

Form **1120-H**Department of the Treasury
Internal Revenue Service**U.S. Income Tax Return for Homeowners Associations**

For calendar year 2025 or tax year beginning , ending

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

OMB No. 1545-0123

2025

Check if: (1) ☐ Final return (2) ☐ Name change (3) ☒ Address change (4) ☐ Amended return	Name SILVANITE CONDOMINIUM ASSOCIATION		Employer identification number 27-2066014
	Number and street. If a P.O. box, see instructions. P.O. BOX 1561		Room or suite number
	City or town GUNNISON	State or province CO	Country
	ZIP or foreign postal code 81230		Date association formed 03/01/1979

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 **100,808**

C Total expenditures made for purposes described in 90% expenditure test. See instructions **65,929**

D Association's total expenditures for the tax year. See instructions **65,929**

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	4

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	4
	18 Specific deduction of \$100	100

Tax and Payments	19 Taxable income. Subtract line 18 from line 17	19	-96
	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	0
	22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	0
	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	0
	25 Overpayment. Subtract line 22 from line 23g	25	
	26 Enter portion of line 25 you want: a Credited to 2026 estimated tax b Refunded	26b	

c Routing number _____ d Type: ☐ Checking ☐ Savings
e Account number _____

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 ☐ NoSignature of officer **KEVIN VANHORN**

Date

Title

BOARD MEMBER

Paid	Preparer's name THOMAS N STOEBER	Preparer's signature <i>Thomas N Stoeber</i>	Date 09/29/26	Check ☒ if self-employed	PTIN *****
	Firm's name THOMAS N. STOEBER, P.C.	Firm's EIN 45-0480119			
Preparer Use Only	Firm's address 310 NORTH MAIN STREET GUNNISON, CO	81230-2404	Phone no. 970-641-3684		

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-H** (2025)

SILVANITE SILVANITE CONDOMINIUM ASSOCIATION

27-2066014

Federal Statements

FYE: 12/31/2025

Form 1120-H, Line B - Total Exempt Function Income

Description	Amount
DUES INCOME	\$ 72,465
ADDITIONAL ASSESSMENTS	27,630
LATE FEES	9
MISCELLANEOUS INCOME	704
TOTAL	<u>\$ 100,808</u>

Form 1120-H, Line C - Total Expenditures For 90% Expenditure Test

Description	Amount
ACCOUNTING	\$ 817
MANAGEMENT FEES	7,896
LEGAL EXPENSE	2,421
BANK SERVICE CHARGES	44
INSURANCE	20,562
BUILDING MAINTENANCE & REPAIR	2,045
MATERIALS & SUPPLIES	114
GROUNDS MAINTENANCE	163
SNOW REMOVAL	5,273
ELECTRICITY	1,046
TRASH/RECYCLE	5,162
WATER & SEWER	20,386
TOTAL	<u>\$ 65,929</u>



2025 Colorado C Corporation Income Tax Return

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

(0023)

Fiscal Year Beginning (MM/DD/25)		Fiscal Year Ending (MM/DD/YY)	
01/01/25		12/31/25	
Name of Corporation		• Colorado Account Number (CAN)	
SILVANITE CONDOMINIUM ASSOCIATION			
Address		• Federal Employer ID Number (FEIN)	
P.O. BOX 1561		27-2066014	
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;		☐ (46) A corporation claiming an exemption under P.L. 86-272;	
☐ (43) A corporation engaged in interstate business apportioning income using receipts-factor apportionment (DR 0112RF required);		☐ (47) Other apportionment method, see instructions concerning the requirement for approval by the Department (fill in below);	
☐ (44) A corporation engaged in interstate business apportioning income using special rule (DR 0112RF required);			
• B. Separate/Consolidated/Combined Filing. This return is being filed for:			
☒ A single corporation filing a separate return;		☐ An affiliated group of corporations required to file a combined return (Schedule C required);	
☐ 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);		☐ 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)			
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.			-96 00
2. Federal taxable income of companies not included in this return			00
3. Net federal taxable income, subtract line 2 from line 1			-96 00



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Name of Corporation (match page 1)		CAN or FEIN (match page 1)	
SILVANITE CONDOMINIUM ASSOCIATION		27-2066014	
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	-96	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	-96	00
15. Colorado taxable income before net operating loss deduction	• 15	-96	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	-96	00
19. Tax, 4.4% of the amount on line 18 • 19		0	00



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Name of Corporation (match page 1)	CAN or FEIN (match page 1)
SILVANITE CONDOMINIUM ASSOCIATION	27-2066014

