

Form **1120-H**

Department of the Treasury  
Internal Revenue Service

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

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

**TAXPAYER'S COPY**  
OMB No. 1545-0123  
**2024**

For calendar year 2024 or tax year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_

<b>TYPE OR PRINT</b>	North Shore at Lake Hart Homeowners Association, Inc. 9339 North Shore Golf Club Blvd Orlando, FL 32832	<b>Employer identification number</b> 59-3735721
		Date association formed 4/18/2011

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

<b>A</b> Check type of homeowners association: <input type="checkbox"/> Condominium management association <input checked="" type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association	<b>B</b> Total exempt function income. Must meet 60% gross income test. See instructions	<b>B</b> 1,919,908.
<b>C</b> Total expenditures made for purposes described in 90% expenditure test. See instructions	<b>C</b>	1,967,062.
<b>D</b> Association's total expenditures for the tax year. See instructions	<b>D</b>	2,157,815.
<b>E</b> Tax-exempt interest received or accrued during the tax year	<b>E</b>	

**Gross Income (excluding exempt function income)**

1	Dividends	1	
2	Taxable interest	2	190,753.
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) See Statement 1	7	21,311.
8	<b>Gross income (excluding exempt function income).</b> Add lines 1 through 7	8	212,064.

**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) See Statement 2	15	168,120.
16	<b>Total deductions.</b> Add lines 9 through 15	16	168,120.
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	43,944.
18	Specific deduction of \$100	18	\$100

**Tax and Payments**

19	<b>Taxable income.</b> Subtract line 18 from line 17	19	43,844.
20	Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20	13,153.
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	13,153.
23	a Preceding year's overpayment credited to the current year	23a	
	b Current year's estimated tax payments	23b	
	c Tax deposited with Form 7004	23c	13,403.
	d Credit for tax paid on undistributed capital gains (attach Form 2439)	23d	
	e Credit for federal tax paid on fuels (attach Form 4136)	23e	
	f Elective payment election amount from Form 3800	23f	
	<b>g Total payments and credits.</b> Combine lines 23a through 23f	23g	13,403.
24	<b>Amount owed.</b> Subtract line 23g from line 22. See instructions	24	
25	<b>Overpayment.</b> Subtract line 22 from line 23g	25	250.
26	Enter amount of line 25 you want: <b>Credited to 2025 estimated tax</b> 250. <b>Refunded</b>	26	0.

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 \_\_\_\_\_ Title \_\_\_\_\_  
May the IRS discuss this return with the preparer shown below? See instrs.  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name Brad Sokol	Preparer's signature Brad Sokol	Date 9/17/25	Check self-employed if <input type="checkbox"/>	PTIN P01212374
Firm's name SOKOL AND SOKOL CPA	Firm's EIN 65-0460107			
Firm's address 8207 SW 124TH ST PINECREST, FL 33156	Phone no. (305) 273-0008			

**Statement 1**  
**Form 1120-H, Line 7**  
**Other Income**

Gate Damages Recoveries.....	\$	11,565.
Gate key cards.....		1,505.
Gate Remote Clickers.....		4,600.
Other.....		3,641.
Total	\$	<u>21,311.</u>

**Statement 2**  
**Form 1120-H, Line 15**  
**Other Deductions**

Accounting.....	\$	2,562.
Gate keys and clickers.....		6,105.
Gates.....		11,565.
Insurance.....		6,537.
Legal.....		30,728.
Management services.....		6,884.
Other administrative.....		3,872.
Payroll and benefits.....		99,867.
Total	\$	<u>168,120.</u>