

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OGDEN, UT 84201

Certified Mail Fee

\$3.30

Extra Services & Fees (check box, add fee if appropriate)  
☒ Return Receipt (hardcopy) \$2.70  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage

\$0.47

Total Postage and Fees

\$5.47

Sent To

Department of the Treasury  
 IRS

City, State, ZIP+4®

Ogden, UT 84201-0012

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

08/30/2016



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Department of the Treasury  
 IRS  
 Ogden, UT 84201-0012



9590 9403 0168 5120 8266 46

2. Article Number (Transfer from service label)

7015 0640 0003 8322 5116

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**Filing Instructions****100WA OWNER ASSOC****Form 1120-H****U.S. Income Tax Return for Homeowners Associations****Taxable Year Ended December 31, 2015**

**Date Due:** September 15, 2016

**Remittance:** None is required. No amount is due or overpaid.

**Mail To:** Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0012

**Signature:** The return should be signed and dated by an authorized officer of the corporation.

**Other:** Initial and date the copy, and retain it for your records.

*Scan  
Mail - return only  
no CM RAR needed*

Form **7004**(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time To File Certain  
Business Income Tax, Information, and Other Returns**

► File a separate application for each return.

► Information about Form 7004 and its separate instructions is at [www.irs.gov/form7004](http://www.irs.gov/form7004).

OMB No. 1545-0233

**Print  
or  
Type**

Name

**100WA OWNER ASSOC**

Identifying number

**26-2517023**

Number, street, and room or suite no. (If P.O. box, see instructions.)

**PO BOX 1926**

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).

**RIFLE****CO 81650****Note.** File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.**Part I Automatic 5-Month Extension****1a** Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

**Part II Automatic 6-Month Extension****b** Enter the form code for the return that this application is for (see below)**17**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(J)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here

► ☐

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here

► ☐

If checked, attach a statement, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

**Part III All Filers Must Complete This Part**

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here

► ☐5a The application is for calendar year **2015**, or tax year beginning , and ending**b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions-attach explanation)

6 Tentative total tax

6

0

7 Total payments and credits (see instructions)

7

0

8 Balance due. Subtract line 7 from line 6 (see instructions)

8

0

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.

Form **7004** (Rev. 12-2012)

Form **1120-H**Department of the Treasury  
Internal Revenue Service**U.S. Income Tax Return  
for Homeowners Associations**

OMB No. 1545-0123

**2015**► Information about Form 1120-H and its separate instructions is at [www.irs.gov/form1120h](http://www.irs.gov/form1120h).

For calendar year 2015 or tax year beginning , and ending

<b>TYPE OR PRINT</b>	Name <b>100WA OWNER ASSOC</b>	Employer identification number <b>26-2517023</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 1926</b>	Date association formed <b>06/07/2007</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>RIFLE CO 81650</b>	

Check if: (1)	Final return (2)	Name change (3)	Address change (4)	Amended return
A Check type of homeowners association: <input checked="" type="checkbox"/> Condominium management association <input 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 <b>18,502</b>
C Total expenditures made for purposes described in 90% expenditure test (see instructions)				C <b>12,786</b>
D Association's total expenditures for the tax year (see instructions)				D <b>12,786</b>
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 <b>2</b>
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 <b>Gross income</b> (excluding exempt function income). Add lines 1 through 7	8 <b>2</b>

**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 <b>Total deductions.</b> Add lines 9 through 15	16 <b>0</b>
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17 <b>2</b>
18 <b>Specific deduction of \$100</b>	18 <b>100</b>

**Tax and Payments**

19 <b>Taxable income.</b> Subtract line 18 from line 17	19 <b>-98</b>
20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20 <b>0</b>
21 Tax credits (see instructions)	21
22 <b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits	22 <b>0</b>
23 a 2014 overpayment credited to 2015 <b>23a</b>	c Total ▶ <b>23c</b>
b 2015 estimated tax payments <b>23b</b>	
d Tax deposited with Form 7004 <b>23d</b>	
e Credit for tax paid on undistributed capital gains (attach Form 2439) <b>23e</b>	
f Credit for federal tax paid on fuels (attach Form 4136) <b>23f</b>	
g Add lines 23c through 23f <b>23g</b>	
24 <b>Amount owed.</b> Subtract line 23g from line 22 (see instructions)	24 <b>0</b>
25 <b>Overpayment.</b> Subtract line 22 from line 23g	25
26 Enter amount of line 25 you want: <b>Credited to 2016 estimated tax</b> ▶	<b>Refunded</b> ▶ 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.

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

**Sign Here** Signature of officer **JOHN SAVAGE** Date **8/24/16** Title **Prep**

Paid	Print/Type preparer's name <b>PEGGY E. STRICKLIN, CPA</b>	Preparer's signature <b>PEGGY E. STRICKLIN, CPA</b>	Date <b>08/24/16</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00294953</b>
Preparer	Firm's name ▶ <b>HARPER HOFER &amp; ASSOCIATES, LLC</b>	Firm's EIN ▶ <b>20-1605886</b>			
Use Only	Firm's address ▶ <b>1580 LINCOLN ST STE 1100 DENVER, CO 80203-1530</b>	Phone no. <b>303-486-0000</b>			

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-H** (2015)