

## Instructions for Signing Tax Returns

Please review all forms carefully and notify us immediately if there are any inaccuracies. Please be sure to return a signed copy of each form to our office in the enclosed envelope.

### **Form 1120-H U.S. Income Tax Return**

Signing: *Any Officer may sign the bottom of the form.*

Address: Internal Revenue Service  
Ogden, UT 84201-0012

Payment: If there is any payment due, we will **deposit** the funds directly via EFTPS per IRS instructions.

Due Date: Return is due Monday, March 16, 2015.

### **Form 120A Arizona Income Tax Return**

Signing: *Any Officer may sign*

Address: Arizona Department of Revenue  
P.O. Box 29079  
Phoenix, Arizona 85038-9079

Payment: A check is **attached** to the return

Due Date: Return is due Wednesday, April 15, 2015

### **State of Arizona Corporation Commission**

Due Date: ***The Arizona Corporation Commission (ACC) has introduced a policy which affects all Arizona non-profit Corporations. ACC reports will now be due based on the month the Corporation was originally formed in. Please look for your report to be sent under separate cover at least 2-3 weeks prior to this due date.***

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

Department of the Treasury  
Internal Revenue Service

**2014**

▶ **Information about Form 1120-H and its separate instructions is at [www.irs.gov/form1120h](http://www.irs.gov/form1120h).**

For calendar year 2014 or tax year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20

<b>TYPE OR PRINT</b>	Name	Employer identification number
	<b>FESTIVAL HOMEOWNERS ASSOCIATION</b>	<b>86-0728320</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	Date association formed
	<b>P.O. BOX 25466</b>	
	City or town, state or province, country, and ZIP or foreign postal code	
	<b>TEMPE, ARIZONA 85285-5466</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>B</b> Total exempt function income. Must meet 60% gross income test (see instructions)	<b>B</b>	113573	24
<b>C</b> Total expenditures made for purposes described in 90% expenditure test (see instructions)	<b>C</b>	95007	27
<b>D</b> Association's total expenditures for the tax year (see instructions)	<b>D</b>	96080	27
<b>E</b> Tax-exempt interest received or accrued during the tax year	<b>E</b>		

Gross Income (excluding exempt function income)			
1	Dividends		
2	Taxable interest	188	62
3	Gross rents		
4	Gross royalties		
5	Capital gain net income (attach Schedule D (Form 1120))		
6	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		
7	Other income (excluding exempt function income) (attach statement)		
<b>8</b>	<b>Gross income</b> (excluding exempt function income). Add lines 1 through 7	<b>188</b>	<b>62</b>

Deductions (directly connected to the production of gross income, excluding exempt function income)			
9	Salaries and wages		
10	Repairs and maintenance		
11	Rents		
12	Taxes and licenses	50	00
13	Interest		
14	Depreciation (attach Form 4562)		
15	Other deductions (attach statement)	1073	00
<b>16</b>	<b>Total deductions.</b> Add lines 9 through 15	<b>1123</b>	<b>00</b>
<b>17</b>	<b>Taxable income before specific deduction of \$100.</b> Subtract line 16 from line 8	<b>-934</b>	<b>38</b>
<b>18</b>	<b>Specific deduction of \$100</b>	<b>\$100</b>	<b>00</b>

Tax and Payments			
19	Taxable income. Subtract line 18 from line 17		
20	Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	-1034	38
21	Tax credits (see instructions)	0	00
<b>22</b>	<b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits	<b>0</b>	<b>00</b>
23	a 2013 overpayment credited to 2014 <b>23a</b>		
	b 2014 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>	0	00
<b>24</b>	<b>Amount owed.</b> Subtract line 23g from line 22 (see instructions)	<b>0</b>	<b>00</b>
<b>25</b>	<b>Overpayment.</b> Subtract line 22 from line 23g		
<b>26</b>	Enter amount of line 25 you want: <b>Credited to 2015 estimated tax</b> ▶ <b>Refunded</b> ▶		

