CLIENT'S COPY

H&H CPAs AND ADVISORS
strength in numbers

mailing address 312 North Main Street, Gunnison, CO 81230 • 970.641.6241
309 Belleview Avenue, Crested Butte, CO 81224 • 970.349.3429

JANUARY 13, 2026

ASPEN CONDOMINIUM HOME OWNERS ASSOCIATIO
747 RIO VISTA ROAD
GUNNISON, CO 81230

ASPEN CONDOMINIUM HOME OWNERS ASSOCIATIO:

ENCLOSED ARE YOUR 2024 CORPORATE TAX RETURNS, AS FOLLOWS...

2024 U.S. INCOME TAX RETURN FOR HOMEOWNERS ASSOCIATIONS

2024 COLORADO CORPORATION INCOME TAX RETURN

YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

H&H CPAS AND ADVISORS LLC

Filing Instructions

Prepared for:	Prepared by:
ASPEN CONDOMINIUM HOME OWNERS ASSOCI 747 RIO VISTA ROAD GUNNISON, CO 81230	H&H CPAS AND ADVISORS LLC PO BOX 1218 CRESTED BUTTE, CO 81224

2024 HOMEOWNERS ASSOCIATION INCOME TAX RETURN

NO PAYMENT IS REQUIRED.

THE RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-CORP TO OUR OFFICE. WE WILL THEN SUBMIT YOUR RETURN TO THE IRS.

2024 COLORADO FORM 112

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

THE COLORADO RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE CDOR, PLEASE SIGN, DATE AND RETURN DR 8454 TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE CDOR. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE CDOR.

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mailing address 312 North Main Street, Gunnison, CO 81230 • 970.641.6241
309 Belleview Avenue, Crested Butte, CO 81224 • 970.349.3429

PRIVACY POLICY

CPAS, LIKE ALL PROVIDERS OF PERSONAL FINANCIAL SERVICES, ARE NOW REQUIRED BY LAW TO INFORM THEIR CLIENTS OF THEIR POLICIES REGARDING PRIVACY OF CLIENT INFORMATION. CPAS HAVE BEEN AND CONTINUE TO BE BOUND BY PROFESSIONAL STANDARDS OF CONFIDENTIALITY THAT ARE EVEN MORE STRINGENT THAN THOSE REQUIRED BY LAW. THEREFORE, WE HAVE ALWAYS PROTECTED YOUR RIGHT TO PRIVACY.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

WE COLLECT NONPUBLIC PERSONAL INFORMATION ABOUT YOU THAT IS EITHER PROVIDED TO US BY YOU OR OBTAINED BY US WITH YOUR AUTHORIZATION.

PARTIES TO WHOM WE DISCLOSE INFORMATION

FOR CURRENT AND FORMER CLIENTS, WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFORMATION OBTAINED IN THE COURSE OF OUR PRACTICE EXCEPT AS REQUIRED OR PERMITTED BY LAW. PERMITTED DISCLOSURES INCLUDE, FOR INSTANCE, PROVIDING INFORMATION TO OUR EMPLOYEES AND, IN LIMITED SITUATIONS, TO UNRELATED THIRD PARTIES WHO NEED TO KNOW THAT INFORMATION TO ASSIST US IN PROVIDING SERVICES TO YOU. IN ALL SUCH SITUATIONS, WE STRESS THE CONFIDENTIAL NATURE OF INFORMATION BEING SHARED.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

WE RETAIN RECORDS RELATING TO PROFESSIONAL SERVICES THAT WE PROVIDE SO THAT WE ARE BETTER ABLE TO ASSIST YOU WITH YOUR PROFESSIONAL NEEDS AND, IN SOME CASES, TO COMPLY WITH PROFESSIONAL GUIDELINES. IN ORDER TO GUARD YOUR NONPUBLIC PERSONAL INFORMATION, WE MAINTAIN PHYSICAL, ELECTRONIC, AND PROCEDURAL SAFEGUARDS THAT COMPLY WITH OUR PROFESSIONAL STANDARDS.

****

PLEASE CALL IF YOU HAVE ANY QUESTIONS, BECAUSE YOUR PRIVACY, OUR PROFESSIONAL ETHICS, AND THE ABILITY TO PROVIDE YOU WITH QUALITY FINANCIAL SERVICES ARE VERY IMPORTANT TO US.

***** THIS IS NOT A FILEABLE COPY *****

Form **8879-CORP**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

E-file Authorization for Corporations

For calendar year 2024, or tax year beginning _____, 2024, ending _____, 20 ___

For use with Form 1120 series returns.
Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879CORP for the latest information.

