

For the ☒ calendar year 2023 or ☐ fiscal year beginning 12.0.23 and ending 12.0.☐ Check this box if this return is based on a 52/53 week taxable year.

Business Telephone Number (with area code) (520) 477-1534	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 193448 S. RUBY AIRPARK DR City, Town or Post Office SAHUARITA	State AZ ZIP Code 85629

68 Check box if: A ☐ This is a first return B ☐ Name change C ☐ Address changeA Is FEDERAL return filed on a consolidated basis? ☐ Yes ☒ No

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

B ARIZONA filing method: See instructions (check only one):

1 ☒ Separate company 2 ☐ Combined (unitary group) 3 ☐ Consolidated

C If ARIZONA filing method is consolidated, enter the last day of

the tax year Forms 122 were filed to make the election

D If ARIZONA filing method is combined or consolidated, see Form 51

instructions. Is Form 51 included? ☐ Yes ☐ No

E ARIZONA apportionment for Multistate corporations only (check one box):

1 ☐ AIR CARRIER 2 ☐ STANDARD 3 ☐ SALES FACTOR ONLYF ☐ Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included. Indicate the year of the election cycle:☐ Yr 1 ☐ Yr 2 ☐ Yr 3 ☐ Yr 4 ☐ Yr 5G Is this the corporation's final ARIZONA return under this EIN? ☐ Yes ☒ No If "Yes", check one: 1 ☐ Dissolved 2 ☐ Withdrawn3 ☐ Merged/Reorganized List EIN of the successor corporation, if anyH Marijuana Establishments only: 1 ☐ Adult Use only 2 ☐ Dual Lic. elected for-profit 3 ☐ Dual Lic. did not elect for-profit.

1 Taxable income per included federal return.....	1	-148	00
2 Additions to taxable income from page 2, Schedule A, line A9.....	2	100	00
3 Total taxable income: Add lines 1 and 2. Enter the total.....	3	-48	00
4 Subtractions from taxable income from page 2, Schedule B, line B11.....	4		00
5 Adjusted income: Subtract Line 4 from line 3. Enter the difference	5	-48	00
Multistate corporations, go to line 6. 100% Arizona corporations, check box 5a ☒ Go to line 13.....			
6 Arizona adjusted income from line 5. Multistate corporations only	6		00
7 Nonapportionable or allocable amounts from page 2, Schedule C, line C8. Multistate corporations only	7		00
8 Adjusted business income: Subtract line 7 from line 6. Enter the difference. Multistate corporations only.....	8		00
9 Arizona apportionment ratio from Schedule E or Schedule ACA.....	9		
10 Adjusted business income apportioned to Arizona: Line 8 multiplied by line 9. Multistate corporations only	10		00
11 Other income allocated to Arizona from page 2, Schedule D, line D6. Multistate corporations only.....	11		00
12 Adjusted income attributable to Arizona: Add lines 10 and 11. Multistate corporations only.....	12		00
13 Arizona income before Net Operating Loss (NOL) from line 5 if 100% Arizona, or line 12 if Multistate corporation..	13	-48	00
14 Arizona basis NOL carryover: Include computation schedule.	14		00
15 Arizona taxable income: Subtract line 14 from line 13.....	15	-48	00
16 Enter tax: Tax is 4.9 percent of line 15 or fifty dollars (\$50), whichever is greater.....	16	50	00
17 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 23.....	17		00
18 Subtotal: Add lines 16 and 17. Enter the total.....	18	50	00
19 Nonrefundable tax credits claimed on line 20 from Arizona Form 300, Part 2, line 42.....	19		00
20 Enter form number for each nonrefundable credit used: 201 <u>13</u> 202 <u>13</u> 203 <u>13</u> 204 <u>13</u>			
21 Tax liability: Subtract line 19 from line 18. Enter the difference	21	50	00
22 Refundable tax credits: Check box(es) and enter amount: 221 ☐ 308 222 ☐ 334 223 ☐ 349	22		00
23 Extension payment made with Form 120/165EXT or online: See instructions	23		00
24 Estimated tax payments: 24a <u>00</u> Claim of Right: 24b <u>00</u> Add 24a and 24b	24c		00
25 Total payments: Add lines 22, 23, and 24c. Enter the total.....	25		00
26 Balance of tax due: If line 21 is larger than line 25, subtract line 25 from line 21. Enter the difference. Skip line 27.	26	50	00
27 Overpayment of tax: If line 25 is larger than line 21, subtract line 21 from line 25. Enter the difference.....	27		00
28 Penalty and interest.....	28		00
29 Estimated tax underpayment penalty. If Form 220/PTE is included, check this box 29A ☐	29		00
30 TOTAL DUE: See instructions	30	50	00
31 OVERPAYMENT: See instructions.....	31		00
32 Amount of line 31 to be applied to 2024 estimated tax.....	32		00
33 Amount to be refunded: Subtract line 32 from line 31	33		00

