

Department of the Treasury
Internal Revenue Service

▶ 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 Silvanite Condominium Association	Employer identification number 27-2066014
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 2023	Date association formed 03/01/1979
	City or town, state or province, country, and ZIP or foreign postal code Crested Butte CO 81224	

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. See instructions				50,696
C Total expenditures made for purposes described in 90% expenditure test. See instructions				56,566
D Association's total expenditures for the tax year. See instructions				56,566
E Tax-exempt interest received or accrued during the tax year				

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	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	0
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	0
18 Specific deduction of \$100	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 (see instructions)	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 _____ b 2018 estimated tax payments 23b _____ c Total ▶ 23c _____ 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 0
25 Overpayment. Subtract line 22 from line 23g	25
26 Enter amount of line 25 you want: Credited to 2019 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	_____ <i>Nikki Hewitt</i>	Date	04/30/19	Title	
Paid	Print/Type preparer's name Nikki Hewitt	Preparer's signature <i>Nikki Hewitt</i>	Date 04/30/19	Check <input type="checkbox"/> if self-employed	PTIN P01232158
Preparer	Firm's name ▶ Hewitt Accounting, LLC	Firm's EIN ▶ 26-3537739			
Use Only	Firm's address ▶ P.O. Box 486 Gunnison, CO	81230-0486	Phone no.	970-641-6100	

Name **Silvanite Condominium Association**

Employer Identification Number
27-2066014

		2017	2018	Differences
	Exempt function income	42,010	50,696	8,686
	Expenditures for expenditure test	48,531	56,566	8,035
	Total expenditures for the year	48,531	56,566	8,035
	Tax-exempt interest received			
Income	Dividends			
	Taxable interest			
	Gross rents			
	Gross royalties			
	Capital gain net income from Schedule D			
	Net gain or (loss) from Form 4797			
	Other income			
	Gross income (excluding exempt function income)			
Deductions	Salaries and wages			
	Repairs and maintenance			
	Rents			
	Taxes and licenses			
	Interest			
	Depreciation			
	Other deductions			
		Total deductions		
	Taxable income before specific deduction			
	Specific deduction of \$100	100	100	
Tax	Taxable income	-100	-100	
	Income tax	0	0	0
	Tax credits			
	Total tax (Including recapture of credits)	0	0	0
Payments and Credits	Prior year overpayment credited to current year			
	Current year estimated tax payments			
	Tax deposited with Form 7004			
	Credit from Form 2439			
	Credit for federal tax paid on fuels			
	Total payments and credits (Including backup withholding)			
Tax Due or Refund	Tax due (overpayment)	0	0	0
	Penalties and interest			
	Net tax due (overpayment)	0	0	0
	Amount of overpayment credited to next year's tax			
	Amount of overpayment refunded			

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2018 Colorado C Corporation Income Tax Return

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

Fiscal Year Beginning (MM/DD/18)		Year Ending (MM/DD/YY)	
		2018	
Name of Corporation		• Colorado Account Number	
Silvanite Condominium Association			
Address		• FEIN	
P.O. Box 2023		27-2066014	
City	State	ZIP	
Crested Butte	CO	81224	
Final Return	<input type="checkbox"/>	If you are submitting a statement disclosing a listed or reported transaction, mark this box	<input type="checkbox"/>

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

<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 apportionment method (fill in below)

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 return. 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);	<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)

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Federal Taxable Income	Round to nearest dollar	
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	.00
3. Net federal taxable income, subtract line 2 from line 1	3	-100.00
Additions		
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
Silvanite Condominium Association		
Subtractions		
8. Exempt federal interest	• 8	00
9. Excludable foreign source income	• 9	00
10. Colorado capital gain subtraction	• 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 <input type="text"/>	00
13. Other subtractions, submit explanation	• 13	00
14. Sum of lines 8 through 13	14	00
Taxable Income		
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
Credits		
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 – as 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 that sum from line 19.	22	0 00
23. Recapture of prior year credits	• 23	00
24. Sum of lines 22 and 23	24	00
25. Estimated tax and extension payments and credits	• 25	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 and Innovative Truck 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
Silvanite Condominium Association		
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	0 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 to the next year's estimated tax	• 38	00
39. Amount from line 37 to be refunded	• 39	00

Direct Deposit Routing Number: Type: Checking Savings

TAXPAYER COPY 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.

