

For the calendar year 2020 or fiscal year beginning 2020 and ending 20

Business Telephone Number (with area code) (520) 624-1206	Name RUBY STAR AIRPARK PROPERTY OWNERS ASSOCIATION	Employer Identification Number (EIN) 26-1499026
Business Activity Code (from federal Form 1120) 531390	Address - number and street or PO Box 516 E. FORT LOWELL RD City, Town or Post Office TUCSON	State AZ ZIP Code 85705

IMPORTANT: Do not use Form 120A to file an Arizona combined or consolidated return. Use Form 120.

Check box if return filed under FEDERAL extension:
 82F Do not check if using Arizona Extension

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM

66 RCVD

68 Check box if:

A This is a first return B Name change C Address change

A Is FEDERAL return filed on a consolidated basis? Yes No

If "Yes", list EIN of common parent from consolidated return

B Is this the corporation's final ARIZONA return under this EIN? Yes No

If "Yes", check one:

1 Dissolved 2 Withdrawn 3 Merged/Reorganized

List EIN of the successor corporation, if any

Arizona Taxable Income Computation

1 Taxable income per included federal return	1	-507 00
2 Additions to taxable income from page 2, Schedule A, line A9	2	150 00
3 Total taxable income: Add lines 1 and 2. Enter the total.	3	-357 00
4 Subtractions from taxable income from page 2, Schedule B, line B11	4	0 00
5 Adjusted income: Subtract line 4 from line 3. Enter the difference.	5	-357 00
6 Arizona basis net operating loss carryover: Include computation schedule	6	0 00
7 Arizona taxable income: Subtract line 6 from line 5. Enter the difference.	7	-357 00

Arizona Tax Liability Computation

8 Enter tax: Tax is 4.9 percent of line 7 or fifty dollars (\$50), whichever is greater	8	50 00
9 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 22	9	0 00
10 Subtotal: Add lines 8 and 9. Enter the total	10	50 00
11 Nonrefundable tax credits from Arizona Form 300, Part 2, line 40	11	0 00
12 Credit type: Enter form number for each nonrefundable credit used: 121 <input type="checkbox"/> 3 122 <input type="checkbox"/> 3 123 <input type="checkbox"/> 3 124 <input type="checkbox"/> 3		
13 Tax liability: Subtract line 11 from line 10. Enter the difference	13	50 00

Tax Payments

14 Refundable tax credits: Check box(es) and enter amount 141 <input type="checkbox"/> 308 142 <input type="checkbox"/> 349	14	0 00
15 Extension payment made with Form 120EXT or online: See instructions	15	0 00
16 Estimated tax payments: 16a <input type="checkbox"/> 0 00 Claim of Right: 16b <input type="checkbox"/> 00 Add 16a and 16b...	16c	0 00
17 Total payments: Add lines 14, 15, and 16c. Enter the total	17	0 00

Computation of Total Due or Overpayment

18 Balance of tax due: If line 13 is larger than line 17, subtract line 17 from line 13. Enter the difference. Skip line 19	18	50 00
19 Overpayment of tax: If line 17 is larger than line 13, subtract line 13 from line 17. Enter the difference	19	0 00
20 Penalty and interest	20	0 00
21 Estimated tax underpayment penalty: If Form 220 is included, check box 21A <input type="checkbox"/>	21	0 00
22 TOTAL DUE: See instructions	22	50 00
23 OVERPAYMENT: See instructions	23	0 00
24 Amount of line 23 to be applied to 2021 estimated tax	24	0 00
25 Amount to be refunded: Subtract line 24 from line 23. Enter the difference.	25	0 00

Continued on page 2 →

SCHEDULE A Additions to Taxable Income		A1	0	00
A1	Total federal depreciation	A2	50	00
A2	Taxes based on income paid to any state (INCLUDING ARIZONA), local governments or foreign governments..	A3		00
A3	Interest on obligations of other states, foreign countries, or political subdivisions	A4	100	00
A4	Special deductions claimed on federal return	A5	0	00
A5	Federal net operating loss deduction claimed on federal return	A6	0	00
A6	Additions related to Arizona tax credits: See instructions	A7		00
A7	Capital loss from exchange of legal tender	A8	0	00
A8	Other additions to federal taxable income: See instructions	A9	150	00
A9	Total: Add lines A1 through A8. Enter the total here and on page 1, line 2			

