

Shotkoski & Associates, P.C.  
PO Box 30533  
Lincoln, NE 68503-0533

2019

LAKE ALLURE HOMEOWNERS ASSOCIATION  
PO BOX 13  
ASHLAND, NE 68003

2019

**Shotkoski & Associates, P.C.**  
**PO Box 30533**  
**Lincoln, NE 68503-0533**  
**402-476-9650**

August 27, 2020

**CONFIDENTIAL**

LAKE ALLURE HOMEOWNERS ASSOCIATION  
PO BOX 13  
ASHLAND, NE 68003

Dear CINDY:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Income Tax Return for Homeowners Associations (Form 1120-H)  
Nebraska Corporation Income Tax Return (Form 1120N)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your 2019 Form 1120-H shows no balance due.

An authorized officer of the corporation should sign and date the return and mail by April 15, 2020 to:

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

**Nebraska Filing Instructions**

Your 2019 Form 1120N shows no balance due.

An authorized officer of the corporation should sign and date the return and mail by April 15, 2020 to:

Nebraska Department of Revenue  
P.O. Box 94818  
Lincoln, NE 68509-4818

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Shotkoski & Associates, P.C.

**Shotkoski & Associates, P.C.**  
**PO Box 30533**  
**Lincoln, NE 68503-0533**  
**402-476-9650**

August 27, 2020

LAKE ALLURE HOMEOWNERS ASSOCIATION  
PO BOX 13  
ASHLAND, NE 68003

Dear CINDY:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2019 federal and state corporate tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.  
Very truly yours,

Shotkoski & Associates, P.C.

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

## Form 1120-H Return Summary

For calendar year 2019 or tax year beginning ending  
**LAKE ALLURE HOMEOWNERS ASSOCIATION** **27-3493192**

### Exempt Function Income

Total exempt function income	122,367
Total expenditures made for the expenditure test	118,643
Association's total expenditures	
Tax-exempt interest received or accrued	

### Taxable Income

Gross income	140	
Total deductions	8,094	
Taxable income before specific deduction of \$100	-7,954	
Specific deduction of \$100	100	
<b>Taxable income</b>		<b>-8,054</b>

### Tax Computation

Income tax		
Tax credits		
<b>Total tax</b>		

### Payments / Penalties

Estimated tax payments		
Extension payment		
Other payments / credits		
Penalties and interest		
<b>Total payments / penalties</b>		

<b>Tax due</b>	<b>0</b>
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<b>Overpayment credited to next year's estimated tax</b>	
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<b>Refund</b>	
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**EXTENSION GRANTED TO 9-15-20**  
**U.S. Income Tax Return**  
**for Homeowners Associations**

OMB No. 1545-0123

Form **1120-H**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form1120H](http://www.irs.gov/Form1120H) for instructions and the latest information.

**2019**

For calendar year 2019 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>TYPE OR PRINT</b>	Name <b>LAKE ALLURE HOMEOWNERS ASSOCIATION</b>	Employer identification number <b>27-3493192</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 13</b>	Date association formed
	City or town, state or province, country, and ZIP or foreign postal code <b>ASHLAND NE 68003</b>	<b>09/14/2010</b>

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>122,367</b>	
C Total expenditures made for purposes described in 90% expenditure test. See instructions	<b>118,643</b>	
D Association's total expenditures for the tax year. See instructions		
E Tax-exempt interest received or accrued during the tax year		

<b>Gross Income (excluding exempt function income)</b>		
1 Dividends	1	
2 Taxable interest	2	140
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	
<b>8 Gross income (excluding exempt function income). Add lines 1 through 7</b>	<b>8</b>	<b>140</b>

<b>Deductions (directly connected to the production of gross income, excluding exempt function income)</b>		
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	8,094
15 Other deductions (attach statement)	15	
<b>16 Total deductions. Add lines 9 through 15</b>	<b>16</b>	<b>8,094</b>
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	-7,954
<b>18 Specific deduction of \$100</b>	<b>18</b>	<b>100</b>