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



180112 41022

DR 0112 (06/13/18)
COLORADO DEPARTMENT OF REVENUE
Colorado.gov/Tax

Form 112

27-2066014

Name						Account Number	
Silvanite Condominium Association							
C. The corporation's books are in care of:							
Last Name		First Name		Middle Initial	Phone Number		
Management		Peak Property			970-349-6339		
Address				City	State	Zip	
P.O. Box 2023				Crested Butte	CO	81224	
D. Business code number per federal return (NAICS)				E. Year corporation began doing business in Colorado			
• 531390				• 03/01/1979			
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 Condominium Management Association							
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 checked="" 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 checked="" type="checkbox"/> No	
Last Name of person or firm preparing return		First Name		Middle Initial			
Hewitt		Nikki					
Address of person or firm preparing return				Phone Number			
P.O. Box 486				970-641-6100			
City				State	Zip		
Gunnison				CO	81230-0486		
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)	
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: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

CO Net Operating Loss Carryover Worksheet

Form **112**

2018

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

Name Silvanite Condominium Association	Employer Identification Number 27-2066014	Colorado Account Number
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Preceding Taxable Year	Adjustment to NOL Income /(Loss) After Adj.	Prior Year		Current Year	Next Year Carryover
		Utilized (Offset)	Carryovers	Carryover Utilized (Offset)	Adjustment Income (Loss)
21st					
20th					
12/31/98					
19th					
12/31/99					
18th					
12/31/00		41,816			
17th					
12/31/01					
16th					
12/31/02					
15th					
12/31/03					
14th					
12/31/04					
13th					
12/31/05					
12th					
12/31/06					
11th					
12/31/07					
10th					
12/31/08					
9th					
12/31/09	-100			100	100
8th					
12/31/10	-100			100	100
7th					
12/31/11	-100			100	100
6th					
12/31/12	-100			100	100
5th					
12/31/13	-100			100	100
4th					
12/31/14	-100			100	100
3rd					
12/31/15	-100			100	100
2nd					
12/31/16	-100			100	100
1st					
12/31/17	-100			100	100
NOL Carryover Available To Current Year				900	
Current Year	-100				100
NOL Carryover Available To Next Year					1,000

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Filing Instructions
Silvanite Condominium Association
Corporation Tax Return
Taxable Year Ended December 31, 2018

Federal Filing Instructions

Your 2018 Form 1120-H shows no balance due.

An authorized officer of the corporation should sign and date the return and mail by October 15, 2019 to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0012

Colorado Filing Instructions

Your 2018 Form 112 shows no balance due.

An authorized officer of the corporation should sign and date the return on page 4 and mail by October 15, 2019 to:

Colorado Department of Revenue
Denver, CO 80261-0005

Hewitt Accounting, LLC
P.O. Box 486
Gunnison, CO 81230-0486
970-641-6100

Silvanite Condominium Association
P.O. Box 2023
Crested Butte, CO 81224

Dear Board of Directors:

I have prepared the enclosed returns from information provided by you without verification or audit. I suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached to each return is an instruction sheet for signing and filing. Please follow those instructions carefully.

I will use my judgement to resolve questions in your favor where a tax law is unclear if there is a reasonable justification for doing so. Whenever I am aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities, I will explain the possible positions that may be taken on your return. I will follow whatever position you request, so long as it is consistent with the Internal Revenue Code and regulations. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. I assume no liability for any such additional tax, penalties or assessments.

It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to the auto, travel, entertainment, and related expenses and the required documents to support charitable contributions. Required documentation includes business purpose, amount, date, place of occurrence, and number of miles driven for auto expenses. Charitable contribution receipts must show the organization's name, tax i.d. number, date, amount given, and anything you received in return. You understand that I am not responsible for IRS disallowance of doubtful deductions unsupported by adequate documentation. Corporations are required to pay officers a reasonable salary. I have advised you to do so and cannot be responsible for any reclassification by the IRS regarding reasonable wages.

Unless requested by you otherwise, I will check the box on your tax return that gives me authorization to discuss your tax return with the IRS. This authorization is limited to providing information for that specific tax return and will expire one year after the due date of the return.

The law provides for a penalty to be imposed where taxpayers make a substantial understatement of their tax liability. Taxpayers can avoid all or part of the penalty by showing (1) they acted in good faith, (2) the understatement was based on substantial authority, or (3) that the relevant facts affecting the item's tax treatment were adequately disclosed on the return. You agree to advise me if you wish disclosure to be made in your returns or if you wish further research to be performed to determine if substantial authority exists for your position.

Fees for my services will be at my standard rate and any out-of-pocket expenses. Payment for tax services are due upon delivery of the tax return, I cannot release tax returns without payment. I reserve the right to stop work on any account that is 30 days past due.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, I recommend that you retain all pertinent records for at least seven years.

In order that I may properly advise you of tax considerations, please keep me informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities. If you have any questions, or if I can be of assistance in any way, please call.

Sincerely,

Nikki Hewitt, CPA

Client or Client Representative

Date