Credits

20. Sum of nonrefundable credits from DR 0112CR line 27B, 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	0 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. Repayment of credit from form DR 0619, lines 4 and 11, you must submit the DR 0619 with your return.	• 26	00
27. Net Tax Recapture, and Required Repayment, sum of lines 24, 25, and 26	27	00
28. Estimated tax, extension payments, and credits	• 28	00
29. W-2G Withholding from lottery winnings, you must submit the W-2G(s) with your return.	• 29	00
30. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	• 30	00
31. 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.	• 31	00
32. Business Personal Property Credit: Use the calculation in the DR 0112 instructions to calculate, you must submit a copy of the assessor's statement with your return.	• 32	00
33. Renewable Energy Tax Credit from form DR 1366 line 28, you must submit the DR 1366 with your return.	• 33	00
34. SALT Parity Act Credit (see instructions).	• 34	00
35. Credits for Employee-Owned Businesses. You must submit the certificate from the Office of Economic Development with your return.	• 35	00
36. Alternative Transportation Options Credit.	• 36	00
37. 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.	• 37	00
38. Heat Pump Credit for Registered Contractors from DR 1322, line 7	• 38	00
39. Colorado Film Incentive Credit.	• 39	00
40. Food Accessibility Credit, certified by the Department of Agriculture	• 40	00
41. Refundable CHIPS Zone Credit(s) from the DR 1370 line 24, you must submit the DR 1370 with your return.	• 41	00
42. Certified Greenhouse Gas Avoidance Credits, you must submit certificate(s) from the Colorado Energy Office with your return.	• 42	00
43. Additional credit from form DR 0619, line 3 and 10, you must submit the DR 0619 with your return.	• 43	00



25C112 41022

DR 0112 (10/03/25)

COLORADO DEPARTMENT OF REVENUE

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Form 112

Name of Corporation (match page 1)		CAN or FEIN (match page 1)	
SILVANITE CONDOMINIUM ASSOCIATION		27-2066014	
44. Electric-Powered Lawn Equipment Credit for qualified retailers.		• 44	00
45. Aircraft Modification for Unleaded Fuel Credit	• If you are claiming an Aircraft Modification for Unleaded Fuel Credit, enter your FAA supplemental type certificate number.		
		• 45	00
46. Apprenticeship Credit		• 46	00
47. Sum of lines 28 through 46		47	00
48. Net tax due. Subtract line 47 from line 27		48	0 00
49. Penalty		• 49	00
50. Interest		• 50	00
51. Estimated tax penalty due		• 51	00
52. Total due. Enter the sum of lines 48 through 51		• 52	0.00
53. Overpayment, subtract line 27 from line 47		53	00
54. Amount from line 53 to carry forward to the next year's estimated tax		• 54	00
55. Amount from line 53 to be refunded		• 55	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			



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DR 0112 (10/03/25)

COLORADO DEPARTMENT OF REVENUE

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Form 112

Name of Corporation (match page 1)		CAN or FEIN (match page 1)	
SILVANITE CONDOMINIUM ASSOCIATION		27-2066014	
C. The corporation's books are in care of:			
Last Name	First Name	Middle Initial	Phone Number
VANHORN	KEVIN		719-551-9222
Address		City	State ZIP
P.O. BOX 1561		GUNNISON	CO 81230
D. Business code number per federal return (NAICS)		E. Year corporation began doing business in Colorado	
•		• 1979	
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 HOMEOWNERS 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?			• ☐ 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
STOEGER		THOMAS	N
Address of person or firm preparing return		Phone Number	
310 NORTH MAIN STREET		970-641-3684	
City		State	ZIP
GUNNISON		CO	81230-2404
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)	
BOARD MEMBER			
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

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

Form **112****CO Net Operating Loss Carryover Worksheet****2025**

For calendar year 2025 or tax year beginning , ending

Name

Employer Identification Number

Colorado Account Number

SILVANITE CONDOMINIUM ASSOCIATION**27-2066014**

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)
24th 12/31/01					
23rd 12/31/02					
22nd 12/31/03					
21st 12/31/04					
20th 12/31/05					
19th 12/31/06					
18th 12/31/07					
17th 12/31/08					
16th 12/31/09					
15th 12/31/10					
14th 12/31/11					
13th 12/31/12					
12th 12/31/13					
11th 12/31/14					
10th 12/31/15					
9th 12/31/16					
8th 12/31/17					
7th 12/31/18					
6th 12/31/19					
5th 12/31/20					
4th 12/31/21					
3rd 12/31/22					
2nd 12/31/23	-91		91		91
1st 12/31/24	-94		94		94
NOL Carryover Available To Current Year			185		94
Current Year		-96			96
NOL Carryover Available To Next Year					281