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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

SUNSHINE CONDOMINIUMS ASSOCIATION  
PO BOX 2776  
CRESTED BUTTE, CO 81224

SUNSHINE CONDOMINIUMS ASSOCIATION:

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:**

SUNSHINE CONDOMINIUMS ASSOCIATION  
PO BOX 2776  
CRESTED BUTTE, CO 81224

**Prepared by:**

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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## 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.

**Your goal. Our game plan. Teamwork, H&H Style.**

CORPORATION  
**Two-Year Comparison**

**2024**

Name <b>SUNSHINE CONDOMINIUMS ASSOCIATION</b>	Employer Identification Number <b>84-0912217</b>
--	---

Description	Prior Year	Current Year	Increase (Decrease)
GROSS INCOME:			
DEDUCTIONS:			
TAXABLE INCOME:			
TAXABLE INCOME BEFORE SPECIFIC DEDUCTION OF \$100	0.	0.	0.
SPECIFIC DEDUCTION OF \$100	100.	100.	0.
TAXABLE INCOME	-100.	-100.	0.
TAX COMPUTATION:			
TAX BEFORE CREDITS	0.	0.	0.
QUALIFIED ELECTRIC VEHICLE CREDIT	0.	0.	0.
TAX AFTER CREDITS	0.	0.	0.
TOTAL TAX	0.	0.	0.
PAYMENTS AND CREDITS:			
BALANCE DUE OR REFUND:			

# E-file Authorization for Corporations

(Rev. December 2024)

For calendar year 2024, or tax year beginning \_\_\_\_\_, 2024, ending \_\_\_\_\_, 20\_\_\_\_

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

**For use with Form 1120 series returns.  
Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879CORP](http://www.irs.gov/Form8879CORP) for the latest information.**

Name of corporation <b>SUNSHINE CONDOMINIUMS ASSOCIATION</b>	Employer identification number <b>84-0912217</b>
---	---

<b>Part I</b>	<b>Information</b> (Whole dollars only)		
	1 Total income (Form 1120, line 11) .....	<b>1</b>	
	2 Total income (Form 1120-F, Section II, line 11) .....	<b>2</b>	
	3 Total income (loss) (Form 1120-S, line 6) .....	<b>3</b>	
	4 Total income (Form 1120 <u>-H</u> , line <u>8</u> ) .....	<b>4</b>	

**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 \_\_\_\_\_ 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**

For calendar year 2024 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>TYPE OR PRINT</b>	Name <b>SUNSHINE CONDOMINIUMS ASSOCIATION</b>	Employer identification number <b>84-0912217</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 2776</b>	Date association formed <b>11/01/1980</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>CRESTED BUTTE, CO 81224</b>	

Check if: (1)  Final return (2)  Name change (3)  Address change (4)  Amended return

A Check type of homeowners association: <input checked="" type="checkbox"/> Condominium management association <input type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association	
B Total exempt function income. Must meet 60% gross income test	<b>SEE STATEMENT 1</b>
C Total expenditures made for purposes described in 90% expenditure test	<b>SEE STATEMENT 2</b>
D Association's total expenditures for the tax year	<b>79,548.</b>
E Tax-exempt interest received or accrued during the tax year	<b>0.</b>

**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 <b>Gross income</b> (excluding exempt function income). Add lines 1 through 7	<b>0.</b>

**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 <b>Total deductions.</b> Add lines 9 through 15	<b>0.</b>
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	<b>0.</b>
18 Specific deduction of \$100	<b>\$100</b>

**Tax and Payments**

19 <b>Taxable income.</b> Subtract line 18 from line 17	19	<b>-100.</b>
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20	<b>0.</b>
21 Tax credits	21	
22 <b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits	22	<b>0.</b>
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 <b>Total payments and credits.</b> Combine lines 23a through 23f	23g	<b>0.</b>
24 <b>Amount owed.</b> Subtract line 23g from line 22. See instructions	24	
25 <b>Overpayment.</b> Subtract line 22 from line 23g	25	
26 Enter amount of line 25 you want: <b>Credited to 2025 estimated tax</b> <span style="float:right;"><b>Refunded</b></span>	26	

<b>Sign Here</b>	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. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer <b>TREASURER</b>	Date	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>COLLEEN C HEGEMAN CPA</b>	Preparer's signature <b>COLLEEN C HEGEMAN CP</b>	Date <b>01/13/26</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00676545</b>
	Firm's name <b>H&amp;H CPAS AND ADVISORS LLC</b>	Firm's EIN <b>81-3094524</b>			
	Firm's address <b>PO BOX 1218 CRESTED BUTTE, CO 81224</b>	Phone no <b>970-349-3429</b>			

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

SUNSHINE CONDOMINIUMS ASSOCIATION  
PO Box 2776  
Crested Butte, CO 81224

Employer Identification Number: 84-0912217

For the Year Ending December 31, 2024

SUNSHINE CONDOMINIUMS ASSOCIATION 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	74,133.
TOTAL TO FORM 1120-H, ITEM B	74,133.