OMB No. 1545-0123

Name of corporation	Employer identification number
ASPEN CONDOMINIUM HOME OWNERS ASSOCIATIO	84-1139129

Part I **Information** (Whole dollars only)

1	Total income (Form 1120, line 11)	1	
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	
4	Total income (Form 1120 -H , line 8)	4	

Part II **Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.**

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS **(a)** an acknowledgment of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize H&H CPAS AND ADVISORS LLC to enter my PIN 01006
ERO firm name **do not enter all zeros**

as my signature on the corporation's electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature **** THIS IS NOT A FILEABLE COPY **** Date **** Title TREASURER

Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 84413801006
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112,** IRS *e-file* Application and Participation, and **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature _____ Date 01/13/26

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

2024

For calendar year 2024 or tax year beginning , and ending

TYPE OR PRINT	Name	Employer identification number
	ASPEN CONDOMINIUM HOME OWNERS ASSOCIATIO	84-1139129
	Number, street, and room or suite no. If a P.O. box, see instructions.	Date association formed
	747 RIO VISTA ROAD	08/27/1990
	City or town, state or province, country, and ZIP or foreign postal code	
	GUNNISON, CO 81230	

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	9,950.
C	Total expenditures made for purposes described in 90% expenditure test ..... SEE STATEMENT 2	C	6,465.
D	Association's total expenditures for the tax year	D	6,465.
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	2	
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	0.

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	0.
18	Specific deduction of $100	18	$100

Tax and Payments

19	**Taxable income.** Subtract line 18 from line 17			19	-100.
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** 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	0.
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 2025 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.

Signature of officer | Date | TREASURER Title

May the IRS discuss this return with the preparer shown below? See instr. ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
COLLEEN C HEGEMAN CPA	COLLEEN C HEGEMAN CP	01/13/26	☐	P00676545

Firm's name H&H CPAS AND ADVISORS LLC — Firm's EIN 81-3094524

Firm's address PO BOX 1218, CRESTED BUTTE, CO 81224 — Phone no. 970-349-3429

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

ASPEN CONDOMINIUM HOME OWNERS ASSOCIATIO
747 RIO VISTA ROAD
GUNNISON, CO 81230

Employer Identification Number: 84-1139129

For the Year Ending December 31, 2024

ASPEN CONDOMINIUM HOME OWNERS ASSOCIATIO is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

FORM 1120-H EXEMPT FUNCTION INCOME STATEMENT 1

DESCRIPTION	AMOUNT
HOA MEMBERSHIP DUES	9,950.
TOTAL TO FORM 1120-H, ITEM B	9,950.

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

DESCRIPTION	AMOUNT
BANK SERVICE CHARGES	16.
INSURANCE	2,080.
LEGAL AND PROFESSIONAL FEES	350.
MANAGEMENT FEES	800.
REPAIRS AND MAINTENANCE	931.
SNOW REMOVAL	293.
SUPPLIES	51.
UTILITIES	1,944.
TOTAL TO FORM 1120-H, ITEM C	6,465.

248454 11019

DR 8454 (11/04/24)
COLORADO DEPARTMENT OF REVENUE
Denver CO 80261-0005
Tax.Colorado.gov

State of Colorado Income Tax Declaration for Online Electronic Filing

Do not mail this form to the IRS or the Colorado Department of Revenue. **Retain with your records.**

For Tax Year (MM/DD/YY)	or Fiscal Year beginning (MM/DD/YY)
01/01/24	

Income Tax Type

Individual (DR 0104)	C-Corporation (DR 0112)	Partnership/S-Corp (DR 0106)	Fiduciary (DR 0105)	Exempt Entity (DR 0990)
☐	☒	☐	☐	☐

Taxpayer's Last Name or Business Name	First Name or Business DBA if different from Business Name	Middle Initial
ASPEN CONDOMINIUM HOME OWN		

Spouse's Last Name (if applicable)	First Name	Middle Initial

Taxpayer's SSN or ITIN	Spouse's SSN or ITIN (if applicable)	FEIN
		84-1139129

Taxpayer's or Business's Address	City	State	ZIP
747 RIO VISTA ROAD	GUNNISON	CO	81230

Part I - Tax Return Information

1. Total Income from your federal return (see instructions for more information)	1	$ 9,950
2. Taxable Income (or allowable deduction) from your federal return (see instructions for more information)	2	$ -100
3. Colorado Tax (or recapture of prior year credits) from your Colorado return (see instructions for more information)	3	$
4. Colorado Tax Withheld, Payments, or Credits from your Colorado return (see instructions for more information)	4	$

Part II - Declaration of Taxpayer

Under penalties of perjury, I declare that the information I have provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on my Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature of taxpayer, fiduciary officer, or partner	Title	Date (MM/DD/YY)
	TREASURER	

Spouse's Signature (If Joint Return, Both Must Sign)	Date (MM/DD/YY)

Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here ☒

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's Federal/Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8454) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number, Your SSN, or ITIN
	P00676545
Check if also Preparer ☐	Date (MM/DD/YY) 01/13/26

240112 11019

DR 0112 (10/11/24)
COLORADO DEPARTMENT OF REVENUE
Tax.Colorado.gov

2024 Colorado C Corporation Income Tax Return

Do not submit federal return, forms or schedules when filing this return.

