

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

For calendar year 2018 or tax year beginning _____, and ending _____

TYPE OR PRINT	Name CRYSTAL RIDGE HOMEOWNERS' ASSOCIATION OF PUYALLUP, WASHINGTON	Employer identification number 91-1586904
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 73144	Date association formed 10/16/1992
	City or town, state or province, country, and ZIP or foreign postal code PUYALLUP, WA 98373-0144	

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 STATEMENT 1	B	173,460.
C Total expenditures made for purposes described in 90% expenditure test	SEE STATEMENT 2	C	206,622.
D Association's total expenditures for the tax year		D	206,622.
E Tax-exempt interest received or accrued during the tax year		E	0.

Gross Income (excluding exempt function income)

1 Dividends		1	
2 Taxable interest	SEE STATEMENT 3	2	94.
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	94.

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)		15	
16 Total deductions. Add lines 9 through 15		16	0.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8		17	94.
18 Specific deduction of \$100		18	\$100.00

Tax and Payments

19 Taxable income. Subtract line 18 from line 17		19	-6.
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)		20	0.
21 Tax credits		21	
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits		22	0.
23 a 2017 overpayment credited to 2018	23a	c Total ▶	0.
b 2018 estimated tax payments	23b		
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			
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 2019 estimated tax ▶		26	
		Refunded ▶	

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: *[Signature]* Date: **2/29/20** Title: **OFFICER**

May the IRS discuss this return with the preparer shown below (see instr.)?
 Yes No

Print/Type preparer's name MELANI M. JOYAL, CPA	Preparer's signature <i>[Signature]</i>	Date 1/29/20	Check if self-employed <input type="checkbox"/>	PTIN P00021525
Firm's name RHODES & ASSOCIATES, P.L.L.C.	Firm's EIN 91-2041338		Phone no. (253) 528-0808	
Firm's address 31620 23RD AVE S #218 FEDERAL WAY, WA 98003				

FORM 1120-H EXEMPT FUNCTION INCOME STATEMENT 1

DESCRIPTION	AMOUNT
HOA MEMBERSHIP DUES	165,241.
HOA LATE PAYMENT FEES	3,819.
FINES AND SERVICE FEES	4,400.
TOTAL TO FORM 1120-H, ITEM B	173,460.

FORM 1120-H EXPENDITURES DESCRIBED IN 90% TEST STATEMENT 2

DESCRIPTION	AMOUNT
ADVERTISING	254.
INSURANCE	6,440.
LANDSCAPING	155,221.
LICENSES AND FEES	185.
MANAGEMENT FEES	23,400.
OFFICE EXPENSE	456.
POSTAGE AND MAIL	652.
PROFESSIONAL FEES	6,597.
PROPERTY TAXES	626.
UTILITIES	12,791.
TOTAL TO FORM 1120-H, ITEM C	206,622.

FORM 1120-H INTEREST INCOME STATEMENT 3

DESCRIPTION	US	OTHER
INTEREST INCOME - BANK		94.
TOTAL TO FORM 1120-H, LINE 2		94.