Form **1120-H**

U.S. Income Tax Return for Homeowners Associations

OMB No. 1545-0127

2013

Department of the Treasury Internal Revenue Service			► Inform	mation about Form 1120-H and its separate instructions is at www.irs.gov/form1120h.					h.	2013
For calendar year 2013 or tax year beginning , 2013			013, and endi	ng	,					
	Nam	е						Employe	r identificati	on number
	Mill Creek South Homeowners Association, Inc 54-16 Number, street, and room or suite no. If a P.O. box, see instructions. Date asso						636910			
TYP	E Num	ber, street, and ro	om or suite no. If a	P.O. box, see instruction	is.	,			ociation forme	ed
OR PRI	JT PO	Box 128	3							
PKII	City	or town, state or p	rovince, country a	nd ZIP or foreign postal co	ode					
	Ch.	arlottes	vri 1 1 0			VA	22902	08/1	2/02	
Chec			al return	(2) Name o	hango		ress change	(4)	Amended	roturn
CHEC										
A	, ,	e of homeowner		Condominium man	•			estate association		Timeshare association
В				t meet 60% gross ir						19,133.
С				es described in 90°						18,170.
D				the tax year (see in	•					18,564.
<u>E</u>	Tax-exe	mpt interest re	eceived or acc	crued during the tax	•				. E	
	5			Gross Incom						
1										
2										13.
3										
4		•								
5				edule D (Form 112						
6				Part II, line 17 (atta						
7 8				nction income) (atta						1.0
<u> </u>				unction income). A						13.
9				· · · · · · · · · · · ·						income)
10		_								
11										
12										
13	Interest .								. 13	
14	Deprecia	ation (attach F	Form 4562) .						. 14	
15	Other de	eductions (atta	ach statement)			See Other Ded	luctions Staten	nent 15	394.
16				ugh 15						394.
17	Taxable	income befor	e specific ded	luction of \$100. Sub	otract line 16 fr	om line 8			. 17	-381.
18	Specific	deduction of	\$100						. 18	\$100.
						Payments				
19	Taxable	income. Sub	otract line 18 f	rom line 17					. 19	-481.
20	Enter 30	% of line 19.	(Timeshare as	ssociations, enter 3	2% of line 19.)				. 20	
21	Tax crec	lits (see instru	uctions)						. 21	
22				20 See instruction	ns for recapture	e of certain cre	dits		. 22	
	a 2012	2 overpaymer	nt credited to 2	2013 23 a			, ,			_
	b 2013	3 estimated ta	x payments.	23 b		c Total	► 23 c			
	d Tax	deposited wit	h Form 7004	 .			23 d			
				oital gains (attach Form						
	f Cred	dit for federal	tax paid on fue	els (attach Form 41	36)		. 23f			
									. 23 g	
24	Amount	owed. Subtra	act line 23g fro	om line 22 (see inst	ructions)				. 24	
25	Overpay	ment. Subtra	ct line 22 from	n line 23g					. 25	
26	Enter am	ount of line 2	5 you want: C	redited to 2014 es	timated tax	>		Refunde	d ► 26	
		Under penalties belief, it is true	of perjury, I declar correct, and compl	e that I have examined the ete. Declaration of prepar	is return, including er (other than taxna	accompanying sche	edules and stateme	ents, and to the bes	t of my knowl y knowledae	edge and
Sigi	า		,		,	. ,		, ,	May	the IRS discuss this return
Her	е	Signature	of officer		Date	/	Title		with (see	the preparer shown below instrs)?
		Print/Type prepa	rer's name	Drono-ro-	s signature	1	Date	<u> </u>	┌┤┞╌	
ь.				'	ə əiyilalul e			Check	△ if	PTIN
Paid		Edwina N	Webster		ana niia		02/25/14	self-empl Firm's	· , , , ,	00233394
	parer Only			<u>w webster (</u> meadow rd s:				riims	LIIN ► 5	56-2025684
_55	-···y	. mms address	EDEN	MEADOW KD S.	<u>11 9</u>		NC 27288-		no. (3	36) 627-7011
		i .						V 14 V	(~	J J J L I I U L L

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

Professional	394.
Total	394.