SCHEDULE B Subtractions From Taxable Income		B1	0	00
B1	Recalculated Arizona depreciation: See instructions	B2		00
B2	Basis adjustment for property sold or otherwise disposed of during the taxable year: See instructions	B3		00
B3	Dividends received from 50% or more controlled domestic corporations	B4	0	00
B4	Foreign dividend gross-up	B5	0	00
B5	Dividends received from foreign corporations	B6	0	00
B6	Interest on U.S. obligations	B7		00
B7	Agricultural crops charitable contribution	B8	0	00
B8	Expenses related to certain federal tax credits See instructions	B9		00
B9	Capital gain from exchange of legal tender	B10	0	00
B10	Other subtractions from federal taxable income: See instructions	B11	0	00
B11	Total: Add lines B1 through B10. Enter the total here and on page 1, line 4			

SCHEDULE C Additional Information

C1 Date business began in Arizona: 03062000

C2 Address at which tax records are located for audit purposes: Number/Street: 516 E. FORT LOWELL RD
 City: TUCSON State: AZ ZIP Code: 85705

C3 The taxpayer designates the individual listed below as the person to contact to schedule an audit of this return and authorizes the disclosure of confidential information to this individual. (See instructions.)
 Name: LARRY RECKER Phone Number: (520) 406-3296
 Title: CPA (Area Code)

C4 List prior taxable years ending in MM/DD/YYYY format for which a federal examination has been finalized:

NOTE: A.R.S. § 43.327 requires the taxpayer, within ninety days after final determination, to report these changes under separate cover to the Arizona Department of Revenue or to file amended returns reporting these changes. (See instructions.)

C5 Indicate tax accounting method: Cash Accrual Other (Specify method.) _____

The following declaration must be signed by one of the following officers: president, treasurer, or any other principal officer.

Declaration
 Under penalties of perjury, I, the undersigned officer authorized to sign this return, declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here
 OFFICER'S SIGNATURE: [Signature] DATE: 3/16/2021 TITLE: President

Paid Preparer's Use Only
 OFFICER'S PRINTED NAME: _____
 LARRY RECKER
 PAID PREPARER'S SIGNATURE: _____ DATE: 3/12/2021 PAID PREPARER'S TIN: P01249457
 LARRY RECKER
 PAID PREPARER'S PRINTED NAME: _____
 LARRY RECKER CPA
 FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED): _____ FIRM'S EIN: _____
 10990 N. JOY FAITH DRIVE
 FIRM'S STREET ADDRESS: _____ FIRM'S TELEPHONE NUMBER: (520) 406-3296
 ORO VALLEY
 CITY: _____ STATE: AZ ZIP CODE: 85737

SCHEDULE A Additions to Taxable Income Continued

A6 Additions related to Arizona tax credits:

- A Environmental Technology Facility Credit:
 - 1 Excess Federal Depreciation or Amortization
 - 2 Excess in Federal Adjusted Basis
- B Pollution Control Credit:
 - 1 Excess Federal Depreciation or Amortization
 - 2 Excess in Federal Adjusted Basis
- C Credit for Taxes Paid for Coal Consumed in Generating Electrical Power
- D Credit for Employment of TANF Recipients
- E Credit for Corporate Contributions to School Tuition Organizations
- F Credit for Corporate Contributions to School Tuition Organizations for Displaced Students or Students with Disabilities
- G Total Additions Related to Arizona Tax Credits.
Enter this amount on page 2, Schedule A, line A6

A1	00
A2	00
B1	00
B2	00
C	00
D	00
E	00
F	00
G	0 00

A8 Other additions to federal taxable income:

- A Positive Partnership Income Adjustment
- B Federal Exploration Expenses
- C Federal Amortization or Depreciation for Facilities and Equipment Amortized Under Arizona Law:
 - 1 Pollution Control Devices
 - 2 Child Care Facilities
- D Expenses and Interest Relating to Income Not Taxed by Arizona
- E Amounts Repaid in Current Taxable Year
- F Excess Federal Capital Loss Carryover Under a Claim of Right Restoration
- G Domestic International Sales Corporations
- H Expenditures for the Americans With Disabilities Act
- I Total Other Additions to Federal Taxable Income.
Enter this amount on page 2, Schedule A, line A8

A	00
B	00
C1	00
C2	00
D	00
E	00
F	00
G	00
H	00
I	0 00

SCHEDULE B Subtractions from Taxable Income Continued

B8 Expenses related to certain federal tax credits:

- A Work Opportunity Credit
- B Empowerment Zone Employment Credit
- C Credit for Employer-Paid Social Security Taxes on Employee Cash Tips
- D Indian Employment Credit
- E Total Expenses Related to Certain Federal Tax Credits.
Enter this amount on page 2, Schedule B, line B8

A	0 00
B	0 00
C	00
D	0 00
E	0 00

B10 Other subtractions from federal taxable income:

