

Department of the Treasury
Internal Revenue Service

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

For calendar year 2017 or tax year beginning _____, 2017, and ending _____, 20

TYPE OR PRINT	Name Carmel Retirement Condominium Association Inc	Employer identification number 59-3364026
	Number, street, and room or suite no. If a P.O. box, see instructions. 2560 Palm Lake Drive	Date association formed 09-15-1994
	City or town, state or province, country, and ZIP or foreign postal code Merritt Island FL 32952	

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 instructions	B 219,303
C Total expenditures made for purposes described in 90% expenditure test. See instructions	C 213,250
D Association's total expenditures for the tax year. See instructions	D 214,109
E Tax-exempt interest received or accrued during the tax year	E

Gross Income (excluding exempt function income)

1 Dividends	1	
2 Taxable interest	2	450
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	450

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) Statement #5	15	859
16 Total deductions. Add lines 9 through 15	16	859
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	(409)
18 Specific deduction of \$100	18	100

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	(509)
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 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	
23 a 2016 overpayment credited to 2017 23a		
b 2017 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	
25 Overpayment. Subtract line 22 from line 23g	25	
26 Enter amount of line 25 you want: Credited to 2018 estimated tax 26 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 of officer *Milpelle Davis*

Date 2-1-18

Title *Member*

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

Paid Preparer Use Only

Print/Type preparer's name
Bernie T Mapili

Preparer's signature *Mapili*

Date 02-01-2018

Check if PTIN self-employed P01536921

Firm's name **Mapili CPAs LLC**

Firm's EIN **51-0632416**

Firm's address **PO Box 4095
Winter Park FL 32793**

Phone no. (407) 678-1020

Federal Supporting Statements

2017 PG01

Name(s) as shown on return

FEIN

Carmel Retirement Condominium

59-3364026

Form 1120H - Line 15 - Other Deductions

Statement #5

Description

Amount

Management fee allocation

609

Tax preparation fee

250

Total

859

Federal Filing Instructions**2017**

Name as shown on return

Carmel Retirement Condominium

Tax ID Number

59-3364026

Date to file by: 04-17-2018

Form to be filed: Form 1120H and supplemental forms and schedules

Sign and date: An officer must sign and date Form 1120H on page 1.

Address to file: Department of the Treasury
Internal Revenue Service Center
Cincinnati, OH 45999-0012

Refund: Neither a refund nor a balance due