FORM 1120-H

EXPENDITURES DESCRIBED IN 90% TEST

STATEMENT 2

DESCRIPTION	AMOUNT
INSURANCE	18,347.
LEGAL AND PROFESSIONAL	900.
MAINTENANCE AND REPAIRS	15,473.
MANAGEMENT FEES	9,672.
UTILITIES	35,156.
TOTAL TO FORM 1120-H, ITEM C	79,548.



248454 11019

### 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
---------------------------------------	--	----------------

SUNSHINE CONDOMINIUMS ASSO

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

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

84-0912217

Taxpayer's or Business's Address	City	State	ZIP
----------------------------------	------	-------	-----

PO BOX 2776

CRESTED BUTTE

CO 81224

#### Part I - Tax Return Information

1. Total Income from your federal return (see instructions for more information)	1	\$	74,133
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

Date (MM/DD/YY)
-----------------

Check if also Preparer

01/13/26





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## 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)
SUNSHINE CONDOMINIUMS ASSOCIATION	
Address	• Federal Employer ID Number (FEIN)
PO BOX 2776	
84-0912217	
City	State ZIP
CRESTED BUTTE	CO 81224
• <input type="checkbox"/> Mark for Final Return	• <input type="checkbox"/> 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:

<input checked="" type="checkbox"/> <b>(42)</b> A corporation not apportioning income;	<input type="checkbox"/> <b>(46)</b> A corporation claiming an exemption under P.L. 86-272;
<input type="checkbox"/> <b>(43)</b> A corporation engaged in interstate business apportioning income using receipts-factor apportionment (DR 0112RF required);	<input type="checkbox"/> <b>(47)</b> Other apportionment method, see instructions concerning the requirement for approval by the Department (fill in below);
<input type="checkbox"/> <b>(44)</b> A corporation engaged in interstate business apportioning income using special rule (DR 0112RF required);	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

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

<input checked="" type="checkbox"/> A single corporation filing a separate return;	<input type="checkbox"/> An affiliated group of corporations required to file a combined return (Schedule C required);
<input type="checkbox"/> An affiliated group of corporations electing to file a consolidated report. <b>Warning:</b> 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);	<input type="checkbox"/> An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated group (Schedule C required);
• Enter the year of election (YYYY) <input style="width: 100px;" type="text"/>	

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



240112 21019

Name of Corporation (match page 1)		CAN or FEIN (match page 1)	
SUNSHINE CONDOMINIUMS ASSOCIATION		84-0912217	
<b>Additions</b>			
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
<b>Subtractions</b>			
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
<b>Taxable Income</b>			
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)	STATEMENT 1 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



240112 31019

Name of Corporation (match page 1)	CAN or FEIN (match page 1)
<b>SUNSHINE CONDOMINIUMS ASSOCIATION</b>	<b>84-0912217</b>
<b>Credits</b>	
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





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Name of Corporation (match page 1)				CAN or FEIN (match page 1)			
SUNSHINE CONDOMINIUMS ASSOCIATION				84-0912217			
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.						• <input type="checkbox"/> Yes <input type="checkbox"/> No	
G. Kind of business in detail REAL ESTATE MANAGMENT							
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?						• <input type="checkbox"/> Yes <input type="checkbox"/> 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?						• <input type="checkbox"/> Yes <input type="checkbox"/> 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							
<b>Do Not Submit Federal Return, Forms or Schedules when Filing this Return</b>							

<p>If you are filing this return <b>with</b> a check or payment, please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE          Denver, CO 80261-0006</p>	<p>If you are filing this return <b>without</b> a check or payment please mail the return to:</p> <p>COLORADO DEPARTMENT OF REVENUE          Denver, CO 80261-0005</p>
<p>These addresses and ZIP codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>	



CO 112

COLORADO NET OPERATING LOSS DEDUCTION

STATEMENT 1

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>
12/31/23	100.	0.	100.
TOTAL NOL CARRYOVER AVAILABLE THIS YEAR			100.

