN 91-1856792		Phone no. 509.444.6819	
Firm's address 522 W. Riverside, Suite 750 Spokane, WA 99201				

Form 1120-H	Exempt Function Income	Statement 1
Description		Amount
HOA Membership Dues		374,158.
HOA Special Assessment Fees		91,257.
HOA Late Payment Fees		6,618.
Other Income		9,542.
Total to Form 1120-H, Item B		481,575.

Form 1120-H	EXPENDITURES DESCRIBED IN 90% TEST	Statement 2
Description		Amount
Capital Expenditures		
Community Events		14,826.
Insurance		23,090.
Landscaping		105,564.
Maintenance		66,589.
Management Fees		45,855.
Office Expense		7,276.
Other Administrative Expenses		7,319.
Payroll Expenses		98,067.
Professional Fees		4,082.
Snow Maintenance		125.
Taxes and Licenses		822.
Utilities		99,346.
Total to Form 1120-H, Item C		472,961.

Form 1120-H	Interest Income	Statement 3
Description	US	Other
Interest Income		216.
Total to Form 1120-H, Line 2		216.