

250 Maple Street Condominium Homeowners Association, Inc.

Profit and Loss Statement for Fiscal Year 12/01/2014 to 11/30/2015

Receipts:

Condominium Fees Unit D	260.00	
Payment of Special Assessment Unit D	202.23	
Loan from Robert Falker to Condo Homeowners Assoc.	2,552.00	
Expenses Paid by Robert Falker for CHA in lieu of Fees	9,100.00	12,114.23

Expenses:

Units A & D Roof Repair and New Water Line	850.98	
Unit B Roof Replacement & New Garbage Doors	3,980.71	
Landscaping	1,526.00	
Trash Removal	817.06	
Snow Plowing	580.00	
Misc. Repairs	142.38	
Insurance	3,628.06	
Recording Fee	40.00	
VT Secretary of State Filing Fee	25.00	
New Union Bank Account Checks	15.85	11,606.04

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11/30/16  
Cash Basis

250 Maple St Condominium Homeowners Association, Inc  
**Profit & Loss**  
December 2015 through November 2016

Dec '15 - Nov 16	
Ordinary Income/Expense	
Income	
Advance from RLF	4,280.00
Condominium Fees Unit D	1,170.00
Condominium Fees Units B&C	6,240.00
Receipt of Special Assessment	202.23
Total Income	<del>11,892.23</del>
Expense	
Units A&D Front Roof	4,196.00
Bank Charges	2.48
Bookkeeping	420.00
Condo Landscaping	855.50
Condo Trash	1,043.44
Insurance	3,850.00
Plowing	525.00
Recording Fee	10.00
Repairs and Maintenance	977.08
Total Expense	11,879.50
Net Ordinary Income	12.73
Net Income	12.73

LOAN (NOT INCOME)

7612

LOSS 4268-

2:36 PM  
11/15/17  
Cash Basis

250 Maple St Condominium Homeowners Association, Inc  
**Profit & Loss**  
December 2016 through October 2017

	<u>Dec '16 - Oct 17</u>
Ordinary Income/Expense	
Income	
Advance from RLF	5,510.00
Condominium Fees Unit D	260.00
Condominium Fees Units B&C	2,210.00
Total Income	<u>7,980.00</u>
Expense	
Bank Charges	10.00
Bookkeeping	300.00
Condo Landscaping	586.00
Condo Trash	1,033.06
Insurance	4,100.24
Plowing	1,750.00
Property Maintenance	
Mowing	35.00
Property Maintenance - Other	212.18
Total Property Maintenance	<u>247.18</u>
Total Expense	<u>8,026.48</u>
Net Ordinary Income	<u>-46.48</u>
Net Income	<u><u>-46.48</u></u>

**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 December 01, 2015, and ending November 30, 2016

<b>TYPE OR PRINT</b>	Name	Employer identification number
	250 Maple Street Condominium Homeowners Association, Inc.	47-4129027
	Number, street, and room or suite no. If a P.O. box, see instructions.	Date association formed
	71 Orchard Terrace	08/04/2014
	City or town, state or province, country, and ZIP or foreign postal code	
	Hyde Park, VT 05655	

Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended returnA 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 instructions)	B	7612	23
C	Total expenditures made for purposes described in 90% expenditure test (see instructions)	C	11879	50
D	Association's total expenditures for the tax year (see instructions)	D	11879	50
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		
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		

**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		
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17		
18	Specific deduction of \$100	18	\$100	00

**Tax and Payments**

19	<b>Taxable income.</b> Subtract line 18 from line 17	19	0	
20	Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20		
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	0	
23	a 2014 overpayment credited to 2015	23a		
	b 2015 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	<b>Amount owed.</b> Subtract line 23g from line 22 (see instructions)	24	0	
25	<b>Overpayment.</b> Subtract line 22 from line 23g	25		
26	Enter amount of line 25 you want: Credited to 2016 estimated tax	26		
	Refunded			

**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

President  
TitleMay 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

Firm's EIN

Firm's address

Phone no.



