

**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.

OMB No. 1545-0123

**2023**

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

<b>TYPE OR PRINT</b>	Name	Employer identification number
	<b>York Manor Condominium Association C/O: REIS</b>	<b>36-4298186</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	Date association formed
	<b>188 W. INDUSTRIAL DRIVE, SUITE 422</b>	<b>06/30/1995</b>
	City or town, state or province, country, and ZIP or foreign postal code	
	<b>ELMHURST, IL 60126</b>	

Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return**A** 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** **39,190****C** Total expenditures made for purposes described in 90% expenditure test. See instructions **C** **39,259****D** Association's total expenditures for the tax year. See instructions **D** **39,644****E** Tax-exempt interest received or accrued during the tax year **E****Gross Income** (excluding exempt function income)

<b>1</b>	Dividends	<b>1</b>	
<b>2</b>	Taxable interest	<b>2</b>	<b>347</b>
<b>3</b>	Gross rents	<b>3</b>	
<b>4</b>	Gross royalties	<b>4</b>	
<b>5</b>	Capital gain net income (attach Schedule D (Form 1120))	<b>5</b>	
<b>6</b>	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	<b>6</b>	
<b>7</b>	Other income (excluding exempt function income) (attach statement)	<b>7</b>	
<b>8</b>	<b>Gross income</b> (excluding exempt function income). Add lines 1 through 7	<b>8</b>	<b>347</b>

**Deductions** (directly connected to the production of gross income, excluding exempt function income)

<b>9</b>	Salaries and wages	<b>9</b>	
<b>10</b>	Repairs and maintenance	<b>10</b>	
<b>11</b>	Rents	<b>11</b>	
<b>12</b>	Taxes and licenses	<b>12</b>	
<b>13</b>	Interest	<b>13</b>	
<b>14</b>	Depreciation (attach Form 4562)	<b>14</b>	
<b>15</b>	Other deductions (attach statement)	<b>15</b>	<b>385</b>
<b>16</b>	<b>Total deductions.</b> Add lines 9 through 15	<b>16</b>	<b>385</b>
<b>17</b>	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	<b>17</b>	<b>-38</b>
<b>18</b>	Specific deduction of \$100	<b>18</b>	<b>\$100</b>

**Tax and Payments**

<b>19</b>	<b>Taxable income.</b> Subtract line 18 from line 17	<b>19</b>	<b>-138</b>
<b>20</b>	Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	<b>20</b>	
<b>21</b>	Tax credits (see instructions)	<b>21</b>	
<b>22</b>	<b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits	<b>22</b>	<b>0</b>
<b>23a</b>	Preceding year's overpayment credited to the current year	<b>23a</b>	
<b>b</b>	Current year's estimated tax payments	<b>23b</b>	
<b>c</b>	Tax deposited with Form 7004	<b>23c</b>	
<b>d</b>	Credit for tax paid on undistributed capital gains (attach Form 2439)	<b>23d</b>	
<b>e</b>	Credit for federal tax paid on fuels (attach Form 4136)	<b>23e</b>	
<b>f</b>	Elective payment election amount from Form 3800	<b>23f</b>	
<b>g</b>	<b>Total payments and credits.</b> Combine lines 23a through 23f	<b>23g</b>	
<b>24</b>	<b>Amount owed.</b> Subtract line 23g from line 22. See instructions	<b>24</b>	<b>0</b>
<b>25</b>	<b>Overpayment.</b> Subtract line 22 from line 23g	<b>25</b>	
<b>26</b>	Enter amount of line 25 you want: <b>Credited to 2024 estimated tax</b> <b>Refunded</b>	<b>26</b>	

**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 ☒ No**Paid  
Preparer  
Use Only**

Print/Type preparer's name

**SAMUEL FAILLA, CPA**

Preparer's signature

*Samuel Failla*

Date

**03/01/2024**Check ☒ if  
self-employed

PTIN

**P01792400**Firm's name **SAMUEL FAILLA, CPA**

Firm's EIN

Firm's address **9140 BROADWAY AVE BROOKFIELD, IL 6513**

Phone no.

**630-728-9310**