<b>Tax and Payments</b>		
19 Taxable income. Subtract line 18 from line 17	19	-8,054
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20	0
21 Tax credits (see instructions)	21	
<b>22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits</b>	<b>22</b>	<b>0</b>
23a 2018 overpayment credited to 2019	23a	
b 2019 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	
<b>24 Amount owed. Subtract line 23g from line 22. See instructions</b>	<b>24</b>	<b>0</b>
25 Overpayment. Subtract line 22 from line 23g	25	
26 Enter amount of line 25 you want: <b>Credited to 2020 estimated tax</b> ▶	26	
		<b>Refunded</b> ▶

**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.

May the IRS discuss this return with the preparer shown below? See instr.  Yes  No

Signature of officer **CINDY HOFFMAN** Date \_\_\_\_\_ Title **TREASURER**

<b>Paid</b>	Print/Type preparer's name <b>DAMIAN A. SHOTKOSKI</b>	Preparer's signature	Date <b>08/27/20</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00283137</b>
<b>Preparer</b>	Firm's name ▶ <b>SHOTKOSKI &amp; ASSOCIATES, P.C.</b>			Firm's EIN ▶ <b>47-0722100</b>	
<b>Use Only</b>	Firm's address ▶ <b>PO BOX 30533 LINCOLN, NE 68503-0533</b>			Phone no. <b>402-476-9650</b>	

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2019**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return **LAKE ALLURE HOMEOWNERS ASSOCIATION** Identifying number **27-3493192**

Business or activity to which this form relates  
**REGULAR DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		56,658	7.0	HY	200DB	8,094
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	8,094
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

**THERE ARE NO AMOUNTS FOR PAGE 2**

Year Ending: December 31, 2019

27-3493192

LAKE ALLURE HOMEOWNERS ASSOCIATION  
PO BOX 13  
ASHLAND, NE 68003

**Electing out of the Bonus Depreciation Allowance  
for 7-Year Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 7-year depreciable property placed in service during the tax year.



Year Ending: December 31, 2019

27-3493192

LAKE ALLURE HOMEOWNERS ASSOCIATION  
PO BOX 13  
ASHLAND, NE 68003

**Section 1.263(a)-1(f) De Minimis Safe Harbor Election**

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

**Federal Asset Report**

**Form 1120, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>7-year GDS Property:</b>									
1	DOCK	5/02/19	4,700			4,700	7 HY 200DB	0	671
2	FUEL PUMP	7/22/19	51,958			51,958	7 HY 200DB	0	7,423
			<u>56,658</u>			<u>56,658</u>		<u>0</u>	<u>8,094</u>
<b>Grand Totals</b>			56,658			56,658		0	8,094
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>56,658</u>			<u>56,658</u>		<u>0</u>	<u>8,094</u>

