

Go to www.irs.gov/Form1120H for instructions and the latest information.

2020

For calendar year 2020 or tax year beginning , and ending

TYPE OR PRINT	Name NORTH SHORE AT LAKE HART HOMEOWNERS ASSOCIATION, INC.	Employer identification number 59-3735721
	Number, street, and room or suite no. If a P.O. box, see instructions. 9339 NORTH SHORE GOLF CLUB BLVD	Date association formed 04/18/2011
	City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32832	

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

A 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 Total exempt function income. Must meet 60% gross income test	B 1,293,901.
C Total expenditures made for purposes described in 90% expenditure test	C 1,732,995.
D Association's total expenditures for the tax year	D 1,732,995.
E Tax-exempt interest received or accrued during the tax year	E 0.

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	SEE STATEMENT 1
8 Gross income (excluding exempt function income). Add lines 1 through 7	8	77,882.

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	SEE STATEMENT 2
16 Total deductions. Add lines 9 through 15	16	98,725.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	-20,843.
18 Specific deduction of \$100	18	\$100

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	-20,943.
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20	0.
21 Tax credits	21	
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	0.
23 a 2019 overpayment credited to 2020 23a	23a	
b 2020 estimated tax payments 23b	23b	1,050.
c Total 23c	23c	1,050.
d Tax deposited with Form 7004 23d	23d	
e Credit for tax paid on undistributed capital gains (attach Form 2439) 23e	23e	
f Credit for federal tax paid on fuels (attach Form 4136) 23f	23f	
g Add lines 23c through 23f 23g	23g	1,050.
24 Amount owed. Subtract line 23g from line 22. See instructions	24	
25 Overpayment. Subtract line 22 from line 23g	25	1,050.
26 Enter amount of line 25 you want: Credited to 2021 estimated tax 26	26	1,050.

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.

TAXPAYER COPY

DIRECTOR

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below? See instr.

☒ Yes ☐ No

Paid Preparer's Use Only	Print/Type preparer's name CARL GADINSKY	Preparer's signature	Date 10/02/21	Check if self-employed <input type="checkbox"/>	PTIN P00953401
	Firm's name BDO USA, LLP			Firm's EIN 13-5381590	
	Firm's address 450 S ORANGE AVE, SUITE 550 ORLANDO, FL 32801			Phone no. (407) 237-3600	

FORM 1120-H	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
SEE ATTACHED SCHEDULE		77,882.
TOTAL TO FORM 1120-H, LINE 7		77,882.

FORM 1120-H	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
SEE ATTACHED SCHEDULE		98,725.
TOTAL TO FORM 1120-H, LINE 15		98,725.

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**
► **File a separate application for each return.**
► **Go to www.irs.gov/Form7004 for instructions and the latest information.**

OMB No. 1545-0233

**Print
or
Type**

Name

**NORTH SHORE AT LAKE HART HOMEOWNERS
ASSOCIATION, INC.**

Identifying number

59-3735721

Number, street, and room or suite no. (If P.O. box, see instructions.)

9339 NORTH SHORE GOLF CLUB BLVD

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

ORLANDO, FL 32832

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for **17**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐
- 5a** The application is for calendar year 2020, or tax year beginning _____, and ending _____
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation.)

6 Tentative total tax	6	0.
7 Total payments and credits. See instructions	7	0.
8 Balance due. Subtract line 7 from line 6. See instructions	8	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 7004 (Rev. 12-2018)

North Shore at Lake Hart Homeowners Association, Inc.
 EIN 59-3735721
 December 31, 2020

	Total	Exempt Function	Non-Exempt Function
Revenues:			
Member assessments	\$ 1,170,837	\$ 1,170,837	\$ -
Card keys	7,410	7,410	-
Fines	6,200	6,200	-
Interest	42,271	-	42,271
Late fees	41,962	41,962	-
Miscellaneous	38,698	8,242	30,456
Rental	5,155	-	5,155
Transfer fees	59,250	59,250	-
	<u>1,371,783</u>	<u>1,293,901</u>	<u>77,882</u>
Expenses:			
Administrative and general	337,356	335,018	2,338
Contract services	487,008	475,553	11,455
Gates	82,685	52,324	30,361
Insurance	59,246	46,794	12,452
Repairs and maintenance	325,063	325,063	-
Payroll and benefits	249,582	207,463	42,119
Utilities	192,055	192,055	-
	<u>1,732,995</u>	<u>1,634,270</u>	<u>98,725</u>
Deficiency of Revenues over Expenses	<u>\$ (361,212)</u>	<u>\$ (340,369)</u>	<u>\$ (20,843)</u>