

Department of the Treasury
Internal Revenue Service

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

For calendar year 2014 or tax year beginning _____, 2014, and ending _____,

| | | |
|------------------------------|---|---|
| TYPE OR PRINT | Name <u>Windemere Homeowner Association</u> | Employer identification number <u>80-0319256</u> |
| | Number, street, and room or suite no. If a P.O. box, see instructions. <u>PO Box 341182</u> | Date association formed <u>01/01/09</u> |
| | City or town, state or province, country, and ZIP or foreign postal code <u>Beavercreek OH 45434</u> | |

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

A Check type of homeowner's association: Condominium management association Residential real estate association Timeshare association

| | | |
|--|----------|--------|
| B Total exempt function income. Must meet 60% gross income test (see instructions) | B | 8,360. |
| C Total expenditures made for purposes described in 90% expenditure test (see instructions) | C | 6,861. |
| D Association's total expenditures for the tax year (see instructions) | D | 6,861. |
| 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 | 12. |
| 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 | 12. |

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 | |
| 17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8 | 17 | 12. |
| 18 Specific deduction of \$100 | 18 | \$100. |

Tax and Payments

| | | |
|---|-------------|-------------------|
| 19 Taxable income. Subtract line 18 from line 17 | 19 | -88. |
| 20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.) | 20 | |
| 21 Tax credits (see instructions) | 21 | |
| 22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits | 22 | |
| 23 a 2013 overpayment credited to 2014. | 23 a | |
| b 2014 estimated tax payments | 23 b | |
| c Total ▶ | 23 c | |
| d Tax deposited with Form 7004 | 23 d | |
| e Credit for tax paid on undistributed capital gains (attach Form 2439) | 23 e | |
| f Credit for federal tax paid on fuels (attach Form 4136) | 23 f | |
| g Add lines 23c through 23f. | 23 g | |
| 24 Amount owed. Subtract line 23g from line 22 (see instructions) | 24 | |
| 25 Overpayment. Subtract line 22 from line 23g | 25 | |
| 26 Enter amount of line 25 you want: Credited to 2015 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.

| | | | | |
|------------------|--------------------------|-----------------------|---------------------------|---|
| Sign Here | Signature of officer | Date <u>2/3/15</u> | Title <u>President</u> | May the IRS discuss this return with the preparer shown below (see instrs)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | |

| | | | | | |
|-------------------------------|--|---------------------------------|-------------------------|---|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name <u>Janice L. Shannon CPA</u> | Preparer's signature | Date <u>01/29/15</u> | Check self-employed <input type="checkbox"/> if | PTIN <u>P00269872</u> |
| | Firm's name ▶ <u>SHANNON & COMPANY CPA</u> | Firm's EIN ▶ <u>31-1711663</u> | | | |
| | Firm's address ▶ <u>2355 Lakeview Drive</u> | Phone no. <u>(937) 426-5089</u> | | | |
| | <u>Beavercreek OH 45431</u> | | | | |