

U.S. Income Tax Return
for Homeowners Associations

OMB No. 1545-0123

Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form1120H for instructions and the latest information.

2023

For calendar year 2023 or tax year beginning , 2023, and ending , 20

| | | |
|---------------------|--|--|
| TYPE OR PRINT | Name Poplar Condominium Association | Employer identification number 81-5248448 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 2404 W 2nd Ave, Unit M attn: Board President | Date association formed 08/11/2016 |
| | City or town, state or province, country, and ZIP or foreign postal code Spokane, WA 99201 | |

Check if: (1) ☐ Final return (2) ☐ Name change (3) ☒ Address change (4) ☐ Amended returnA Check type of homeowners association: ☒ Condominium management association ☐ Residential real estate association ☐ Timeshare association

| | | | |
|---|--|---|--------|
| B | Total exempt function income. Must meet 60% gross income test. See instructions | B | 55,577 |
| C | Total expenditures made for purposes described in 90% expenditure test. See instructions | C | 40,250 |
| D | Association's total expenditures for the tax year. See instructions | D | 40,250 |
| E | Tax-exempt interest received or accrued during the tax year | E | |

Gross Income (excluding exempt function income)

| | | | |
|---|--|---|---|
| 1 | Dividends | 1 | 0 |
| 2 | Taxable interest | 2 | 0 |
| 3 | Gross rents | 3 | 0 |
| 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 | 0 |
| 8 | Gross income (excluding exempt function income). Add lines 1 through 7 | 8 | 0 |

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 | 0 |
| 16 | Total deductions. Add lines 9 through 15 | 16 | 0 |
| 17 | Taxable income before specific deduction of \$100. Subtract line 16 from line 8 | 17 | 0 |
| 18 | Specific deduction of \$100 | 18 | \$100 |

Tax and Payments

| | | | |
|-----|---|-----|---|
| 19 | Taxable income. Subtract line 18 from line 17 | 19 | 0 |
| 20 | Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.) | 20 | 0 |
| 21 | Tax credits (see instructions) | 21 | |
| 22 | Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits | 22 | 0 |
| 23a | Preceding year's overpayment credited to the current year | 23a | |
| b | Current year's estimated tax payments | 23b | 0 |
| c | Tax deposited with Form 7004 | 23c | 0 |
| 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 | |
| g | Total payments and credits. Combine lines 23a through 23f | 23g | 0 |
| 24 | Amount owed. Subtract line 23g from line 22. See instructions | 24 | 0 |
| 25 | Overpayment. Subtract line 22 from line 23g | 25 | 0 |
| 26 | Enter amount of line 25 you want: Credited to 2024 estimated tax Refunded | 26 | 0 |

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

Date

Title

May the IRS discuss this return
with the preparer shown below?
See instructions. ☐ Yes ☐ NoPaid
Preparer
Use Only

Print/Type preparer's name

D. Douglas McLain

Preparer's signature

D. Douglas McLain

Date

07/16/2024

Check ☐ if

self-employed

PTIN

P01502513

Firm's name C.O.R.E. Services, LLC

Firm's EIN 82-2426287

Firm's address PO Box 8, Vancouver, WA 98666

Phone no. 360-524-9665