

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

OMB No. 1545-0123

2017

▶ 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 COASTAL ESTATES HOMEOWNERS ASSOCIATION	Employer identification number 59-1884444
	Number, street, and room or suite no. If a P.O. box, see instructions. 11251 BOMBAY LN	Date association formed 06-07-1978
	City or town, state or province, country, and ZIP or foreign postal code FORT MYERS FL 33908	

Check if: (1) <input type="checkbox"/> Final return (2) <input type="checkbox"/> Name change (3) <input type="checkbox"/> Address change (4) <input type="checkbox"/> Amended return	
A Check type of homeowners association: <input type="checkbox"/> Condominium management association <input type="checkbox"/> Residential real estate association <input checked="" type="checkbox"/> Timeshare association	
B Total exempt function income. Must meet 60% gross income test. See instructions	14,004
C Total expenditures made for purposes described in 90% expenditure test. See instructions	12,604
D Association's total expenditures for the tax year. See instructions	16,362
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	8

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
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17
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 (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		c Total ▶ 23c	
b 2017 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)			
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 ▶	

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 KAREN GARCIA	Date TREASURER

May the IRS discuss this return with the preparer shown below? See instrs. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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Paid Preparer Use Only	Print/Type preparer's name KAREN GARCIA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00075080
	Firm's name ▶ HRB TAX GROUP INC	Firm's EIN ▶ 431871840			
	Firm's address ▶ 13401 SUMMERLIN RD STE 4	Phone no. 2399859500			

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-H** (2017)