

Form	<b>1120-H</b>	<b>U.S. Income Tax Return for Homeowners Associations</b>		OMB No. 1545-0123
Department of the Treasury Internal Revenue Service		For calendar year 2025 or tax year beginning _____, 2025, ending _____, 20_____ Go to <a href="http://www.irs.gov/Form1120H">www.irs.gov/Form1120H</a> for instructions and the latest information.		<b>2025</b>
Check if: (1) <input checked="" type="checkbox"/> Final return (2) <input type="checkbox"/> Name change (3) <input type="checkbox"/> Address change (4) <input type="checkbox"/> Amended return		Name <u>Canyon Ferry Crossing Owners Association</u> Number and street. If a P.O. box, see instructions. <u>3906 Water Dance Drive</u> City or town <u>Helena</u> State or province <u>MT</u> Country ZIP or foreign postal code <u>59602</u>		Employer identification number <u>84-1471852</u> Date association formed <u>7/8/88</u>
A 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 Total exempt function income. Must meet 60% gross income test. See instructions		B <u>76980.48</u>
C Total expenditures made for purposes described in 90% expenditure test. See instructions		C <u>29557.47</u>		
D Association's total expenditures for the tax year. See instructions		D <u>29557.47</u>		
E Tax-exempt interest received or accrued during the tax year		E <u>0</u>		
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	8		<u>0</u>
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	16		<u>0</u>
	17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17		<u>0</u>
	18 <b>Specific deduction of \$100</b>	18		<u>\$100</u>
Tax and Payments	19 <b>Taxable income.</b> Subtract line 18 from line 17	19		<u>0</u>
	20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20		
	21 Tax credits (see instructions)	21		
	22 <b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits	22		<u>0</u>
	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 <b>Total payments and credits.</b> Combine lines 23a through 23f	23g	<u>0</u>	
	24 <b>Amount owed.</b> Subtract line 23g from line 22. See instructions	24	<u>0</u>	
	25 <b>Overpayment.</b> 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: <input type="checkbox"/> Checking <input type="checkbox"/> 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.			
	Signature of officer <u>Roy McLeod</u> Date <u>1/19/26</u> Title <u>Treasurer</u>			
Paid Preparer Use Only	Preparer's name		Preparer's signature	Date
	Firm's name		Check <input type="checkbox"/> if self-employed PTIN	
	Firm's address		Firm's EIN	
			Phone no.	