Form <b>1120-H</b>	<b>Two Year Comparison Worksheet</b>	<b>2018 &amp; 2019</b>
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Name <b>LAKE ALLURE HOMEOWNERS ASSOCIATION</b>	Employer Identification Number <b>27-3493192</b>
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		2018	2019	Differences
	Exempt function income .....	99,562	122,367	22,805
	Expenditures for expenditure test .....	57,124	118,643	61,519
	Total expenditures for the year .....			
	Tax-exempt interest received .....			
<b>Income</b>	Dividends .....			
	Taxable interest .....	101	140	39
	Gross rents .....			
	Gross royalties .....			
	Capital gain net income from Schedule D .....			
	Net gain or (loss) from Form 4797 .....			
	Other income .....			
	<b>Gross income</b> (excluding exempt function income)	<b>101</b>	<b>140</b>	<b>39</b>
<b>Deductions</b>	Salaries and wages .....			
	Repairs and maintenance .....			
	Rents .....			
	Taxes and licenses .....			
	Interest .....			
	Depreciation .....		8,094	8,094
	Other deductions .....			
	<b>Total deductions</b> .....		<b>8,094</b>	<b>8,094</b>
	<b>Taxable income before specific deduction</b> .....	<b>101</b>	<b>-7,954</b>	<b>-8,055</b>
Specific deduction of \$100 .....	100	100		
<b>Tax</b>	<b>Taxable income</b> .....	<b>1</b>	<b>-8,054</b>	<b>-8,055</b>
	Income tax .....	0	0	0
	Tax credits .....			
	<b>Total tax</b> (Including recapture of credits) .....	<b>0</b>	<b>0</b>	<b>0</b>
<b>Payments and Credits</b>	Prior year overpayment credited to current year .....			
	Current year estimated tax payments .....			
	Tax deposited with Form 7004 .....			
	Credit from Form 2439 .....			
	Credit for federal tax paid on fuels .....			
	<b>Total payments and credits</b> (Including backup withholding) .....			
<b>Tax Due or Refund</b>	<b>Tax due (overpayment)</b> .....	<b>0</b>	<b>0</b>	<b>0</b>
	Penalties and interest .....			
	<b>Net tax due (overpayment)</b> .....	<b>0</b>	<b>0</b>	<b>0</b>
	Amount of overpayment credited to next year's tax .....			
	Amount of overpayment refunded .....			

**Federal Statements****Form 1120-H, Line B - Total Exempt Function Income**

<u>Description</u>	<u>Amount</u>
DUES	\$ 59,700
OTHER	62,562
FINANCE CHARGES	105
TOTAL	\$ <u>122,367</u>

**Form 1120-H, Line C - Total Expenditures For 90% Expenditure Test**

<u>Description</u>	<u>Amount</u>
OPERATING EXPENSES	\$ 118,643
TOTAL	\$ <u>118,643</u>

## Nebraska Form 1120N Return Summary

For calendar year 2019 or tax year beginning and ending  
**LAKE ALLURE HOMEOWNERS ASSOCIATION** **11154624**

**Taxable income**

Federal taxable income	-8,054	
Adjustments increasing FTI		
Adjustments decreasing FTI		
Adjusted federal taxable income	-8,054	
Apportionment	100.0000	
Taxable income before carryovers	-8,054	
Capital loss carryover		
Net operating loss carryover		
<b>Taxable income</b>		-8,054

**Tax Computation**

Nebraska tax		
Total nonrefundable credits		
<b>Total tax</b>		0

**Payments / Penalties**

Form 3800N refundable credit		
Tax deposited with Form 7004N		
Estimated tax payments		
Beginning farmer credit and Nebraska income tax withheld		
Penalties		
Interest		
Form 2220N interest		
<b>Total payments / penalties</b>		

**Tax due**

\_\_\_\_\_

**Overpayment credited to next year's estimated tax**

\_\_\_\_\_

**Refund**

\_\_\_\_\_

	Next Year's Estimates		Apportionment Factor
1st quarter		Sales	100.0000
2nd quarter			
3rd quarter			
4th quarter			
<b>Total</b>	_____		

NEBRASKA

Good Life. Great Service.

# Nebraska Corporation Income Tax Return

for the taxable year January 1, 2019 through December 31, 2019 or other taxable year

FORM 1120N

**2019**

DEPARTMENT OF REVENUE

beginning

and ending

Please Type or Print

PLEASE DO NOT WRITE IN THIS SPACE

Name Doing Business As (dba)

Legal Name

**LAKE ALLURE HOMEOWNERS ASSOCIATION**

Street or Other Mailing Address

**PO BOX 13**

City

**ASHLAND**

State

**NE**

Zip Code

**68003**

Business Classification Code

**531390**

Date Business Began in Nebraska

**09/14/2010**

Principal Business Activity in Nebraska

**HOMEOWNERS ASSOC**

Federal ID Number

**27-3493192**

Nebraska ID Number

**11154624**

Check if:

Initial Return

Address Change

Exempt Organization

7004 Attached

Final Return (Example, dissolved. See instr.)

