

Go to [www.irs.gov/Form1120H](http://www.irs.gov/Form1120H) for instructions and the latest information.

For calendar year 2017 or tax year beginning

, and ending

<b>TYPE OR PRINT</b>	Name <b>HORSE RIVER RANCH HOMEOWNERS ASSN</b>	Employer identification number <b>20-1619724</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 112</b>	Date association formed <b>09/15/2003</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>GUNNISON, CO 81230</b>	

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

<b>A</b> Check type of homeowners association: <input type="checkbox"/> Condominium management association <input checked="" type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association	
<b>B</b> Total exempt function income. Must meet 60% gross income test <b>SEE STATEMENT 1</b>	<b>29,398.</b>
<b>C</b> Total expenditures made for purposes described in 90% expenditure test <b>SEE STATEMENT 2</b>	<b>47,078.</b>
<b>D</b> Association's total expenditures for the tax year	<b>47,078.</b>
<b>E</b> Tax-exempt interest received or accrued during the tax year	<b>0.</b>

**Gross Income** (excluding exempt function income)

<b>1</b> Dividends	<b>1</b>
<b>2</b> Taxable interest	<b>2</b>
<b>3</b> Gross rents	<b>3</b>
<b>4</b> Gross royalties	<b>4</b>
<b>5</b> Capital gain net income (attach Schedule D (Form 1120))	<b>5</b>
<b>6</b> Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	<b>6</b>
<b>7</b> Other income (excluding exempt function income) (attach statement)	<b>7</b>
<b>8</b> <b>Gross income</b> (excluding exempt function income). Add lines 1 through 7	<b>8</b> <b>0.</b>

**Deductions** (directly connected to the production of gross income, excluding exempt function income)

<b>9</b> Salaries and wages	<b>9</b>
<b>10</b> Repairs and maintenance	<b>10</b>
<b>11</b> Rents	<b>11</b>
<b>12</b> Taxes and licenses	<b>12</b>
<b>13</b> Interest	<b>13</b>
<b>14</b> Depreciation (attach Form 4562)	<b>14</b>
<b>15</b> Other deductions (attach statement)	<b>15</b>
<b>16</b> <b>Total deductions.</b> Add lines 9 through 15	<b>16</b> <b>0.</b>
<b>17</b> Taxable income before specific deduction of \$100. Subtract line 16 from line 8	<b>17</b> <b>0.</b>
<b>18</b> Specific deduction of \$100	<b>18</b> <b>\$100.00</b>

**Tax and Payments**

<b>19</b> <b>Taxable income.</b> Subtract line 18 from line 17	<b>19</b> <b>-100.</b>
<b>20</b> Enter 30% (0.30) of line 19. (Timeshare associations, enter 2% (0.02) of line 19.)	<b>20</b> <b>0.</b>
<b>21</b> Tax credits	<b>21</b>
<b>22</b> <b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits	<b>22</b> <b>0.</b>
<b>23</b> <b>a</b> 2016 overpayment credited to 2017 <b>23a</b>	<b>c Total</b> <b>▶</b> <b>23c</b> <b>0.</b>
<b>b</b> 2017 estimated tax payments <b>23b</b>	
<b>d</b> Tax deposited with Form 7004 <b>23d</b>	
<b>e</b> Credit for tax paid on undistributed capital gains (attach Form 2439) <b>23e</b>	
<b>f</b> Credit for federal tax paid on fuels (attach Form 4136) <b>23f</b>	
<b>g</b> Add lines 23c through 23f <b>23g</b>	
<b>24</b> <b>Amount owed.</b> Subtract line 23g from line 22. See instructions	<b>24</b>
<b>25</b> <b>Overpayment.</b> Subtract line 22 from line 23g	<b>25</b>
<b>26</b> Enter amount of line 25 you want: <b>Credited to 2018 estimated tax</b> <b>▶</b>	<b>26</b>

<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.			<b>TREASURER</b>	Date	Title	Signature of officer	Date	Title	PTIN	Check if self-employed <input type="checkbox"/>	P00676545
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Paid Preparer's 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>08/30/18</b>		Firm's name <b>H&amp;H CPAS AND ADVISORS LLC</b>		Firm's EIN <b>81-3094524</b>		Phone no. <b>970-641-6241</b>	
	Firm's address <b>PO BOX 1218</b>		Firm's address <b>CRESTED BUTTE, CO 81224</b>									

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

HORSE RIVER RANCH HOMEOWNERS ASSN  
PO BOX 112  
GUNNISON, CO 81230

EMPLOYER IDENTIFICATION NUMBER: 20-1619724

FOR THE YEAR ENDING DECEMBER 31, 2017

HORSE RIVER RANCH HOMEOWNERS ASSN IS MAKING THE DE MINIMIS SAFE  
HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).

