Form 1120-H

Department of the Treasury
Internal Revenue Service
For calendar year 202

U.S. Income Tax Return for Homeowners Associations

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

OMB No. 1545-0123

	Ciluai	year zuzu o	<u>r tax year be</u> ç	ginning		, and end	lina	•		
	Name			Employer iden			oyer identificat	tification number		
	RU	JBY STAR AIRPARK PROPERTY OV			/NERS ASSOCIATION			26-1499026		
TYPE	Number, street, and room or suite no. If a P.O. bo 516 E. FORT LOWELL RD			k, see instructions.		Date	association form	ed		
OR			OWELLRD	· · · · · · · · · · · · · · · · · · ·					•	
PRINT	•	y or town			State	ZIP code				•
		CSON eign country nai	me.		AZ	<u>85705</u>				
	' ' ' '	eigh country hai	ITIE	roreign pro	ince/state/county	Foreign postal co	ode			
Charle	:£.	(4)			<u> </u>	·····			3/3/200	<u> </u>
Check	11,	(1)	Final return	(2)	Name change	(3)	Address ch	nange	(4)	Amended return
A	Check ty	pe of homeow	ners associatior	n: 🔲 C	ndominium managemer	nt association X	Residential re	al estate assoc	iation 🔲	Timeshare association
В	Total	exempt fund	tion income.	Must meet	60% gross income to			·	В	58,595
С	Total expenditures made for purposes des			cribed in 90% expenditure test. See instructions			C	51,829		
D	Association's total expenditures for the tax			year. See instructions				D	52,307	
E	Tax-exempt interest received or accrued of			uring the tax year				E	02,001	
				Gross	ncome (excluding exempt function income)					
1	Dividends							1	· · · · · · · · · · · · · · · · · · ·	
2	Taxab	ole interest		, , ,					. 2	71
3	Gross rents							3	<u></u>	
4	Gross royalties						4	· · · · · · · · · · · · · · · · · · ·		
5	Capital gain net income (attach Schedule)			D (Form 1120))			5			
6	Net g	ain or (loss)	from Form 47	797, Part II,	line 17 (attach Form 4797)				6	
<i>(</i>	Otner	income (exc	cluding exem	pt function i	hcome) (attach statement)				. 7	
<u> </u>	Gross	s income (e)	xcluding exer	npt function	income). Add lines	1 through 7		<u>, , , , , , , , , , , , , , , , , , , </u>	. 8	71
	Colori	eauctions	s (directly c	onnected	o the production of	of gross incom	ne, excludir	ng exempt f	unction ir	ncome)
9 10	Salari	es and wage	es		- , ,				9	
10	Repairs and maintenance					• • • •		. 10		
12	Rents							11		
13	Taxes and licenses			,		• • • • •	• • • •	. 12	50	
14	Interest				· • • • • • •			13		
15	Depreciation (attach Form 4562) Other deductions (attach statement)			,				14	400	
16	Total deductions. Add lines 9 through 15					, .		15	428	
17	Taxable income before specific deduction			f \$100. Subtract line 16 from line 8			17	<u>478</u> -407		
18	Specific deduction of \$100						• • • • •	18	\$100	
					Tax and F	ayments				Ψ100
19	Taxab	le income.	Subtract line	18 from line	17				. 19	-507
20	Enter 30% (0.30) of line 19. (Timeshare as			sociations, enter 32% (0.32) of line 19.)				. 20	0	
21	lax credits (see instructions)							. 21	<u></u>	
22 .	Total tax. Subtract line 21 from line 20. Se			e instructions for rec	apture of certair	n credits .	• • • • • •	22	0	
23a	2019 overpayment credited to 2020									
ų V	2020 estimated tax payments			23b	c Total	23c		0		
u	Crodit	posited with	FORM 7004			. , , ,	23d			
f	Credit for tax paid on undistributed capital			ains (attach Form 2	439)	. 23e	<u> </u>			
g g	Credit for federal tax paid on fuels (attach f			om 4136)		23f				
24	Add lines 23c through 23f			22 See instructions		· · · · ·		23g	0	
25	Amount owed. Subtract line 23g from line Overpayment. Subtract line 22 from line 2			rz. oce manachons ia		, , , , ,		}	0	
26	Enter a	amount of lin	ne 25 you war	nt: Credited	to 2021 estimated	tax ►		Refunded I	≥ 25 ≥ 26	0
	Under penalties of perjury, I declare that I have examined this reti			rn, including accompanying sch	nedules and statements.	and to the best of	my knowledge and t	belief, it is true	<u>U</u>	
Sign				r) is based on all information of which preparer has any knowledge.				Joine II I I I I I I I I I I I I I I I I I		
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.5.5									tions. X Yes No	
<u>,</u>		Print/Tune pro	eparer's name		Dronovorto -ituri	· ·	T	<u> </u>		
Paid		1			Preparer's signature		Date		heck X if	· ·
repai		Firm's name I ADDV DECKED		ARRY RECKER	· · · · · · · · · · · · · · · · · · ·	3/12/		elf-employed	P01249457	
Jse Only		V			• · · · · · · · · · · · · · · · · · · ·			_	irm's EIN	/PAAN
or Paperwork Reduction Act					H DRIVE, ORO VALLEY, AZ 85737				hone no.	(520) 406-3296

Line 15 (1120-H) - Other Deductions

		P110
1	ACCOUNTING & TAX SERVICES	
2	ALLOCATED MANAGEMENT FEES	1 1/5 2 252
3	Total other deductions	4 <u>20</u> 3
· · · · ·		3 428