Name Change

Cooperative Meeting IRC § 6072(d)

3800N, 775N, or 312N Attached

**Corporation Filing Status** (Answer questions A through D, as applicable.)

A. Does this corporation own at least 50% of another corporation; or is it owned at least 50% by another corporation?

(1)  YES (2)  NO

If Yes, attach Federal Form 851 or a schedule of affiliated corporations and federal IDs. Answer questions B, C, and D.

B. Is one single Nebraska return being filed for the entire group?

(1)  YES (2)  NO

C. Are you filing as a unitary group in any other state?

(1)  YES (2)  NO

D. Check the method used to determine Nebraska income (check only one):

(1)  Combined report of a controlled group of corporations

(2)  Separate report by a member of a controlled group of corporations (attach supporting documentation)

(3)  Alternate method (attach Nebraska Department of Revenue approval)

1	Federal gross sales or receipts, less returns and allowances	1	140	00
2	Federal taxable income (FTI) (see instructions)	2	-8,054	00
3	Adjustments increasing FTI (line 9, from attached Nebraska Schedule A)	3		00
4	Adjustments decreasing FTI (line 19, from attached Nebraska Schedule A)	4		00
5	Adjusted FTI (enter line 2 plus line 3 minus line 4)	5	-8,054	00
6	Nebraska taxable income before Nebraska carryovers (see instructions)	6	-8,054	00
7	Nebraska capital loss carryover (see instructions - attach worksheet)	7		00
8	Nebraska taxable income after Nebraska capital loss carryover (line 6 minus line 7)	8	-8,054	00
9	Nebraska net operating loss carryover (see instructions - attach worksheet)	9		00
10	Net Nebraska taxable income (line 8 minus line 9)	10	-8,054	00
11	Nebraska tax <input type="checkbox"/> Check this box if you are an insurance company	11		00
12	Premium tax credit (see instructions - attach schedule)	12		00
13	Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)	13		00
14	School Readiness Tax Credit for providers (see instructions)	14		00
15	Community Development Assistance Act credit (attach Form CDN)	15		00
16	Form 3800N nonrefundable credit (attach Form 3800N)	16		00
17	Total nonrefundable credits (total of lines 12 through 16)	17		00
18	Nebraska tax after nonrefundable credits. Subtract line 17 from line 11 (if line 17 is more than line 11, enter -0-)	18		00
19	Form 3800N refundable credit (attach Form 3800N)	19		00
20	Tax deposited with Form 7004N	20		00
21	2019 estimated income tax payments (minus any Form 4466N adjustment)	21		00
22	Beginning Farmer credit	22		00
23	Nebraska income tax withheld (see instructions)	23		00
24	Total refundable credits and payments (total of lines 19 through 23)	24		00
25	Tax Due (line 18 minus line 24)	25		00
26	Penalty for underpayment of estimated income tax (see instructions)	26		00
27	Amount Due (when line 24 is less than the total of lines 18 and 26) If paying electronically, check here <input type="checkbox"/>	27		00
28	Overpayment (when line 24 is greater than the total of lines 18 and 26.)	28		00
29	Amount on line 28 to be credited to 2020 estimated income tax	29		00
30	Overpayment to be refunded (line 28 minus line 29). Direct deposit: Complete lines 31a, 31b, and 31c	30		00

31a Routing Number  31b Type of Account  Checking  Savings

(Enter 9 digits - the first two digits must be 01 through 12, or 21 through 32. Use the checking or savings account number from an actual check, not a deposit slip.)

31c Account Number  (see instructions)

31d  Check this box if this refund will go to a bank account outside the United States.

