

Form **1120-H**

Department of the Treasury
Internal Revenue Service

**U.S. Income Tax Return
for Homeowners Associations**

OMB No. 1545-0123

2016

Information about Form 1120-H and its separate instructions is at www.irs.gov/form1120h.

For calendar year 2016 or tax year beginning , and ending

TYPE OR PRINT	Name NOB HILL BUS CTR CONDO ASSOC., INC.	Employer identification number 20-8234532
	Number, street, and room or suite no. If a P.O. box, see instructions. 5359 NOB HILL ROAD	Date association formed 04/26/2006
	City or town, state or province, country, and ZIP or foreign postal code SUNRISE FL 33351	

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	Residential real estate association	Timeshare association
B Total exempt function income. Must meet 60% gross income test. See instructions	B	87,255
C Total expenditures made for purposes described in 90% expenditure test. See instructions	C	
D Association's total expenditures for the tax year. See instructions	D	70,679
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	30
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	30

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	30
18 Specific deduction of \$100	18	100

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	-70
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 2015 overpayment credited to 2016 23a		
b 2016 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 2017 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. May the IRS discuss this return with the preparer shown below? See instr. Yes No

Sign Here

Signature of officer _____ Date _____ Title _____

Paid	Print/Type preparer's name ARIE A. TAYKAN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00171841
Preparer	Firm's name ARIE A. TAYKAN & COMPANY, CPA'S			Firm's EIN 65-0377289	
Use Only	Firm's address 7880 N. UNIVERSITY DRIVE, SUITE 201 TAMARAC, FL 33321-2124			Phone no. 954-722-9251	

For Paperwork Reduction Act Notice, see separate instructions.

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