VT Form <b>CO-411</b>	<b>CORPORATE INCOME TAX RETURN</b>
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Entity Name <u>250 Maple Street Condominium Homeowners Association, Inc</u>			Check appropriate box(es) <input type="checkbox"/> ACCOUNTING PERIOD CHANGE <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> EXTENDED RETURN <input type="checkbox"/> UNITARY COMBINED <input type="checkbox"/> UNITARY CONSOLIDATED <input type="checkbox"/> FINAL RETURN (CANCELS ACCOUNT)	
Address <u>71 Orchard Terrace</u>			Federal ID Number <u>47-4129027</u>	Primary 6-digit NAICS number
			Tax year BEGIN date (YYYYMMDD) <u>20151201</u>	Tax year END date (YYYYMMDD) <u>20161130</u>
City <u>Hyde Park</u>	State <u>VT</u>	ZIP Code <u>05655</u>	Number of companies in Water's Edge Group	Number with Vermont Nexus
Foreign Country (if not United States)			Federal tax return filed (check one box) <input type="checkbox"/> 1120 <input type="checkbox"/> 1120-F <input type="checkbox"/> 990-T <input checked="" type="checkbox"/> 1120-H <input type="checkbox"/> Other	

Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

1. FEDERAL TAXABLE INCOME ☒ 1. 4268
2. Bonus Depreciation Adjustment (see instructions) ☐ 2. \_\_\_\_\_
3. Federal Taxable Income adjusted for disallowance of Bonus Depreciation (Line 1 plus Line 2). ☒ 3. 4268
4. ADD (a) Interest on non-Vermont state and local obligations. 4(a). \_\_\_\_\_
- (b) State and local income or franchise taxes ☐ 4(b). \_\_\_\_\_
- LESS (c) Non-business income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank) ☐ 4(c). \_\_\_\_\_
- (d) Foreign dividends received 4(d). \_\_\_\_\_
- (e) Interest on U.S. Government obligations. 4(e). \_\_\_\_\_
- (f) "Gross Up" required by IRC Sec. 78 and other excludable income. 4(f). \_\_\_\_\_
- (g) Targeted Job Credit salary and wage expense addback 4(g). \_\_\_\_\_
5. NET APPORTIONABLE INCOME (Line 3 plus Lines 4(a) and 4(b) less Lines 4(c) through 4(g)). ☒ 5. 4268

Check box if exception to minimum tax applies:

☐ SMALL FARM CORPORATION (\$75 minimum)

☐ NO VERMONT ACTIVITY (\$0)

☒ HOMEOWNER'S / CONDO ASSOC. (Federal Form 1120-H only) (\$0)

Form CO-411

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(continued on next page)

Entity name	250 Maple Street Condominium N. Dineen's Association Inc.
Federal ID Number	47-4129027



Amount from Line 16 \_\_\_\_\_

18. Total Tax Due (Sum of Line 16 on page 2 and Line 11 of all attached CO-421) .....18. 0

**19. PAYMENTS**

19a. Estimated Payments .....19a. \_\_\_\_\_

19b. Payment with Extension .....19b. \_\_\_\_\_

19c. Nonresident Estimated Payments  
(Form WH-435) .....19c. \_\_\_\_\_

19d. Real Estate Withholding Payments  
(Form RW-171) .....19d. \_\_\_\_\_

19e. Prior Year Overpayment Applied .....19e. \_\_\_\_\_

19f. Total Payments (Add Lines 19a through 19e) .....19f. 0

20. Balance Due. If Line 18 is more than Line 19f, subtract Line 19f from Line 18. .20. 0  
Make checks payable to **VT DEPARTMENT OF TAXES**

21. Overpayment. If Line 19f is more than Line 18, subtract Line 18 from Line 19f. .21. \_\_\_\_\_

22. Overpayment to be applied to next tax year .....22. \_\_\_\_\_

23. Overpayment to be refunded (Subtract Line 22 from Line 21) .....23. \_\_\_\_\_

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes and that this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides that under 32 V.S.A. § 5901, this information has not been and will not be used for any other purpose, or made available to any other person, other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

 Printed name	Date <u>12-27-16</u>	Daytime telephone number (optional) ( )	May the Dept. of Taxes discuss this return with the preparer shown? <input type="checkbox"/> Yes <input type="checkbox"/> No
	E-mail address (optional)		
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Preparer's printed name	Preparer's Social Security No. or PTIN	
	Firm's name (or yours if self-employed) and address		
	EIN	Preparer's Telephone Number ( )	Preparer's e-mail address (optional)