FORM 500

Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

2013 Virginia Corporation Income Tax Return



	AL or RT Year Filer: Beginni	ing Date	, ; En	ding Date			F	Official Use Only	
$\overline{}$	nort Year Return	Change in Acco	_··	,					
By ch	ecking the box to the r	்ட்ப ight, I (we) authorize	the Department to o	discuss this return with the unc	lersigned	d preparei	r	→	
	al Employer ID Number	<u> </u>	· · · · · · · · · · · · · · · · · · ·				eck if:	<u> </u>	_
54-	1636910						Initial Filer		
Name						一一一	Name Chan	ae	
Mil	l Creek South	Homeowners A	Association,	Inc				ress Change	
Mailing	g Address						•	•	
	Box 1283						Physical Ad	dress Change	
City or	Town						State	ZIP Code	
	rlottesville					1	VA	22902	
Physic	al Address (if different from Ma	ailing Address)					y Type Code		
Dharaia	-1 Oib T				T C+-+-	CC	2-4-	INAIOC	
Physic	al City or Town				State	ZIP (Sode	NAICS	
Date I	ncorporated	State or Country of Incorp	pration	Description of Business Activity				531390	
	·		bration						
	18/92	VA		Homeowners Associ	ation				
Ch	eck Applicable Boxes	S	Final Return		Co	orporate 1	Telecommur	nications Company	
П	Consolidated - Sch	500AC Attached	Final Return	Check here and yes below	En	ter amour	nt from Form	500T, Line 7:	•
				AGS DEIOW.				.00	
Ш	Combined – Sch 500	0AC Attached	Withdrawn		No	ncorpora	ite Telecomi	munications	
	Change in Filing Stat	tus	Dissolved -	No longer liable for tax.		mpany			
	Multistate Sch 500A	Attached	Dissolved Da	ate			nd enter amo	ount from	
	Wultistate Sch SouA	Attached	Merged			5551,		.00	
Schedule 300AB Attached			•	Merged Date Electric			Supplier Company		
Nonprofit Corporation			Merged FEIN # Enter al			ter amour	mount from Sch 500EL, Line 7 or 14:		
			S Corp Effec	tive	-			.00	_
An	nended Return			ended Return – Check here	and oth	ner	Nonrefund Credit Cha	lable or Refundable	
Complete Form 500 and Schedule 500ADJ.							1	•	
	ach an explanation of c I modifications	changes to income	Federal Audit – Attach copy of IRS final determination.				Schedule 500AB Changes		
DO	NOT FILE THIS FOR	M TO CARRY BACK					Capital Loss Carryback		
OPERATING LOSS. File Form 500NOLD.			Griedule Soud Changes				Other — Attach explanation.		
			∐ Scł	nedule 500ADJ Changes			_		
Qu	estions and Related I	Information							
	Have you made any p	ayments to an affiliat		related individual or other relat					
expenses related to intángible property (patents, trademarks, copyrights and similar intangible property)? If yes, complete and attach Schedule 500AB.									
	Scriedule SOUAD.		Enter E	exception amount from Sche	dule 500	0AB. Line	e 8	.00	
В	Coalfield Employmen	nt Enhancement Ta		m Form 306, Line 11.		,		.00	•
С				eral taxable income on	(1) Ye	ar of loss			•
	the U.S. Corporation In results from a merger,			d information. If a NOL	(2) Fe	deral NOL			•
	prior to merger date.	, chief below the f Li	iv or the company go	sherating the NOL	(3) Pe	rcent of fe	ederal NOL		•
	FEIN					ed this yea		용	_
	(If there are NOL's for	more than one year,	attach a schedule)						
D	If Pass-Through Entity	y Withholding is claim	ned, enter the number	er of Schedule					
	VK-1's and complete a	and attach Schedule	500ADJ, Page 2 .						
Е									
for any prior year(s) that has not previously been reported to the Department?									
	If Yes, provide the year	ai 0.							
_	Location of the Co-	rotion's basis	0 11 11 1 2		1	77 000	00		
F	Location of the Corporation			eet, Charlottesvil				\ 077 2002	
	Contact for Corporatio	on's books <u>Davi</u> o	d Robinson	Conta	ы гетері	none num	iver <u>(434</u>) 977-3903	