(0023)

Fiscal Year Beginning (MM/DD/24)	Fiscal Year Ending (MM/DD/YY)

Name of Corporation	• Colorado Account Number (CAN)
ASPEN CONDOMINIUM HOME OWNERS ASSOCIATION	
Address	• Federal Employer ID Number (FEIN)
747 RIO VISTA ROAD	84-1139129

City	State	ZIP
GUNNISON	CO	81230

• ☐ Mark for Final Return

• ☐ If you are submitting a statement disclosing a listed or reported transaction, mark this box

• **A. Apportionment of Income.** This return is being filed for:

- ☒ **(42)** A corporation not apportioning income;
- ☐ **(43)** A corporation engaged in interstate business apportioning income using receipts-factor apportionment (DR 0112RF required);
- ☐ **(44)** A corporation engaged in interstate business apportioning income using special rule (DR 0112RF required);
- ☐ **(46)** A corporation claiming an exemption under P.L. 86-272;
- ☐ **(47)** Other apportionment method, see instructions concerning the requirement for approval by the Department (fill in below);

• **B. Separate/Consolidated/Combined Filing.** This return is being filed for:

- ☒ A single corporation filing a separate return;
- ☐ An affiliated group of corporations electing to file a consolidated report. **Warning:** such election is binding for four years. If your election was made in a prior year, enter the year of election in line below. (Schedule C required);
  - • Enter the year of election (YYYY)
- ☐ An affiliated group of corporations required to file a combined return (Schedule C required);
- ☐ An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated group (Schedule C required);

Federal Taxable Income

		Round to nearest dollar	
1. Federal taxable income from Federal form 1120 line 30 or Form 990-T, Part I, line 11.	• 1	-100	00
2. Federal taxable income of companies not included in this return	• 2	0	00
3. Net federal taxable income, subtract line 2 from line 1	3	-100	00

Name of Corporation (match page 1)	CAN or FEIN (match page 1)
ASPEN CONDOMINIUM HOME OWNERS ASSOCIATION	84-1139129

Additions

4. Federal net operating loss deduction	**4**		00
5. Colorado income tax deduction	**5**		00
6. Business meals deducted pursuant to section 274(k) of the Internal Revenue Code	**6**		00
7. Other additions, submit explanation	**7**		00
8. Sum of lines 3 through 7	**8**	-100	00

Subtractions

9. Exempt federal interest	**9**		00
10. Excludable foreign source income	**10**		00
11. Colorado Marijuana and Natural Medicine Business Deduction	**11**		00
12. Other subtractions, explanation required below	**12**		00
Explain:			
13. Sum of lines 9 through 12	**13**		00

Taxable Income

14. Modified federal taxable income, subtract line 13 from line 8	**14**	-100	00
15. Colorado taxable income before net operating loss deduction	**15**	-100	00
16. Colorado net operating loss deduction: (see instructions)			
(a) Colorado net operating losses carried forward from tax years beginning before January 1, 2018	**16(a)**	00	
(b) Subtract line 16(a) from line 15, if zero skip to 16(d)	**16(b)**	00	
(c) Colorado net operating losses carried forward from tax years beginning on or after January 1, 2018	**16(c)**	00	
(d) Colorado net operating loss deduction, sum of (a) and (c)	**16(d)**		00
17. Carryforward deduction from Income Tax Year 2021, subtractions from HB21-1002 (see instructions)	**17**		00
18. Colorado taxable income, subtract the sum of lines 16(d) and 17 from line 15	**18**	-100	00
19. Tax, 4.25% of the amount on line 18	**19**	0	00

Name of Corporation (match page 1)	CAN or FEIN (match page 1)
ASPEN CONDOMINIUM HOME OWNERS ASSOCIATION	84-1139129

