

Mailed 3-13-15

TX2015 05-163
Ver. 6.0 (Rev.9-13/6)

Texas Franchise Tax No Tax Due Information Report

Tcode 13255 Annual

Taxpayer number	Report year	Due date	Privilege period covered by this report
32025877609	2015	05/15/2015	01/01/2015 - 12/31/2015

Taxpayer name BRIARWYCK 114 HOMEOWNERS' ASSOCIATION, INC.					Secretary of State file number or Comptroller file number 0800769246	
Mailing address 8360 LBJ FREEWAY, STE 300						
City DALLAS	State TX	Country	ZIP Code 75243	Plus 4	Check box if the address has changed <input type="checkbox"/>	
Check box if this is a combined report <input type="checkbox"/>			SIC code 6531		NAICS code 813990	
Check box if Total Revenue is adjusted for Tiered Partnership Election, see instructions <input type="checkbox"/>				Check box to request a Certificate of Account Status <input type="checkbox"/>		
Check box if this is a Corporation or Limited Liability Company <input checked="" type="checkbox"/>			Check box if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

*Note: Upper tiered partnerships do not qualify to use this form.

If any of the statements below are true, you qualify to file this No Tax Due Information Report:

(Check all boxes that apply)

- 1. This entity is a passive entity as defined in Chapter 171 of the Texas Tax Code. (see instructions) (Passive income does NOT include rent) 1.
 - 2. This entity's annualized total revenue is below the no tax due threshold. (see instructions) 2.
 - 3. This entity has zero Texas Gross Receipts. 3.
 - 4. This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in section 171.0002(c)(4). 4.
- 5a. Accounting year begin date m m d d y y
5a. 010114
- 5b. Accounting year end date m m d d y y
5b. 123114
6. TOTAL REVENUE (Whole dollars only) 6. 97.00

Print or type name Scott B. Smith	Area code and phone number x(817) 482 1547
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.	
sign here Scott B. Smith	Date x 3/12/15
Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348	

If you have any questions regarding franchise tax, you may contact the Texas Comptroller's field office in your area or call 1-800-252-1381. Instructions for each report year are online at www.window.state.tx.us/taxinfo/taxforms/05-forms.html.

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>
PM Date	<input type="text"/>



1030

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

■ Tcode 13196

■ Taxpayer number ■ Report year

32025877609 2015

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name **BRIARWYCK 114 HOMEOWNERS' ASSOCIATION, INC.** Check box if the mailing address has changed.

Mailing address **8360 LBJ FREEWAY, STE 300** Secretary of State (SOS) file number or Comptroller file number

City **DALLAS** State **TX** ZIP Code **75243** Plus 4 **0800769246**

Check box if there are currently no changes from previous year: if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office **8360 LBJ FREEWAY, STE 300, DALLAS, TX 75243**

Principal place of business **8360 LBJ FREEWAY, STE 300, DALLAS, TX 75243**



3202587760915

Please sign below! Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.

SECTION A Name, title and mailing address of each officer, director or manager.

Name	Title	Director	Term expiration	m	m	d	d	y	y
LAVONDA HIGH-BELL	SEC'Y	<input checked="" type="checkbox"/> YES							
Mailing address 8360 LBJ FREEWAY STE 300	City DALLAS	State TX	ZIP Code 75243						
STEPHEN PEPPER	DIRECTOR	<input checked="" type="checkbox"/> YES							
Mailing address 8360 LBJ FREEWAY STE 300	City DALLAS	State TX	ZIP Code 75243						
See Section A Statement		<input type="checkbox"/> YES							
Mailing address	City	State	ZIP Code						

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
None			
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
None			

Registered agent and registered office currently on file (see instructions if you need to make changes)

Agent: **Not on File** Check box if you need forms to change the registered agent or registered office information.

Office: _____ City _____ State _____ ZIP Code _____

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Title **x VP** Date **x 3/12/15** Area code and phone number **x 817 482 1547**

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
-------	--------------------------	---------	--------------------------



Form 05-102, Public Information Report

Section A Statement

Name SCOTT SMITH
Title VP. Director? Term Expiration (mmddy) _____
Mailing Address 8360 LBJ FREEWAY STE 300
City DALLAS St TX Zip 75243
Foreign Country _____ Postal Code _____
Province (electronic filing only) _____

Name BOBBY SAMUEL
Title PRESIDENT Director? Term Expiration (mmddy) _____
Mailing Address 8360 LBJ FREEWAY STE 300
City DALLAS St TX Zip 75243
Foreign Country _____ Postal Code _____
Province (electronic filing only) _____

DeVOLT AND COMPANY, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

PO BOX 803367

DALLAS, TEXAS 75380-3367

OFFICE: (972) 980-4315

FAX: (972) 702-0174

Briarwyck 114
Homeowners' Association, Inc.
8360 LBJ Freeway, Suite 300
Dallas, TX 75243

March 2, 2015

Enclosed is the Association's U.S. Income Tax Return, Form 1120-H, for the tax year ending December 31, 2014. Please complete the following with regard to the attached return. A copy of the return is enclosed for your files.

- (X) Sign and date the return by a corporate officer of the company, and mail on or before **September 15, 2015** to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0012

- (X) No payment is due with this return.

Enclosed is the 2015 Form 05-163, Texas Franchise Tax No Tax Due Information Report for Briarwyck 114 Homeowners' Association, Inc.

The return should be signed and dated by a corporate officer and mailed on or before **May 15, 2015** to:

Comptroller of Public Accounts
P.O. Box 149348
Austin, Texas 78714-9348

- (X) No payment is due with this return.

Please review the tax return for allocations of income and deductions and contact us with any questions before filing. By signing and filing the return, the Board of Directors accepts responsibility for the return. Late filing penalties and interest will be calculated to the date the payment and return are received by the IRS. They will bill the Association directly for the amount due.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,



David S. DeVolt
DeVolt and Company, P.C.
Certified Public Accountants