2013 Virginia **Form 500**

Federal Employer ID Number 54-1636910



Page 2 Mill Creek South Homeowners Association, Inc

INC	DME			
1	Federal taxable income (from attached federal return)		1	-481 .00
2	Total Additions from Schedule 500ADJ, Section A, Line 7	2	0.00	
3	Total (add Lines 1 and 2)		3	-481 .00
4	Total Subtractions from Schedule 500ADJ, Section B, Line 10		4	.00
5	Balance (subtract Line 4 from Line 3)	5	-481 .00	
6	Savings and Loan Association's Bad Debt Deduction (see Instructions)		6	.00
7	Virginia Taxable Income (subtract Line 6 from Line 5)		7	-481.00
TAX	COMPUTATION			
8	Multistate Corporation — If business conducted within and without VA (N Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted within and without VA (N Schedule 500A and complete Lines 8(a) through 8(d).			
(a)	Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j).		8 (a)	.00
(b	Apportionment factor from Schedule 500A, Section B, Line 1 or Line 2(g) .			96
(c)	Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)			.00
(d	Nonapportionable investment function loss from Schedule 500A, Section E	3, Line 3(e)		.00
9	Income tax [6% of Line 7 or 6% of Line 8(a)]		_	0.00
PAY	MENTS AND CREDITS			
10	Nonrefundable Tax Credits: Enter the amount from Schedule 500CR, Part	XXX. Line 134	10	.00
11	Adjusted Corporate Tax (subtract Line 10 from Line 9)		11	0.00
12	2013 estimated Virginia income tax payments including overpayment cred		12	.00
13	Extension payment			.00
14	Refundable Tax Credits from Schedule 500CR, Part XXXIV, Line 142			.00
15	Pass-Through Entity total withholding from Schedule 500ADJ, Section D.		.00	
16	Total payments and credits (add Lines 12 through 15)	16	.00	
				• • • • • • • • • • • • • • • • • • • •
	JND OR TAX DUE	\	4-	
17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11		17	.00
18	Penalty (see Instructions)		18	.00
19	Interest (see Instructions)		19	.00
20	Additional charge from Form 500C, Line 17 (attach Form 500C)			0.00
21	Total due (add Lines 17 through 20)		21	.00
22	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line	∋ 16)		.00
23	Amount to be credited to 2014 estimated tax		23	.00
24	Amount to be refunded (subtract Line 23 from Line 22)		24	.00
declar	ndersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other under the penalties provided by law that this return (including any accompanying schedules and stacorrect, and complete return, made in good faith, for the taxable year stated, pursuant to the income er, their declaration is based on all information of which they have any knowledge.	atements) has been examined by me and is, to t	ne best of my kno	wledge and belief,
	(Date) (Signature of Officer)	(Tit	le)	
	(Printed Name of Officer)	(Phone Number)	
		`		
	-	EDWINA W WEBSTER CPA E	PLLC	
00		220 E MEADOW RD STE 9	270	27200 2416
<u>UZ/</u>	25/14 Edwina W Webster CPA PLLC 3366277011 Departer's Name and Firm Name	EDEN (Addr		27288-3416
	(336) 627–7011 Phone number	`		
Pren	700022204	Approved Vendor Code 1030		
·-P		·· <u> </u>		