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FORM 1120-H	EXEMPT FUNCTION INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
HOA COMMON ACTIVITY FEES		29,398.
TOTAL TO FORM 1120-H, ITEM B		29,398.

FORM 1120-H	EXPENDITURES DESCRIBED IN 90% TEST	STATEMENT 2
DESCRIPTION		AMOUNT
INSURANCE		1,866.
LANDSCAPING AND GROUNDSKEEPING		43,177.
MEETING EXPENSE		400.
PROFESSIONAL FEES		755.
SUPPLIES		880.
TOTAL TO FORM 1120-H, ITEM C		47,078.

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DR 0112 (10/13/17)  
**COLORADO DEPARTMENT OF REVENUE**  
 Colorado.gov/Tax  
**(0023)**

**2017 Colorado C Corporation Income Tax Return**  
 Do not submit federal return, forms or schedules when filing this return.

Fiscal Year Beginning (MM/DD/17)		Year Ending (MM/DD/YY)							
		2017							
Name of Corporation		• Colorado Account Number							
HORSE RIVER RANCH HOMEOWNERS ASSN		20031296							
Address		• FEIN							
PO BOX 112		20-1619724							
City	State	ZIP							
GUNNISON	CO	81230							
Final Return	<input type="checkbox"/>	If you are submitting a statement disclosing a list of reported transaction, mark this	<input type="checkbox"/>						
<p>• <b>A. Apportionment of Income.</b> This return is being filed for:</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> (42) A corporation not apportioning income;</td> <td><input type="checkbox"/> (45) A corporation electing to pay a tax on its gross Colorado sales;</td> </tr> <tr> <td><input type="checkbox"/> (43) A corporation engaged in interstate business apportioning income using single-factor apportionment (DR 0112SF required);</td> <td><input type="checkbox"/> (46) A corporation claiming an exemption under P.L. 86-272;</td> </tr> <tr> <td><input type="checkbox"/> (44) A corporation engaged in interstate business apportioning income using special regulation (DR 0112SF required);</td> <td><input type="checkbox"/> (47) Other appointment method, must be pre-approved by the department (fill in below)</td> </tr> </table>				<input checked="" type="checkbox"/> (42) A corporation not apportioning income;	<input type="checkbox"/> (45) A corporation electing to pay a tax on its gross Colorado sales;	<input type="checkbox"/> (43) A corporation engaged in interstate business apportioning income using single-factor apportionment (DR 0112SF required);	<input type="checkbox"/> (46) A corporation claiming an exemption under P.L. 86-272;	<input type="checkbox"/> (44) A corporation engaged in interstate business apportioning income using special regulation (DR 0112SF required);	<input type="checkbox"/> (47) Other appointment method, must be pre-approved by the department (fill in below)
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<p>• <b>B. Separate/Consolidate/Combined Filing.</b> This return is being filed for.</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> A single corporation filing a separate return;</td> <td><input type="checkbox"/> An affiliated group of corporations required to file a combined return (Schedule C required);</td> </tr> <tr> <td><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);</td> <td><input type="checkbox"/> An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated group (Schedule C required)</td> </tr> </table> <p>• Enter the year of election (YYYY)</p> <table style="width:100%;"> <tr> <td style="border: 1px solid black; width: 150px; height: 20px;"></td> </tr> </table>				<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)		
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<b>Federal Taxable Income</b>		<b>Round to nearest dollar</b>							
1. Federal taxable income from Federal form 1120 or 990-T	• 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						
<b>Additions</b>									
4. Federal net operating loss deduction	• 4		00						
5. Colorado income tax deduction	• 5		00						
6. Other additions, submit explanation	• 6		00						
7. Sum of lines 3 through 6	7	-100	00						



