

**U.S. Income Tax Return
for Homeowners Associations**

Department of the Treasury
Internal Revenue Service

▶ Information about Form 1120-H and its separate instructions is at www.irs.gov/form1120h.

2015

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

TYPE OR PRINT	Name WATERFORD CROSSING HOMEOWNERS ASSOC	Employer identification number 34-1765979
	Number, street, and room or suite no. If a P.O. box, see instructions. 18881 WATERFORD PARKWAY	Date association formed 11/01/1993
	City or town, state or province, country, and ZIP or foreign postal code STRONGSVILLE OH 44149	

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

A Check type of homeowners association:	Condominium management association <input type="checkbox"/>	Residential real estate association <input checked="" type="checkbox"/>	Timeshare association <input type="checkbox"/>
B Total exempt function income. Must meet 60% gross income test (see instructions)	B	303,461	
C Total expenditures made for purposes described in 90% expenditure test (see instructions)	C	208,781	
D Association's total expenditures for the tax year (see instructions)	D	227,447	
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	246
3 Gross rents	3	10,845
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	11,091

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) STMT 1	15	18,666
16 Total deductions. Add lines 9 through 15	16	18,666
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	-7,575
18 Specific deduction of \$100	18	100

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	-7,675			
20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20	0			
21 Tax credits (see instructions)	21				
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	0			
23 a 2014 overpayment credited to 2015	23a		c Total ▶	23c	
b 2015 estimated tax payments	23b			23d	
d Tax deposited with Form 7004				23e	
e Credit for tax paid on undistributed capital gains (attach Form 2439)				23f	
f Credit for federal tax paid on fuels (attach Form 4136)					
g Add lines 23c through 23f				23g	
24 Amount owed. Subtract line 23g from line 22 (see instructions)	24	0			
25 Overpayment. Subtract line 22 from line 23g	25				
26 Enter amount of line 25 you want: Credited to 2016 estimated tax ▶	26				
Refunded ▶					

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	Date	Title
	CLIENT'S COPY		
Paid	Print/Type preparer's name DONALD W. JAMES, CPA	Preparer's signature	Check <input type="checkbox"/> if self-employed PTIN P00078718
	Firm's name ▶ KIPLINGER & CO., CPAS, LLC	Firm's EIN ▶ 34-1251772	
Use Only	Firm's address ▶ 15300 PEARL RD., SUITE 200 STRONGSVILLE, OH 44136	Phone no. 440-238-0222	

**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.**

CLIENT'S COPY

**Print
or
Type**

Name

WATERFORD CROSSING HOMEOWNERS ASSOC

Identifying number

34-1765979

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

18881 WATERFORD PARKWAY

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)).

STRONGSVILLE OH 44149

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(T)	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 20**15**, 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.

Statement 1 - Form 1120-H, Line 15 - Other Deductions

<u>Description</u>	<u>Amount</u>
LEGAL FEES - COLLECTIONS	\$ 5,605
MANAGEMENT	1,806
RENTAL EXP-LTD TO RENT INCOME	10,845
TAX PREPARATION FEES	410
TOTAL	<u>\$ 18,666</u>