Form 1120-H Department of the Treasury Internal Revenue Service

U.S. Income Tax Return for Homeowners Associations

2011

OMB No. 1545-0127

omeowners Associations
See separate instructions.

For calendar year 2011 or tax year beginning 2011, and ending Employer identification number Name 54-1636910 Mill Creek South Homeowners Association, Inc TYPE Number, street, and room or suite no. If a P.O. box, see instructions. Date association formed OR PRINT PO Box 1283 City or town, state, and ZIP code VA 22902 08/18/92 Charlottesville Amended return Address change (1) Final return (2) Name change Check if: Timeshare association X Residential real estate association Check type of homeowner's association: A Condominium management association 18,096. B В С 21,122. C 21,344. D E Tax-exempt interest received or accrued during the tax year E 0. Gross Income (excluding exempt function income) 91. 2 Taxable interest 2 3 4 Capital gain net income (attach Schedule D (Form 1120)) Net gain (or loss) from Form 4797, Part II, line 17 (attach Form 4797) 6 91. 8 Deductions (directly connected to the production of gross income, excluding exempt function income) Salaries and wages 9 Repairs and maintenance 10 10 Rents 11 11 Taxes and licenses 12 Interest 13 13 14 14 222. 15 15 222. Total deductions. Add lines 9 through 15..... 16 -131. 17 Taxable income before specific deduction of \$100. Subtract Tipe of the property of the specific deduction of \$100. \$100. 18 Specific deduction of \$100 18 Tax and Payments Taxable income. Subtract line 18 from line 17 19 -231. 20 20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.) 21 22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits 22 a 2010 overpayment credited to 2011 ... 23 a 23°C b 2011 estimated tax payments 23 b 23 d Tax deposited with Form 7004 23 e Credit for federal tax paid on fuels (attach Form 4136) g Add lines 23c through 23f 24 Amount owed. Subtract line 23g from line 22 (see instructions) 24 25 25 Overpayment. Subtract line 22 from line 23g 26 Enter amount of line 25 you want: Credited to 2012 estimated tax 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 instrs)? Sian Here Title Yes No Signature of officer Date Preparer's signature X Print/Type preparer's name Check P00233394 03/05/12 self-employed Paid Edwina W Webster 56-2025684 ► EDWINA W WEBSTER CPA PLLC Firm's EIN ► Preparer Firm's name Use Only Firm's address ► 200 E MEADOW RD STE 9 (336) 627-7011 NC 27288-3416 Phone no. EDEN

Mill	Creek	South	Homeowners	Association,	Inc	54-1636910
------	-------	-------	------------	--------------	-----	------------

		1	
٠			
		—	

Form	1120H, Page	e I, Line 15
Other	Deductions	Statement

Professional	222.
Total	222.

Corporation Information Worksheet ► Keep for your records

Part I — Identifying Information			
Employer Identification Number 54-1636910			
Name Mill Creek South	n Homeowners Asso	ociation, Inc	
Address PO Box 1283			
City Charlottesvi	.lle St	ate <u>VA</u> ZIP Co	de <u>22</u> 902
Telephone	E-mail Add	dressjmuehl	be@nrao.edu
Eligible for qualified disaster area tax relief be Election to use straight line depreciation and		MT or Research cre	dit.
Eligible small business (see tax help for more Yes No	information)		
Part II — Type of Return			
X Prepare Form 1120-H Prepare S	Schedule PH	*	
Part III - Tax Year and Filing Information			
X Calendar year Fiscal year — Ending month	/18/1992 te regular tax for s	innati, OH 4.	
Amount of 2010 overpayment credited to 2011 estimates	ated tax		
Payment Quarters	Due Date	Actual Payment Date	Amount Paid
First Quarter Payment Second Quarter Payment Third Quarter Payment Fourth Quarter Payment	04/18/11 06/15/11 09/15/11 12/15/11		
Additional Payment 1 Additional Payment 2 Additional Payment 3 Additional Payment 4			

Part V — Electronic Filing Information
Electronic Filing: File the federal return electronically File the state(s) electronically * Select the state or states to file electronically. (Multiple states can be entered)
State(s) *
Practitioner PIN program: X Sign this return electronically using the Practitioner PIN ERO entered PIN Officer's PIN (enter any 5 numbers) 27288 Date PIN entered
Information required for Electronic Filing: Officer's Name Jim Muehlberg
QuickZoom to the Electronic Filing Information Worksheet
Electronic Filing of Extensions: Check this box to file Form 7004 (application for extension of time to file return) electronically Check this box to file the state extension(s) electronically (FL, LA, MA, MD, NY & TX only) * Select the state or states to file electronically. (Multiple states can be entered)
State(s) *
Electronic Filing of Estimated Payments: Check this box to file the state estimated payments electronically (FL & NY only) * Select the estimated quarterly payment to file electronically. (Multiple quarters can be entered)
State(s) *
Electronic Filing of Amended Return: Check this box to file amended return electronically Check this box to file the NY City amended return electronically (NY City only) * Select the NY City Amended return to file electronically.
State(s) *