Name		Account Number
HORSE RIVER RANCH HOMEOWNERS ASSN		20031296
<b>Subtractions</b>		
8. Exempt federal interest	• 8	00
9. Excludable foreign source income	• 9	00
10. Colorado source capital gain (assets acquired on or after 5/9/94, held five years)	• 10	00
11. Colorado Marijuana Business Deduction	• 11	00
12. Agricultural asset lease deduction. Enter CADA certificate number and submit a copy of your certificate with your return	• CADA Certificate Number	00
13. Other subtractions, submit explanation	• 3	00
14. Sum of lines 8 through 13	14	0 00
<b>Taxable Income</b>		
15. Modified federal taxable income, subtract line 14 from line 7	15	-100 00
16. Colorado taxable income before net operating loss deduction	• 16	-100 00
17. Colorado net operating loss deduction	• 17	00
18. Colorado taxable income, subtract line 17 from line 16	18	-100 00
19. Tax, 4.63% of the amount on line 18	• 19	0 00
<b>Credits</b>		
20. Sum of nonrefundable credits from line 26, form DR 0112CR (the sum of lines 20 and 21 cannot exceed tax on line 19. You must submit the DR 0112CR with your return.	• 20	00
21. Non-refundable Enterprise Zone credits used - are calculated, or from the DR 1366 line 87 (the sum of lines 20 and 21 cannot exceed tax on line 19. You must submit the DR 1366 with your return.	• 21	00
22. Net tax, sum of lines 20 and 21. Subtract net sum from line 19.	22	0 00
23. Recapture of prior year credits	• 23	00
24. Sum of lines 22 and 23	24	0 00
25. Estimated tax and extension payments and credits	• 25	0 00
26. W-2G Withholding from lottery winnings, you must submit the W-2G(s) with your return.	• 26	00
27. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	• 27	00
28. Innovative Motor Vehicle Credit from form DR 0617, you must submit the DR 0617(s) with your return.	• 28	00
29. Business Personal Property Credit: Use the worksheet in the 112 book instructions to calculate, you must submit copy of assessor's statement with your return.	• 29	00



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Name		Account Number
HORSE RIVER RANCH HOMEOWNERS ASSN		20031296
30. Renewable Energy Tax Credit from form DR 1366 line 88, you must submit the DR 1366 with your return.	• 30	00
31. Sum of lines 25 through 30	31	00
32. Net tax due. Subtract line 31 from line 24	32	00
33. Penalty	• 33	00
34. Interest	34	00
35. Estimated tax penalty due	• 35	00
36. Total due. Enter the sum of lines 32 through 35	• 36	0.00
37. Overpayment, subtract line 24 from line 31	37	00
38. Amount from line 37 to carry forward for future year estimated tax	• 38	00
39. Amount from line 37 to be refunded	• 39	00
<b>Direct Deposit</b>	Routing Number <input type="text"/>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Account Number <input type="text"/>	
<small>The State may convert your check to a one-time electronic banking transaction. Your bank account will 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.</small>		
Pay electronically at <a href="http://Colorado.gov/RevenueOnline">Colorado.gov/RevenueOnline</a> or <b>Mail and Make Checks Payable to:</b> Colorado Department of Revenue Denver, CO 80261-0006		

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DR 0112 (10/13/17)  
COLORADO DEPARTMENT OF REVENUE  
Colorado.gov/Tax

Form 112

Name						Account Number	
HORSE RIVER RANCH HOMEOWNERS ASSN						20031296	
C. The corporation's books are in care of:							
Last Name		First Name		Middle Initial	Phone Number		
ASSOCIATION		THE					
Address				City	State	ZIP	
D. Business code number per federal return (NAICS)				E. Year corporation began doing business in Colorado			
• 531390				•			
F. May the Colorado Department of Revenue discuss this return with the paid preparer shown below (see instructions)					• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
G. Kind of business in detail HOA							
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			
HEGEMAN CPA		COLLEEN		C			
Address of person or firm preparing return				Phone Number			
PO BOX 1218				970-641-6241			
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>							

If you are filing this return **with** a check or payment,  
please mail the return to:COLORADO DEPARTMENT OF REVENUE  
Denver, CO 80261-0006If you are filing this return **without** a check or payment,  
please mail the return to:COLORADO DEPARTMENT OF REVENUE  
Denver, CO 80261-0005