

LBW CPAs and Associates, Inc.
3000 N Ponce de Leon Blvd, Ste A
Saint Augustine, FL 32084

Tributary Homeowners Assn., Inc.
C/O Castle Group
Attn: James McMahon
76183 Tributary Dr
Yulee, FL 32097

Federal Tax Return

Tributary Homeowners Assn., Inc.

2023

LBW CPAs and Associates, Inc.
3000 N Ponce de Leon Blvd, Suite A
St. Augustine, FL 32084
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September 20, 2024

CONFIDENTIAL

Tributary Homeowners Assn., Inc.
C/O Castle Group
76183 Tributary Dr
Yulee, FL 32097

Dear Officer(s) of the Board:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Income Tax Return for Homeowners Associations (Form 1120-H)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your 2023 Form 1120-H shows no balance due.

An authorized officer of the corporation should sign and date the return and mail AS SOON AS POSSIBLE to:

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

In order that we may properly advise you of tax considerations, please keep us informed of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please do not hesitate to call.

Michele Robbins, CPA
Tax Manager - LBW CPAs and Associates, Inc.
3000 N. Ponce de Leon Blvd, Suite A
St. Augustine, FL 32084
Phone: (904) 824-1521 ext 105 * Fax (904) 824-1551 * Email: michele@lbwcpa.com

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

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

For calendar year 2023 or tax year beginning , and ending

TYPE OR PRINT	Name Tributary Homeowners Assn., Inc. C/O Castle Group	Employer identification number 85-4304446
	Number, street, and room or suite no. If a P.O. box, see instructions. 76183 Tributary Dr	Date association formed 04/16/2020
	City or town, state or province, country, and ZIP or foreign postal code Yulee FL 32097	

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	243,480
C Total expenditures made for purposes described in 90% expenditure test. See instructions	C	223,254
D Association's total expenditures for the tax year. See instructions	D	223,532
E Tax-exempt interest received or accrued during the tax year	E	

Gross Income (excluding exempt function income)

1 Dividends	1	
2 Taxable interest	2	9
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	
8 Gross income (excluding exempt function income). Add lines 1 through 7	8	9

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) Stmt 1	15	278
16 Total deductions. Add lines 9 through 15	16	278
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	-269
18 Specific deduction of \$100	18	100

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	-369
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	
c Tax deposited with Form 7004	23c	
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	
24 Amount owed. Subtract line 23g from line 22. See instructions	24	0
25 Overpayment. Subtract line 22 from line 23g	25	
26 Enter amount of line 25 you want: Credited to 2024 estimated tax Refunded	26	

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. May the IRS discuss this return with the preparer shown below? See instr. Yes No

Signature of officer _____ Date _____ Title _____

Paid	Print/Type preparer's name Michele Robbins CPA	Preparer's signature Michele Robbins CPA	Date 09/20/24	Check <input type="checkbox"/> if self-employed	PTIN P01063094
Preparer	Firm's name LBW CPAs and Associates, Inc.			Firm's EIN 27-1774410	
Use Only	Firm's address 3000 N Ponce de Leon Blvd, Ste A Saint Augustine, FL 32084			Phone no. 904-824-1521	

Statement 1 - Form 1120-H, Line 15 - Other Deductions

<u>Description</u>	<u>Amount</u>
Management fee allocation	\$ 278
Total	<u>\$ 278</u>

CLIENT COPY

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

▶ **File a separate application for each return.**

▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.**

**Print
or
Type**

	Name Tributary Homeowners Assn., Inc. C/O Castle Group	Identifying number 85-4304446
	Number, street, and room or suite no. (If P.O. box, see instructions.) 76183 Tributary Dr	
	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).) Yulee FL 32097	

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 20 **23**, 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

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