Under penalties of perjury, I declare that as taxpayer or preparer, I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is correct and complete.

sign here

Signature of Officer

**TREASURER**

Date

**402-499-4381**

Title

Daytime Phone Number

**08/27/2020**

**CINDYH@RIXSTINE.COM**

Email Address

**P00283137**

Preparer's PTIN

paid preparer's use only

Preparer's Signature

**SHOTKOSKI & ASSOCIATES, P.C.**

**PO BOX 30533**

**LINCOLN**

**NE 68503-0533**

Print Firm's Name (or yours if self-employed), Address and Zip Code

**47-0722100**

EIN

**402-476-9650**

Daytime Phone

Form	<b>NE Net Operating Loss Carryover Worksheet</b>	<b>2019</b>
<b>1120N</b>	For calendar year 2019 or tax year beginning	and ending
Name <b>LAKE ALLURE HOMEOWNERS ASSOCIATION</b>		Employer Identification Number <b>27-3493192</b>
		Nebraska Identification Number <b>11154624</b>

Preceding Taxable Year	Adj to NOL NE Inc/(Loss) After Adj	Prior Year		Current Year	Next Year
		NOL Utilized (Income Offset)	Carryovers	Carryover NOL Utilized	Carryover
6th 12/31/13	-100	1	99		99
5th 12/31/14	-100		100		100
4th 12/31/15	-100		100		100
3rd 12/31/16	-100		100		100
2nd 12/31/17	-100		100		100
1st 12/31/18	1	-1			
NOL Carryover Available To Current Year			499		
Current Year	-8,054				8,054
NOL Carryover Available To Next Year					8,553

Form	<b>1120N</b>	<b>NE Two Year Comparison Worksheet</b>	<b>2018 &amp; 2019</b>
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Name <b>LAKE ALLURE HOMEOWNERS ASSOCIATION</b>	Federal Identification Number <b>27-3493192</b>	Nebraska Identification Number <b>11154624</b>
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		2018	2019	Differences
<b>Sch A</b>	State and local government interest and dividend income			
	Federal net operating loss deduction			
	Federal capital loss carryover			
	Total nonapportionable loss			
	Other increasing adjustments			
	<b>Total adjustments increasing FTI</b>			
	Qualified U.S. government interest deduction			
	Total foreign dividends			
	Special foreign tax credit adjustment			
	Total nonapportionable gain			
	Nebraska College Saving Program			
	Other decreasing adjustments			
<b>Total adjustments decreasing FTI</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Apportionment factor	<b>100.0000%</b>	<b>100.0000%</b>	<b>0.0000%</b>	
<b>Taxable Income</b>	Federal gross sales or receipts	<b>101</b>	<b>140</b>	<b>39</b>
	Federal taxable income	<b>1</b>	<b>-8,054</b>	<b>-8,055</b>
	Adjustments increasing FTI			
	Adjustments decreasing FTI			
	<b>Adjusted federal taxable income</b>	<b>1</b>	<b>-8,054</b>	<b>-8,055</b>
	Taxable income before Nebraska carryovers	<b>1</b>	<b>-8,054</b>	<b>-8,055</b>
	Capital loss carryover			
Net operating loss carryover	<b>1</b>		<b>-1</b>	
<b>Net taxable income</b>	<b>0</b>	<b>-8,054</b>	<b>-8,054</b>	
<b>Tax and Payments</b>	<b>Nebraska tax</b>	<b>0</b>	<b>0</b>	<b>0</b>
	Premium tax credit			
	Employer's credit for TANF expenses			
	School readiness tax credit			
	Community Development Assistance credit			
	Form 3800N nonrefundable credit			
	<b>Total nonrefundable credits</b>			
	Form 3800N refundable credit			
	Tax deposited with Form 7004N			
	Estimated tax payments			
	Beginning farmer credit			
	Nebraska income tax withheld			
	<b>Total payments and credits</b>			
	<b>Tax due</b>	<b>0</b>	<b>0</b>	<b>0</b>
	Interest			
Penalty				
Estimated tax penalty from Form 2220N				
<b>Net tax due</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Overpayment</b>				
<b>Amount of overpayment credited to next year's tax</b>				
<b>Amount of overpayment refunded</b>	<b>0</b>	<b>0</b>	<b>0</b>	