Form 1120-H

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

OMB No. 1545-0123

Interna	Revenu	ue Service		Go	to www.irs.gov/Form11	20H for instructi	ons and	the latest info	rmation		2022
For c	alenda	r year 2		x year beginning	, and e	ndina		tile latest lille	mation.	243	
		Name	WAD	WADE HAMPTON PROPERTY OWNERS ASSOC Employer identifit 56-1569							
TYF	_	Number			O. box, see instructions.				association for		
	OR P O BOX 2286								a a a a a a a a a a a a a a a a a a a	nilled .	
PRI	NT	City or t			ZIP or foreign postal code		9				
			CAS	HIERS	NC	28717					
Charl	. :6.	(4)	T =: .					12	/17/1	985	
Check		(1)	Final re		(2) Name change	(3)		ess change	(4)	Aı	mended return
				ners association:	Condominium manageme	ent association	X Resi	dential real esta	ate associa	ition	Timeshare association
B 7	otale	xempt fu	unction in	come. Must meet	60% gross income test. S	See instructions		******	*	В	1,115,590
C	otare	xpenaitu	ires mad	e for purposes des	scribed in 90% expenditur	e test. See instru	ctions			C	1,197,125
D /	-	ation's to	otal expe	nditures for the tax	year. See instructions			*** * *** * * * * * * * * * * * * * * *		D	1,197,125
E 1	ax-ex	empt inte	erest rec	elved or accrued of	during the tax year					E	
1 [	Divider	de			Gross Income (exclu	ding exempt f	unction	income)			
		e interes	• · · · · · · · · · · · · · · •							1	
	Pross i									2	55
		oyalties								3	
				(attach Schedule	D /Form 1120\)					4	
6 N	let dai	n or (los	s) from F	form 4797 Part II	line 17 (ettech Ferry 170)	· · · · · · · · · · · · · · · · · · ·				5	
7 0	ther in	come (e	excluding	evemnt function i	line 17 (attach Form 479)	()				6	
8 0	ross	income	(excluding	a exempt function	income) (attach statement income). Add lines 1 thro	i)				7	
		Dedu	ctions	(directly conne	ected to the production	ougn /	ome e	valualia a a		8	55
9 S	alaries	s and wa	ages	(an ookly control	color to the production	on or gross-inc	ome, e	excluding exe	empt fund		icome)
10 R	epairs	and ma	intenanc	е						9	
11 R	ents									10	*
12 T	axes a	and licen			*******************					11	
13 Ir										12	
14 D	epreci	ation (at	tach For	m 4562)						13	,
				statement)	2 * 5 * 2 * 5 * 6 * 2 * 6 * 2 * 6 * 6 * 6 * 6 * 6 * 6			Cm	MIII 1	14	
16 T	Depreciation (attach Form 4562) Other deductions (attach statement) Total deductions. Add lines 9 through 15								15		
17 T	A COURT OF COURT A COURT OF CO								16	0	
18 S	Specific deduction of \$100								17	55 100	
	1					and Payments	S			10	100
				ct line 18 from line	e 17					19	-45
20 E	nter 30	0.30	) of line	19. (Timeshare as	sociations, enter 32% (0.3	32) of line 19.)				20	0
21 Ta	ax cred	dits (see	instruction	ons)						21	
22 To	otal ta	x. Subtr	act line 2	1 from line 20. Se	e instructions for recaptur	e of certain credit	s			22	0
				ed to 2022	23a						
			tax paym		23b	c Total	23c				
			ith Form				23d			1	
e Ci	redit fo	r tax pa	id on und	istributed capital of	gains (attach Form 2439)		23e			1	
				on fuels (attach F	orm 4136)		23f			1	
			rough 23							23g	*
Ar Ar	nount	owed.	Subtract	line 23g from line	22. See instructions					24	0
				ine 22 from line 23						25	
6 Er	Under	penalties of	periury I de	ou want: Credited	to 2023 estimated tax	and the state of t		R	efunded	26	
Sign	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 taxonyor) is besed on all laterations of the best of my knowledge.									cuss this return with the prepa	
lere	Show									n below? S	See instr. X Yes
	Signati	ure of office	er				Date	10/01	V	٠٢_	
	P	rint/Type n	reparer's na	me	Preparers signature		Date	Titl	T		
aid	1		MOOL		reparers agnature			Date 02/04/23	Check self-emplo	if	PTIN P00652631
repar	er F	irm's name	E	RIC T MOC	DY CPA PA	1		02/04/23			P00652631 -4201735
se Or	ily		5	7 GASTON	MOUNTAIN ROA	<b>D</b>			Firm's EIN	3/	
	F	irm's addre	ss A	SHEVILLE	NC	28806	5		Phone no.	828	3-231-8926
or Pa	perwo	rk Redu	iction Ac	t Notice, see sep	parate instructions.				1		Form <b>1120-H</b> (2022)

## (42)

8-18-22

## C Corporation Tax Return 2022 North Carolina Department of Revenue

DOR Use Only

For calendar year 2022, or other tax year beginning

22 and ending

WADE HAMPTON PROPERTY OWNERS ASSOC P O BOX 2286 CASHIERS NC 28717  Federal Employer ID Number 561569119 N.C. Secretary of State ID Number 0179196 NAICS Code 531390											
Initial Return Final Return	Short Year Return Amended Return	Captive R		Non U.S./For Combined Re	eign NC	-Rehab kpayers Only)		s attached neatable Proper	ty		
Federal Extension Were you granted an automatic extension to file your 2022 federal income tax return (Form 1120)?											
WADE P	0 28717 56	1569119	017919	6 531	390	*		·,			
PP P006	52631 PFSP	P IR 1	N FR N	SR	N AR N						
TN 8287	439895 RE N	TE Y	NF N	CR N	NCR N	478 N	EP N	FDEXT	N		
WADE HAM	IPTON PROPERTY	OWNERS	ASSOC								
P O BOX	2286		`	CASHI	ERS		NC 287	17			
. GR		0 07		-45	19	0			0		
TA		0 08		0	21	0					
	01	0 10		0	23	0			0		
	HCE	N 12		0	24A	0			0		
	02	0 13		-45	24B	0	35	,	0		
	03		1 0								
99			10	00000	24C	0	36		0		
630014202	04	0 15		-45	24D	0	37	,	0		
2024	05	0 16	k -	0	24E	0	38		0		
	06	0 17		0	26	0					
		18		0	27	0					
	Sch. A Computation	n of Franchise	Tax								
	Net Worth     Holding Company Excep     Total Franchise Tax Due     Payment with Franchise Tax B			0 N 0 0	<ol> <li>Tax Credits</li> <li>Franchise Tax</li> <li>Franchise Tax</li> </ol>			. (	0 0 0		
I declare and certify the statements, and to the	hat I have examined this return and e best of my knowledge and belief,	accompanying sche they are true, correct	edules and ct, and complete.	Refund	Due		yment Due	(	0		
Signature and Vitle of	f Officer:	V.P.	Date	82874		Car disc	teck here if you authorize the North irolina Department of Revenue to scuss this return and attachments th the paid preparer below.				
PAID PREPARER USE ONLY  If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.  FEIN											
Signature of Paid Preparer         Date         Preparer's Phone Number         Preparer's FEIN, SSN, or PTIN								X PTIN			
						opaioi			- 1		