- A Refunds of Taxes Based on Income
- B Negative Partnership Income Adjustment
- C Expense Recapture, Mine Explorations
- D Deferred Exploration Expenses
- E Exploration Expenses: Oil, Gas or Geothermal Resources
- F Arizona Amortization of Facilities and Equipment:
 - 1 Pollution Control Devices
 - 2 Cost of Child Care Facilities
- G Interest on Federally Taxable Arizona Obligations Evidenced by Bonds
- H Expenses and Interest Relating to Tax-Exempt Income
- I Claim of Right Adjustment
- J Dividends from Domestic International Sales Corporation (DISC)
- K Expenditures for the Americans with Disabilities Act
- L Total Other Subtractions From Federal Taxable Income.
Enter this amount on page 2, Schedule B, line B10

A	00
B	00
C	00
D	00
E	00
F1	00
F2	00
G	00
H	00
I	00
J	00
K	00
L	0 00

Department of the Treasury
Internal Revenue Service

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

For calendar year 2020 or tax year beginning		and ending	
TYPE OR PRINT	Name	RUBY STAR AIRPARK PROPERTY OWNERS ASSOCIATION	
	Number, street, and room or suite no. If a P.O. box, see instructions.	516 E. FORT LOWELL RD	
	City or town	State	ZIP code
	TUCSON	AZ	85705
Foreign country name	Foreign province/state/county	Foreign postal code	
		Employer identification number	26-1499026
		Date association formed	3/3/2000

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

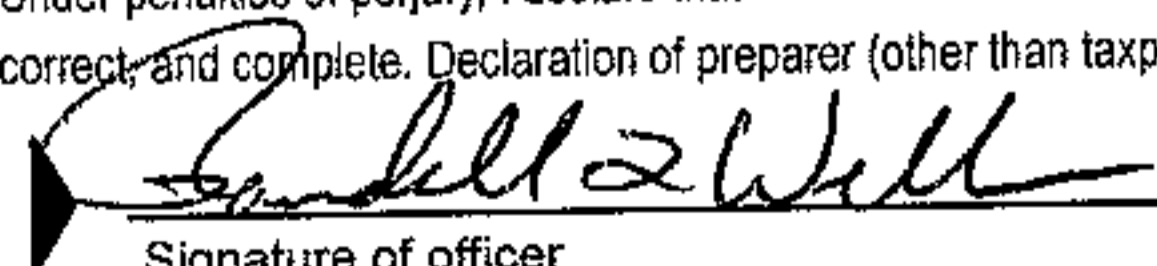
B	Total exempt function income. Must meet 60% gross income test. See instructions		58,595
C	Total expenditures made for purposes described in 90% expenditure test. See instructions		51,829
D	Association's total expenditures for the tax year. See instructions		52,307
E	Tax-exempt interest received or accrued during the tax year		

Gross Income (excluding exempt function income)			
1	Dividends		
2	Taxable interest		71
3	Gross rents		
4	Gross royalties		
5	Capital gain net income (attach Schedule D (Form 1120))		
6	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		
7	Other income (excluding exempt function income) (attach statement)		
8	Gross income (excluding exempt function income). Add lines 1 through 7		71

Deductions (directly connected to the production of gross income, excluding exempt function income)			
9	Salaries and wages		
10	Repairs and maintenance		
11	Rents		
12	Taxes and licenses		50
13	Interest		
14	Depreciation (attach Form 4562)		
15	Other deductions (attach statement)		428
16	Total deductions. Add lines 9 through 15		478
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8		-407
18	Specific deduction of \$100		\$100

Tax and Payments			
19	Taxable income. Subtract line 18 from line 17		-507
20	Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)		0
21	Tax credits (see instructions)		
22	Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits		0
23a	2019 overpayment credited to 2020	23a	
b	2020 estimated tax payments	23b	
c	Total	23c	0
d	Tax deposited with Form 7004	23d	
e	Credit for tax paid on undistributed capital gains (attach Form 2439)	23e	
f	Credit for federal tax paid on fuels (attach Form 4136)	23f	
g	Add lines 23c 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 2021 estimated tax ▶ Refunded ▶	26	0

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.

Sign Here  3/16/21 ▶ Preparer

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	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	LARRY RECKER	LARRY RECKER	3/12/2021		P01249457
	Firm's name ▶ LARRY RECKER CPA	Firm's address ▶ 10990 N. JOY FAITH DRIVE, ORO VALLEY, AZ 85737		Firm's EIN ▶	Phone no. (520) 406-3296

Line 15 (1120-H) - Other Deductions

1	ACCOUNTING & TAX SERVICES	1	175
2	ALLOCATED MANAGEMENT FEES	2	253
3	Total other deductions	3	428