Credits

20. Sum of nonrefundable credits from DR 0112CR line 28B, the sum of lines 20, 21, 22 and 23 cannot exceed tax on line 19, you must submit the DR 0112CR with your return.	• **20**		00
21. Nonrefundable Enterprise Zone credits used - as calculated, or from the DR 1366 line 26, the sum of lines 20, 21, 22 and 23 cannot exceed tax on line 19, you must submit the DR 1366 with your return.	• **21**		00
22. Nonrefundable CHIPS Zone Credits from the DR 1370 line 22, the sum of lines 20, 21, 22 and 23 cannot exceed line 19, you must submit the DR 1370 with your return.	• **22**		00
23. Strategic capital tax credit from DR 1330 line 8b, the sum of lines 20, 21, 22 and 23 cannot exceed line 19, you must submit the DR 1330 with your return.	• **23**		00
24. Net tax, sum of lines 20, 21, 22 and 23. Subtract that sum from line 19.	**24**	0	00
25. Recapture of prior year credits	• **25**		00
26. Sum of lines 24 and 25	**26**	0	00
27. Estimated tax, extension payments, and credits	• **27**		00
28. W-2G Withholding from lottery winnings, you must submit the W-2G(s) with your return.	• **28**		00
29. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	• **29**		00
30. Innovative Motor Vehicle and Innovative Truck Credit for a vehicle you purchased or leased from form DR 0617, you must submit the DR 0617(s) with your return.	• **30**		00
31. Business Personal Property Credit: Use the calculation in the 112 book instructions to calculate, you must submit a copy of the assessor's statement with your return.	• **31**		00
32. Renewable Energy Tax Credit from form DR 1366 line 28, you must submit the DR 1366 with your return.	• **32**		00
33. SALT Parity Act Credit (see instructions).	• **33**		00
34. Credit for conversion costs to an employee-owned business model. You must submit the certificate from the Office of Economic Development with your return.	• **34**		00
35. Alternative Transportation Options Credit.	• **35**		00
36. Refundable Residential Energy Storage Systems Credit (assigned to you by the building owner) from line 10 of DR 1307, which you must submit with your return.	• **36**		00
37. Heat Pump Credit for Registered Contractors from DR 1322, line 7	• **37**		00
38. Colorado Film Incentive Credit.	• **38**		00
39. Food Accessibility Credit, certified by the Department of Agriculture	• **39**		00
40. Refundable CHIPS Zone Credit(s) from the DR 1370 line 24, you must submit the DR 1370 with your return.	• **40**		00
41. Certified Greenhouse Gas Avoidance Credits, you must submit certificate(s) from the Colorado Energy Office with your return.	• **41**		00
42. Additional credit from form DR 0619, line 3 and 10, you must submit the DR 0619 with your return.	• **42**		00
43. Electric-Powered Lawn Equipment Credit for qualified retailers.	• **43**		00

Name of Corporation)match page 1)	CAN or FEIN (match page 1)
ASPEN CONDOMINIUM HOME OWNERS ASSOCIATION	84-1139129

44. Sum of lines 27 through 43	**44**		00
45. Net tax due. Subtract line 44 from line 26	**45**		00
46. Penalty	• **46**		00
47. Interest	• **47**		00
48. Estimated tax penalty due	• **48**		00
49. Total due. Enter the sum of lines 45 through 48	• **49**		
50. Overpayment, subtract line 26 from line 44	**50**		00
51. Amount from line 50 to carry forward to the next year's estimated tax	• **51**		00
52. Amount from line 50 to be refunded	• **52**		00

Direct Deposit

Routing Number ☐☐☐☐☐☐☐☐☐ Type: ☐ Checking ☐ Savings

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment directly from your bank account electronically.

File and pay at: *Colorado.gov/RevenueOnline or*
Mail and Make Checks Payable to: Colorado Department of Revenue
Denver, CO 80261-0006

Name of Corporation (match page 1)	CAN or FEIN (match page 1)
ASPEN CONDOMINIUM HOME OWNERS ASSOCIATION	84-1139129

C. The corporation's books are in care of:

Last Name	First Name	Middle Initial	Phone Number
REAL ESTATE	TAVA		

Address	City	State	ZIP
304 W TOMICHI AVE	GUNNISON	CO	81230

D. Business code number per federal return (NAICS)	**E.** Year corporation began doing business in Colorado
• 531310	•

F. Do you want to allow the paid preparer shown below to discuss this return and any related information with the Colorado Department of Revenue? See the instructions. • ☐ Yes ☐ No

G. Kind of business in detail
REAL ESTATE MANAGEMENT

H. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years? • ☐ Yes ☐ No

If yes, for which year(s)? (YYYY)

Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports? • ☐ Yes ☐ No

Last Name of person or firm preparing return	First Name	Middle Initial
H&H CPAS AND ADVISORS LLC		

Address of person or firm preparing return	Phone Number
PO BOX 1218	970-349-3429

City	State	ZIP
CRESTED BUTTE	CO	81224

Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature or Title of Officer	Date (MM/DD/YY)
TREASURER	

Do Not Submit Federal Return, Forms or Schedules when Filing this Return

If you are filing this return **with** a check or payment, please mail the return to:	If you are filing this return **without** a check or payment please mail the return to:
COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000**6**	COLORADO DEPARTMENT OF REVENUE Denver, CO 80261-000**5**

These addresses and ZIP codes are exclusive to the Colorado Department of Revenue, so a street address is not required.