

Form **1120-H**

# U.S. Income Tax Return for Homeowners Associations

OMB No. 1545-0123

## 2017

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form1120H](http://www.irs.gov/Form1120H) for instructions and the latest information.

For calendar year 2017 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

TYPE OR PRINT	Name <b>WOODS EDGE OF ELIZABETHTOWN HOMEOWNERS ASSOCIATION, INC.</b>	Employer identification number <b>26-1300386</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>C/O JAMES REEB, ONE ALPHA DRIVE</b>	Date association formed <b>02/16/2007</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ELIZABETHTOWN PA 17022</b>	

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

A 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 39,005**

C Total expenditures made for purposes described in 90% expenditure test. See instructions **C 42,243**

D Association's total expenditures for the tax year. See instructions **D 42,243**

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	<b>0</b>

### 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	<b>0</b>
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	<b>0</b>
18 <b>Specific deduction of \$100</b>	18	<b>100</b>

### Tax and Payments

19 <b>Taxable income</b> . Subtract line 18 from line 17	19	<b>-100</b>
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20	<b>0</b>
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	<b>0</b>
23 a 2016 overpayment credited to 2017 <b>23a</b>		
b 2017 estimated tax payments <b>23b</b>		
c Total ▶ <b>23c</b>		
d Tax deposited with Form 7004 <b>23d</b>		
e Credit for tax paid on undistributed capital gains (attach Form 2439) <b>23e</b>		
f Credit for federal tax paid on fuels (attach Form 4136) <b>23f</b>		
g Add lines 23c through 23f <b>23g</b>		
24 <b>Amount owed</b> . Subtract line 23g from line 22. See instructions	24	<b>0</b>
25 <b>Overpayment</b> . Subtract line 22 from line 23g	25	
26 Enter amount of line 25 you want: <b>Credited to 2018 estimated tax</b> ▶ <b>Refunded</b> ▶	26	

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

Signature of officer: *[Signature]* Date: **2/9/18** Title: **Treasurer**

Paid	Print/Type preparer's name <b>JAMES L WELCH CPA</b>	Preparer's signature <b>JAMES L WELCH CPA</b>	Date <b>02/01/18</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00012677</b>
Preparer	Firm's name ▶ <b>JAMES L. WELCH CPA</b>			Firm's EIN ▶ <b>25-1847204</b>	
Use Only	Firm's address ▶ <b>2 S MARKET ST STE 102 ELIZABETHTOWN, PA 17022-2004</b>			Phone no. <b>717-367-1132</b>	

For Paperwork Reduction Act Notice, see separate instructions.

**Federal Statements**

**Form 1120-H, Line B - Total Exempt Function Income**

<u>Description</u>	<u>Amount</u>
HOMEOWNERS ASSOCIATION FEES	\$ 39,005
TOTAL	\$ 39,005

**Form 1120-H, Line C - Total Expenditures For 90% Expenditure Test**

<u>Description</u>	<u>Amount</u>
LANDSCAPING/GROUNDSKEEPING	\$ 26,118
LEGAL & PROFESSIONAL	1,465
COMMON UTILITIES	397
SNOW REMOVAL	2,200
INSURANCE	886
OFFICE EXPENSE	205
REPAIR AND MAINTENANCE	1,855
POWER WASH	9,116
ROUNDING	1
TOTAL	\$ 42,243