**Sign Here** 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.

Signature of officer: [Signature] Date: 2015.03.04 Title: HOA President

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>JOANNE OSHEEL</b>	<u>[Signature]</u>	<u>2/25/15</u>		<b>P01292917</b>
	Firm's name ▶ <b>KINNEY MANAGEMENT SERVICES</b>	Firm's EIN ▶ <b>86-0524675</b>			
	Firm's address ▶ <b>P.O. BOX 25466 TEMPE, ARIZONA 85285-5466</b>	Phone no. <b>480-820-3451</b>			

For the  calendar year 2014 or  fiscal year beginning 12, 0, 1, 4 and ending 12, 0, 1, 4

Business Telephone Number (with area code) <b>(480) 820-3451</b>	Name <b>FESTIVAL HOMEOWNERS ASSOCIATION</b>	Employer Identification Number (EIN) <b>86-0728320</b>
Business Activity Code (from federal Form 1120) <b>813990</b>	Address - number and street or PO Box <b>P.O. BOX 25466</b>	State <b>AZ</b>
	City, Town or Post Office <b>TEMPE</b>	ZIP Code <b>85285-5466</b>

**68** Check box if:  This is a first return  Name change  Address change

A Is FEDERAL return filed on a consolidated basis? .....  Yes  No  
 If "Yes", list EIN of common parent from consolidated return .....  
**NOTE:** Use Form 120 to file an ARIZONA consolidated return.  
 Taxpayers **cannot** use Form 120A to file an Arizona consolidated return.

B Is this the corporation's final ARIZONA return under this EIN? .....  Yes  No  
 If "Yes", check one:  Dissolved  Withdrawn  Merged/Reorganized  
 List EIN of the successor corporation, if any .....

**CHECK BOX IF return filed under extension:**  
 **82** 82F

**REVENUE USE ONLY. DO NOT MARK IN THIS AREA.**  
 **88**

**81** PM  **66** RCVD

**Arizona Taxable Income Computation**

1 Taxable income per included federal return.....	1	-1,034	00
2 Additions to taxable income from page 2, Schedule A, line A8.....	2	150	00
3 Total taxable income: Add lines 1 and 2.....	3	-884	00
4 Subtractions from taxable income from page 2, Schedule B, line B11.....	4	0	00
5 Adjusted income: Subtract line 4 from line 3.....	5	-884	00
6 Arizona basis net operating loss carryforward: Include computation schedule.....	6	0	00
7 Arizona taxable income: Subtract line 6 from line 5.....	7	-884	00

**Arizona Tax Liability Computation**

8 Enter tax: Tax is 6.5 percent of line 7 or fifty dollars (\$50), whichever is greater.....	8	50	00
9 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31.....	9	0	00
10 Subtotal: Add lines 8 and 9.....	10	50	00
11 Nonrefundable tax credits from Arizona Form 300, Part 2, line 56.....	11	0	00
12 Credit type: Enter form number for each nonrefundable credit used: <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 13 <input type="checkbox"/> 13 <input type="checkbox"/> 13			
13 Tax liability: Subtract line 11 from line 10.....	13	50	00

**Tax Payments**

14 Refundable tax credits: Check box(es) and enter amount... <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 308 <input type="checkbox"/> 342 <input type="checkbox"/> 349	14	00	
15 Extension payment made with Form 120EXT or online: See instructions.....	15	00	
16 Estimated tax payments: See instructions.....	16	00	
17 Total payments: See instructions.....	17	0	00

**Computation of Total Due or Overpayment**

18 Balance of tax due: If line 13 is larger than line 17, enter balance of tax due. Skip line 19.....	18	50	00
19 Overpayment of tax: If line 17 is larger than line 13, enter overpayment of tax.....	19	0	00
20 Penalty and interest.....	20	0	00
21 Estimated tax underpayment penalty: If Form 220 is included, check box..... <input type="checkbox"/> 21A <input type="checkbox"/>	21	0	00
22 TOTAL DUE: See instructions..... Non-EFT payment must accompany return	22	50	00
23 OVERPAYMENT: See instructions.....	23	0	00
24 Amount of line 23 to be applied to 2015 estimated tax.....	24	00	
25 Amount to be refunded: Subtract line 24 from line 23.....	25	0	00

