

For calendar year 2020 or tax year beginning _____, and ending _____

TYPE OR PRINT	Name SNAKE RIVER JUNCTION COMMERCIAL OWNERS ASSOCIATION	Employer identification number 26-1218126
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 3393	Date association formed 12/08/2006
	City or town, state or province, country, and ZIP or foreign postal code JACKSON, WY 83001-3393	

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	8,248.
C Total expenditures made for purposes described in 90% expenditure test	SEE STATEMENT 2	C	11,848.
D Association's total expenditures for the tax year		D	11,848.
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 2019 overpayment credited to 2020	23a		c Total ▶	23c	0.
b 2020 estimated tax payments	23b			23d	
d Tax deposited with Form 7004				23e	
e Credit for tax paid on undistributed capital gains (attach Form 2439)				23f	
f Credit for federal tax paid on fuels (attach Form 4136)				23g	0.
g Add lines 23c through 23f					
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 2021 estimated tax ▶ Refunded ▶	26				

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.

Sign Here: *[Signature]* **res. 4/15/21** **PRESIDENT**
 Signature of officer Date Title

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

Print/Type preparer's name LUKE R. FIXTER, CPA	Preparer's signature <i>[Signature]</i>	Date 4/11/2021	Check if self-employed <input type="checkbox"/>	PTIN P01745790
Firm's name TWO RIVERS CPA, LLC	Firm's EIN 82-3836586	Phone no. 307-231-0625		
Firm's address PO BOX 1369 PINEDALE, WY 82941				

FORM 1120-H	EXEMPT FUNCTION INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
HOA MEMBERSHIP DUES		8,100.	
HOA SPECIAL ASSESSMENT FEES		9.	
HOA LATE PAYMENT FEES		139.	
TOTAL TO FORM 1120-H, ITEM B		8,248.	

FORM 1120-H	EXPENDITURES DESCRIBED IN 90% TEST	STATEMENT	2
DESCRIPTION		AMOUNT	
CONVENIENCE FEE		9.	
INSURANCE EXPENSE		1,806.	
LANDSCAPING		1,668.	
LAWN MAINTENANCE		634.	
LICENSES		25.	
MANAGEMENT FEES		3,600.	
POSTAGE AND DELIVERY		16.	
PROFESSIONAL FEES		225.	
SNOW REMOVAL		3,865.	
TOTAL TO FORM 1120-H, ITEM C		11,848.	