Name (as shown on page 1) RUBY STAR AIRPARK PROPERTY OWNERS ASSOCIATION	EIN 26-1499026
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SCHEDULE A Additions to Taxable Income

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

SCHEDULE B Subtractions from Taxable Income

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

SCHEDULE C Nonapportionable Income and Expenses (Multistate Corporations Only)

C1	Nonbusiness dividends and interest income:			
a	Total nonbusiness dividends not deducted in Schedule B.....	C1a		00
b	Interest from nonbusiness sources	C1b		00
c	Total nonbusiness dividends and interest: Add lines C1a and C1b	C1c		00
C2	Net royalties from nonbusiness assets: Include schedule.			
a	Net royalties from nonbusiness real and tangible personal property.....	C2a		00
b	Net royalties from nonbusiness patents and copyrights	C2b		00
c	Total net royalties from nonbusiness assets: Add lines C2a and C2b	C2c		00
C3	Net income or (loss) from rental of nonbusiness assets: Include schedule.	C3		00
C4	Net capital gain or (loss) from sale or exchange of nonbusiness assets utilized for production of nonbusiness income: Include schedule.....	C4		00
C5	Other income or (loss): Include schedule.....	C5		00
C6	Subtotal: Add lines C1c, C2c, and C3 through C5.....	C6		00
C7	Expenses attributable to income derived from a foreign corporation which is not itself subject to Arizona income tax: Include schedule.....	C7		00
C8	Total: Subtract line C7 from line C6. Enter the total here and on page 1, line 7	C8		00

SCHEDULE D Other Income Allocated to Arizona (Multistate Corporations Only)

D1	Nonbusiness dividends and interest income:			
a	Total nonbusiness dividends.....	D1a		00
b	Interest from nonbusiness sources	D1b		00
c	Total nonbusiness dividends and interest: Add lines D1a and D1b	D1c		00
D2	Net royalties from nonbusiness assets: Include schedule.			
a	Net royalties from nonbusiness real and tangible personal property.....	D2a		00
b	Net royalties from nonbusiness patents and copyrights	D2b		00
c	Total net royalties from nonbusiness assets: Add lines D2a and D2b	D2c		00
D3	Net income or (loss) from rental of nonbusiness assets: Include schedule.	D3		00
D4	Net capital gain or (loss) from sale or exchange of nonbusiness assets utilized for production of nonbusiness income: Include schedule.....	D4		00
D5	Other income or (loss) directly allocable to Arizona: Include schedule.....	D5		00
D6	Total: Add lines D1c, D2c, and D3 through D5. Enter the total here and on page 1, line 11	D6		00

Name (as shown on page 1) RUBY STAR AIRPARK PROPERTY OWNERS ASSOCIATION	EIN 26-1499026
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SCHEDULE G Other Information

G1 Date business began in Arizona or date income was first derived from Arizona sources: 10/31/03

G2 Address at which tax records are located for audit purposes:

Number and Street: 193448 S. RUBY AIRPARK DR

City: SAHUARITA

State: AZ

ZIP Code: 85629

G3 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: JERRY A HAIN

Office Phone: (520) 477-1534

(Area Code)

Title: TREASURER

Email: _____

Cell Phone: _____

(Area Code)

G4 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.)

G5 List the taxable years ending in MM/DD/YYYY format for which federal examinations are now in progress and final determination of past examinations is still pending:

G6 List the taxable years ending in MM/DD/YYYY format for which federal waivers of the statute of limitations are in effect and dates on which waivers expire:

Taxable Year Ending: _____

Waiver Expiration Date: _____

G7 Indicate tax accounting method: ☒ Cash ☐ Accrual ☐ Other (Specify method.) _____

Multistate taxpayers:

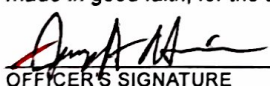
G8 Are the nonbusiness items reported on Schedule C, lines C1 through C5, and/or are the apportionment factor amounts reported on Schedule E, Column B treated consistently on all state tax returns filed under the Uniform Division of Income for Tax Purposes Act?

☐ Yes ☐ No If "No", the taxpayer must disclose the nature and extent of the variance upon request by the department.

G9 Has the taxpayer changed the way income is apportioned or allocated to Arizona from prior taxable year returns?

☐ Yes ☐ No

If "Yes", include explanation.