Continued on page 2 →

Name (as shown on page 1) <b>FESTIVAL HOMEOWNERS ASSOCIATION</b>	EIN <b>86-0728320</b>
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**SCHEDULE A Additions to Taxable Income**

A1	Total federal depreciation.....	A1		00
A2	Taxes based on income paid to any state (INCLUDING ARIZONA), local governments or foreign governments .....	A2	50	00
A3	Interest on obligations of other states, foreign countries, or political subdivisions .....	A3		00
A4	Special deductions claimed on federal return.....	A4	100	00
A5	Federal net operating loss deduction claimed on federal return.....	A5		00
A6	Additions related to Arizona tax credits: Include detailed schedule .....	A6		00
A7	Other additions to federal taxable income: Include detailed schedule.....	A7		00
A8	Total: Add lines A1 through A7. Enter the total here and on page 1, line 2.....	A8		150 00

**SCHEDULE B Subtractions From Taxable Income**

B1	Recalculated Arizona depreciation: See instructions.....	B1		00
B2	Basis adjustment for property sold or otherwise disposed of during the taxable year: See instructions .....	B2		00
B3	Adjustment for IRC § 179 expense not allowed.....	B3		00
B4	Dividends received from 50% or more controlled domestic corporations.....	B4		00
B5	Foreign dividend gross-up .....	B5		00
B6	Dividends received from foreign corporations (including deemed dividends).....	B6		00
B7	Interest on U.S. obligations.....	B7		00
B8	Agricultural crops charitable contribution.....	B8		00
B9	Expenses related to certain federal tax credits listed on the instructions: Include detailed schedule.....	B9		00
B10	Other subtractions from federal taxable income: Include detailed schedule .....	B10		00
B11	Total: Add lines B1 through B10. Enter the total here and on page 1, line 4 .....	B11		00

**SCHEDULE C Additional Information**

C1 Date business began in Arizona: \_\_\_\_\_

C2 Address at which tax records are located for audit purposes: Number/Street: c/o Kinney Management Services - 6303 S Rural Rd  
City: Tempe State: AZ ZIP Code: 85283

C3 The taxpayer designates the individual listed below as the person to contact to schedule an audit of this return and authorizes the disclosure of confidential information to this individual. (See instructions, page 11.)  
Name: Joanne Osheel Phone Number: (480) 820-3451  
Title: Management Agent (Area Code)

C4 List prior taxable years for which a federal examination has been finalized:  
N/A

NOTE: A.R.S. § 43-327 requires the taxpayer, within ninety days after final determination, to report these changes under separate cover to the Arizona Department of Revenue or to file amended returns reporting these changes. (See instructions, page 3.)

C5 Amount of Arizona taxable income for prior taxable year (2013 Form 120A, line 7) ..... \$ -870|00

C6 Indicate tax accounting method:  Cash  Accrual  Other (Specify method.) \_\_\_\_\_

The following declaration must be signed by one or more of the following officers: president, treasurer, or any other principal officer.

**Declaration** Under penalties of perjury, I(we), the undersigned officer(s) authorized to sign this return, declare that I(we) have examined this return, including the accompanying schedules and statements, and to the best of my(our) knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

**Please Sign Here**

OFFICER'S SIGNATURE [Signature] DATE 2/15/15 TITLE HOA President

OFFICER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TITLE \_\_\_\_\_

**Paid Preparer's Use Only**

PAID PREPARER'S SIGNATURE [Signature] DATE 2/25/15 P01292917 PAID PREPARER'S PTIN

KINNEY MANAGEMENT SERVICES FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) 86-0524675 FIRM'S  EIN OR  SSN

P.O. BOX 25466 FIRM'S STREET ADDRESS (480) 820-3451 FIRM'S TELEPHONE NUMBER

TEMPE CITY AZ STATE 85285-5466 ZIP CODE

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix, AZ 85038-9079