2013 Virginia Schedule 500ADJ

Schedule of Adjustments



.00

Federal Employer ID Number Name as shown on Virginia return Mill Creek South Homeowners Association, Inc 54-1636910 Section A — Additions to Federal Taxable Income 00 2 .00 3 00 Net Income tax and other taxes that are based on, measured by or computed with reference 00 .00 5 Other Additions to federal taxable income Amount 6 a .00 6a-6c Refer to instructions for the Other Addition Codes. 00 .00 7 Total Additions (Add Lines 1-5 and 6a-6c, Enter here and on Form 500, Line 2,) 0 .00 Section B - Subtractions From Federal Taxable Income 00 .00 3 Income from obligations or securities of the U.S. exempt from state income taxes .00 4 .00 5 .00 6 .00 Foreign source income subtraction allowed by Virginia Code Section 58.1-402 C 8. .00 Dividends received from corporations in which the recipient owns 50% or more of the .00 Other Subtractions from federal taxable income Code Amount 9 a .00 9a-9c Refer to instructions for the Other Subtraction Codes. 9 b 00 .00 10 Total Subtractions (Add Lines 1-8 and 9a-9c, Enter here and on Form 500, Line 4.) 00 Section C – Amended Return If you are filing an amended return, complete Section C to determine if you will receive an additional refund or if you need to make an additional payment. Add amount paid with original return, plus additional tax paid after it was filed (Do not include amount .00 .00 .00 3 .00 If Line 4 above is less than Line 11 on amended Form 500, subtract Line 4 above from .00

Explanation of Changes to Income and Modifications

Refund. If Line 11 on amended Form 500, is less than Line 4 above, subtract Line 11

Attach explanation for amending return. Provide the Line reference from the Form 500 for which a change is reported, and give reason for each change. Show any computation in detail and attach any applicable schedules.

Attach Schedule 500ADJ to Your Virginia Corporation Return, Form 500.

2013 Virginia Schedule 500ADJ Page 2

Schedule of Adjustments



Name as shown on Virginia return

Mill Creek South Homeowners Association, Inc

Federal Employer ID Number

54-1636910

Section D - Schedule of VK-1 Withholding

If you are claiming withholding on Form 500, Line 15 provide the information below.

List Pass-Through Entity Withholding from Virginia Schedules VK-1.

Pass-Through Entity FEIN	Withholding Amount	Recipient FEIN (Consolidated/Combined Filers Only)
Total Withholding ▶		

Attach Schedule 500ADJ to Your Virginia Corporation Return, Form 500.

SID# 12-IN VACA1012 10/21/13

2013 Virginia Schedule 500FED

Schedule of Federal Line Items



.00

Name as shown on Virginia return MILL CREEK SOUTH HOMEOWNERS ASSOCIATION, INC Federal Employer ID Number 541636910 Form 1120 — Deductions and Taxable Income .00 2 .00 .00 3 .00 .00 Form 1120, Schedule C - Dividends and Special Deductions .00 .00 Form 1120, Schedule K or M-3 .00 Form 5884 .00 Form 4562 — Special Depreciation Allowance and Other Depreciation Special depreciation allowance for qualified property placed in service during the taxable year00 11 .00 .00 Form 1118, Schedule A, Income or Loss Before Adjustments – Gross Income or Loss 00 .00 15 .00 16 16 .00 17 17 .00 .00 19 19 .00 20 20 .00 .00 Form 1118, Schedule A, Income or Loss Before Adjustments — Deductions Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, 22 .00 23 Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses00 24 Total: Definitely Allocable - Expenses Related to Gross Income From Performance of Services 24 .00 25 25 .00 26 26 .00 27 27 .00 28 28 .00 29 29 0.0 Form 1118, Schedule A, Income or Loss Before Adjustments - Total Income

Attach Schedule 500FED to Your Virginia Corporation Return, Form 500.

Schedule 500FED does not replace the requirement to attach a complete federal Form 1120 to your Virginia return.