Form **1120-H**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for Homeowners Associations

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

OMB No. 1545-0123

2023

For calendar year 2023 or tax year beginning , and ending

TYPE OR PRINT	Name: **Ravenna Woods Condominium Association**	Employer identification number: **91-1170543**
	Number, street, and room or suite no. If a P.O. box, see instructions.: **PO Box 75535**	Date association formed: **03/15/1979**
	City or town, state or province, country, and ZIP or foreign postal code: **Seattle WA 98175**	

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	159,432
C	Total expenditures made for purposes described in 90% expenditure test. See instructions	C	196,398
D	Association's total expenditures for the tax year. See instructions	D	197,433
E	Tax-exempt interest received or accrued during the tax year	E	1,798

Gross Income (excluding exempt function income)

1	Dividends	1	15,753
2	Taxable interest	2	49
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	15,802

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	1,035
16	**Total deductions.** Add lines 9 through 15	16	1,035
17	Taxable income before specific deduction of $100. Subtract line 16 from line 8	17	14,767
18	Specific deduction of $100	18	100

Tax and Payments

19	**Taxable income.** Subtract line 18 from line 17			19	14,667
20	Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)			20	4,400
21	Tax credits (see instructions)			21	
22	**Total tax.** Subtract line 21 from line 20. See instructions for recapture of certain credits			22	4,400
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	4,400
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: Keith Gammons Keith Gammons Date: 04/09/24 Title: Treasurer

Paid Preparer Use Only

Print/Type preparer's name: **Jeremy Newman**	Preparer's signature: **Jeremy Newman**	Date: **03/27/24**	Check ☐ if self-employed	PTIN: **P00861547**
Firm's name: **Newman Certified Public Accountant, PC**			Firm's EIN: **26-3519134**	
Firm's address: **10900 N.E. 4th Street, Suite 2300 Bellevue, WA 98004**			Phone no.: **844-560-7300**	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **1120-H** (2023)

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

Description	Amount
Tax preparation	$ 250
Management & Accounting	785
Total	$ 1,035

Form **7004**
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

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

▶ **File a separate application for each return.**
▶ **Go to *www.irs.gov/Form7004* for instructions and the latest information.**

OMB No. 1545-0233

Print or Type

Name
Ravenna Woods Condominium Association

Identifying number
91-1170543

Number, street, and room or suite no. (If P.O. box, see instructions.)
PO Box 75535

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).)
Seattle WA 98175

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 2023, 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	4,400
7	**Total** payments and credits. See instructions	7	0
8	**Balance due.** Subtract line 7 from line 6. See instructions	8	4,400

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

Form **7004** (Rev. 12-2018)

DAA