Part VI — Direct Deposit or Electronic Funds Withdrawal Information

Use electronic funds withd Use electronic funds withd	ederal tax refund? Irawal of federal balance due (EF only)? Irawal of Form 7004 balance due (EF only)? Irawal of amended return balance due (EF only)? Iformation below, (Review transferred information for accuracy)
Bank Information Name of Financial Institution (optional) Check the appropriate box Routing number Account number Payment Information Enter the payment date to withdraw tax Balance due amount from this return. Enter an amount to withdraw tax paym If partial payment is made, the remaini	Checking Savings x payment
QuickZoom to Form 1120, pages 1 and QuickZoom to Form 1120-H, QuickZoom to Client Status	
CPCW7101.SCR 08/24/11	

Homeowners Association Two Year Comparison ► Keep for your records

2011

Name	;		teep for you			Employer Identification Number	
Mil	l Creek South Homeowne	rs Association	, Inc			54-1636910	
	2011 2010			•	Difference 2011- 2010		
Exer	npt Function Income/Expense	Amount	% of Total Income	Amount	% of Total Income	Amount	%
В	Exempt function income	18,096.		17,515.		581.	3.32
С	Total expenditures made for 90% test	21,122.		8,026.		13,096.	163.17
D	Association's total expenditures for the year	21,344.		8,196.	2008/1995 465/120TF 800/1997	13,148.	160.42
E	Tax exempt interest	0.					
Gro	ss Income						
1	Dividends	0.7			-	91.	·····
2	Taxable interest	91.	No.			91.1	
3	Gross rents					N. ASY	
4	Gross royalties Capital gain net income				- Maria	7	
5 6	Net gain or (loss) (Form 4797)			187		V 10000000	
7	Other income			(#W)Y			
8	Gross income	91.	100.00	(A) (A)		91.	
		321		V 150 /6	y		
Dec	luctions				Milita.		
9	Salaries and wages (less employment credits)		0.00				
10	Repairs and maintenance						
11	Rents		0.00				
12	Taxes and licenses		000				
13	Interest	<u></u>	0.00	(
14	Depreciation on Form 4562		0.00				55 50
15	Other deductions,	222.	243.96			52.	30.59
16	Total deductions▶	222.	243.96	170.	.]	52.	
Tax	cable Income	Ben .					
17	Taxable income before specific deduction of \$100	<u>√</u> 21 3 h	-143.96	_ _170.		39.	22.94
10	Specific deduction		109.89			0.	0.00
	Taxable income	-231.	~ ~ ~	100.		-231.	
	ς, Tax Payments and Credits	STATE STREET	4990		4.		
20	30% of taxable income	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	de Que en c				
21	Credits	MANAN MANANA			1		
22	Total tax	Validation (S. 7			4		
23	Payments		300 300 300 000				
24							
25	Overpayment	Control of				(A)	<u> </u>

Homeowners Association Five Year Tax History ► Keep for your records

2011

	Name as Shown on Return Mill Creek South Homeowners Association, Inc Employer Identification No. 54-1636910						
		2007	2008	2009	2010	2011	
В	Exempt function .						
	income	16,571.	18,082.		17,515.	18,096.	
С	Expenditures for 90% test	41 754	17,640.	17,520.	8,026. _.	21,122.	
D	Association's total	41,754.	17,040.	11,520.	0,020.	21,122.	
	expenditures	41,754.	17,640.	7,984.	<u>8,196.</u>		
E	Tax-exempt interest	•	0.			<pre>//o.</pre>	
	interest						
1	Dividend income .				and the state of t		
2 3	Taxable interest . Gross rents	111.	1,018.	393.		91.	
4	Gross royalties				7 1000	gor r	
5	Capital gain net			. /3/	All		
_	income (Sch D)			40.000			
6	Gain (loss) Form	;					
7	Other income			Â			
8	Gross income	111.	1,018.	393.		91.	
9	Salaries and		4				
10	wages		author DMU com-				
10	Repairs and maintenance		يحسار ا				
11	Rents			Marketon Military			
12	Taxes and						
10	licenses			144.			
13 14	Depreciation	2329000	California Carrier				
15	Other deductions	\		2,062.	170.	222.	
16	Total deductions .			2,206.	170.	222.	
.17	Taxable income	111	7,010	-1,813.	-170.	-131.	
18	before \$100 Specific	111.	1,018.				
. •	deduction	100	100	100	100	100	
19	Taxable income	11.	918.	-1,913.	-270.	-231.	
20	Tax	3.	275.				
21 22	Credits	3.	275.				
23	Payments. Z	W 303					
24	Tax due	3.	275.				
25	Overpayment						
	Credit to estimate Refund						
L	, noturiu						

Form 1120H, Page 1, Line	: 15
Other Deductions Statem	ent

Professional	222.
Total	222.