Make check payable to: **Vermont Department of Taxes**

5454

**Send return  
and check to:** Vermont Department of Taxes  
133 State Street  
Montpelier, VT 05633-1401

**Form CO-411**  
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**VERMONT SECRETARY OF STATE**  
**Corporations Division**

MAILING ADDRESS: Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104  
DELIVERY ADDRESS: Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104  
PHONE: 802-828-2386 WEBSITE: [www.sec.state.vt.us](http://www.sec.state.vt.us)

**\*\*CHANGE\*\***

FILING #0002229255

FILED 02/08/2017 06:32 AM

BIENNIAL REPORT

1. Client ID: 000190795  
2. Business Name: 250 MAPLE STREET CONDOMINIUM  
HOMEOWNER'S ASSOCIATION INC.  
3. Business ID: 0293973  
4. Citizenship: DOMESTIC/NON-PROFIT  
5. Do you have any paid employees, directors or officers? NO  
6. Fee: \$0.00  
7. Principal Office Address: 71 Orchard Terrace  
Hyde Park VT 05655 USA  
8. Mailing Address: 71 Orchard Terrace ,  
Hyde Park VT 05655 USA  
9. Date: 2/8/2017  
  
eSignature:  
  
10. Business Email:  
11. Authorizer Name: Robert Falker  
12. Authorizer Title: Director



**VERMONT SECRETARY OF STATE**  
**Corporations Division**

MAILING ADDRESS: Vermont Secretary of State, 128 State Street, Montpelier, VT 05633-1104  
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PHONE: 802-828-2386 WEBSITE: [www.sec.state.vt.us](http://www.sec.state.vt.us)

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FILED 02/08/2017 06:32 AM

BIENNIAL REPORT

**Principal(s):**

Full Legal Name: JASON TIBALLI  
Title(s): Director  
Business Address: 250 MAPLE ST  
STOWE VT 05672

Full Legal Name: Moira Durnin  
Title(s): Director  
Business Address: 250 Maple St  
Stowe VT 05672 USA

Full Legal Name: ROBERT L FALKER  
Title(s): Director  
Business Address: 250 MAPLE ST  
STOWE VT 05672



From: **Good to Grow** quickbooks-email@intuit.com  
Subject: Estimate 1018 from Good to Grow  
Date: November 16, 2017 at 8:42 PM  
To: rlfstowe@gmail.com

Please review the estimate below. Feel free to contact us if you have any questions.  
We look forward to working with you.

Thank-you for the opportunity,

PQ

----- Estimate Summary -----  
Estimate # : 1018  
Estimate Date: 11/16/2017  
Total: \$1,785.00  
The complete version has been provided as an attachment to this email.  
-----

**Good to Grow**  
PO Box 751  
Stowe, VT 05672 US  
cicouette@goodtogrowvt.com



## ESTIMATE

### ADDRESS

Bob Faulker  
250 Maple Street  
Stowe, Vermont 05672

**ESTIMATE # 1018**  
**DATE 11-16-2017**

ACTIVITY	QUANTITY	UNIT PRICE	AMOUNT
<b>Gardening Hours</b> Spring clean up of garden beds. Leaf clean up and debris. Weeding.	4	35.00	140.00
<b>Mulch-double ground</b> Mulch- double ground- INSTALLED all planting beds- cedar hedge	4	100.00	400.00
<b>Miscellaneous Maintenance</b> Shear cedar hedge at roadside	1	175.00	175.00
<b>Miscellaneous Maintenance</b> Weed control/per application driveway and shot weed control	2	135.00	270.00
<b>Miscellaneous Maintenance</b> Demantile/remove raised garden bed in back yard. Rake out soil into lawn and re-seed. Includes cost to dispose of lumber	1	160.00	160.00
<b>Gardening Hours</b> Monthly maintenance visits- weeding of all beds, rake mulch, raking of driveway, pruning, general maintenance, June, July, August, September, October visit we will close gardens-cut back flowers, weed rake-blow leaves from all beds. Priced per visit.	5	140.00	700.00

TOTAL

**\$1,785.00**

Accepted By

Accepted Date