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		<u>10/13/25</u>
	OFFICER'S SIGNATURE	DATE
	<u>JERRY A HAIN</u>	TREASURER
	OFFICER'S PRINTED NAME	TITLE
Paid Preparer's Use Only	<u>Weston Jones</u>	<u>10/13/2025</u>
	PAID PREPARER'S SIGNATURE	DATE
	<u>Weston Jones</u>	<u>P00533602</u>
	PAID PREPARER'S PRINTED NAME	PAID PREPARER'S TIN
	<u>WESTON JONES ACCOUNTING SERVICES LLC</u>	<u>42-1645156</u>
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)	FIRM'S EIN
	<u>7463 E BROADWAY BLVD</u>	<u>(520) 722-6617</u>
	FIRM'S STREET ADDRESS	FIRM'S TELEPHONE NUMBER
	<u>TUCSON</u>	<u>AZ</u>
	CITY	STATE
		<u>85710</u>
		ZIP CODE

This form must be e-filed unless the corporation has a waiver or is exempt from e-filing.

See instructions for details.

SCHEDULE A Additions to Taxable Income Continued**A6 Additions related to Arizona tax credits:****A** Pollution Control Credit:

1 Excess Federal Depreciation or Amortization.....

2 Excess in Federal Adjusted Basis.....

B Credit for Taxes Paid for Coal Consumed in Generating Electrical Power.....**C** Credit for Employment of TANF Recipients.....**D** Credit for Donation of School Site.....**E** Credit for Motion Picture Production Costs.....**F** Credit for Corporate Contributions to School Tuition Organizations.....**G** Credit for Corporate Contributions to School Tuition Organizations for Displaced Students or Students with Disabilities.....**H** Total Additions Related to Arizona Tax Credits.

Enter this amount on page 2, Schedule A, line A6.....

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** Tax-Exempt Insurance Company Loss.....**F** Amounts Repaid in Current Taxable Year.....**G** Excess Federal Capital Loss Carryover Under a Claim of Right Restoration.....**H** Domestic International Sales Corporations.....**I** Expenditures for the Americans With Disabilities Act.....**J** Treatment of Installment Obligations When Corporate Activities Cease in Arizona.....**K** Total Other Additions to Federal Taxable Income.

Enter this amount on page 2, Schedule A, line A8.....

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.....

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 Federal Taxable Arizona Obligations Evidenced by Bonds.....**H** Expenses and Interest Relating to Tax-Exempt Income.....**I** Tax-Exempt Insurance Company Income.....**J** Claim of Right Adjustment.....**K** Dividends from Domestic International Sales Corporation (DISC).....**L** Income from Disaster Relief Efforts.....**M** Expenditures for the Americans with Disabilities Act.....**N** Contributions in Aid of Construction (see instructions).....**O** Marijuana Establishments *only* (see instructions)1 Federal Disallowed Expenses, *or*.....

2 Federal Taxable Income Attributable to NMMD Operations.....

P Total Other Subtractions from Federal Taxable Income.

Enter this amount on page 2, Schedule B, line B10.....

U.S. Income Tax Return
for Homeowners AssociationsGo 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	Employer identification number
	RUBY STAR AIRPARK PROPERTY OWNERS ASSOCIATION	26-1499026
	Number, street, and room or suite no. If a P.O. box, see instructions.	Date association formed
	193448 S. RUBY AIRPARK DR	03/03/2000
	City or town, state or province, country, and ZIP or foreign postal code	
	SAHUARITA, AZ 85629	

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 115,273

C Total expenditures made for purposes described in 90% expenditure test. See instructions C 14,088

D Association's total expenditures for the tax year. See instructions D 14,968

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	832
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	832

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	10
13	Interest	13	
14	Depreciation (attach Form 4562)	14	
15	Other deductions (attach statement) See Statement	15	870
16	Total deductions. Add lines 9 through 15	16	880
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	-48
18	Specific deduction of \$100	18	\$100

Tax and Payments

19	Taxable income. Subtract line 18 from line 17	19	-148
20	Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20	
21	Tax credits (see instructions)	21	
22	Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	
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	
25	Overpayment. Subtract line 22 from line 23g	25	
26	Enter amount of line 25 you want: Credited to 2024 estimated tax Refunded	26	

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	Signature of officer	Date	TREASURER	May the IRS discuss this return with the preparer shown below? See instructions. ☐ Yes ☐ No
			Title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Weston Jones	Weston Jones	10/13/2025		P00533602
	Firm's name	Firm's EIN			
	WESTON JONES ACCOUNTING SERVICES LLC	42-1645156			
	Firm's address	Phone no. (520) 722-6617			
	7463 E BROADWAY BLVD TUCSON AZ 85710				

Additional Information From 2023 Federal Corporation Tax Return

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

Other Deductions**Continuation Statement**

Description	Amount
BANK CHARGES	568
OFFICE EXPENSE	302
Total	870