

2006 Virginia Corporation
Income Tax Return



FISCAL year filer or SHORT year filer: ENTER beginning date _____, and ending date _____ and CHECK HERE

IMPORTANT Check if - <input type="checkbox"/> A Change in Address <input type="checkbox"/> B Consolidated Return <input type="checkbox"/> C Combined Return <input type="checkbox"/> D Multistate Schedule <input type="checkbox"/> E Final Return (No longer liable for tax) <input type="checkbox"/> F Nonprofit Corporation <input type="checkbox"/> G Schedule 500AB Attached	Name HUGUENOT HUNDRED COMMUNITY ASSOCIATION c/o NANCY WOOD		Official Use Only	
	Number and Street 10731 CHEROKEE ROAD		Federal ID Number 54-1606438	
	Address continued		Virginia Corporation Account Number -0186169-9F-	
	City Or Town, State and ZIP Code MIDLOTHIAN, VA 23113		Check Box If Filing Computer Generated <input checked="" type="checkbox"/> Forms.	
	Date Incorporated 06/08/1978	State Or Country VIRGINIA		
	Principal Business Activity Code 531390	Description of Business Activity		
Location of the Corporation's books		Contact for Corporation's books	Contact Telephone Number	

1 Federal taxable income (from attached federal return)	1	<46>
2 (a) Fixed Date Conformity Addition (Depreciation - see instructions)	2(a)	
(b) Fixed Date Conformity Additions (Other - see instructions)	2(b)	
(c) Exception amount from Schedule 500AB, Line 8 (see Part III, # 38)	2(c)	
(d) Taxable addition from Schedule 500AB, Line 10 (see Part III, # 38)	2(d)	
(e) Additions (from line 28)	2(e)	
3 Total (add lines 1 and 2 (a), (b) (d) & (e))	3	<46>
4 (a) Fixed Date Conformity Subtraction (Depreciation - see instructions)	4(a)	
(b) Fixed Date Conformity Subtractions (Other - see instructions)	4(b)	
(c) Subtractions (from line 37)	4(c)	
5 Total (subtract lines 4 (a), (b) & (c) from line 3)	5	<46>
6 Savings and Loan Association's Bad Debt Deduction (see instructions)	6	
7 Virginia taxable income (subtract line 6 from line 5)	7	<46>

If entire business conducted in VA, skip to line 9

If business conducted within and without VA (Multistate Corporation), attach Schedule 500A and complete lines 8(a) through 8(d)

8 Multistate Corporation:

(a) Income subject to Virginia tax (from Schedule 500A, line 16)	8(a)	
(b) Apportionment factor from Schedule 500A, Line 2, 3, 4, 5 or 10	8(b)	%
(c) Nonapportionable investment function income	8(c)	
(d) Nonapportionable investment function loss	8(d)	

9 Income tax (6% of line 7 or of line 8(a))	9	0
10 Nonrefundable Tax Credits: Enter the amount from Form 500CR, line 100	10	
11 Adjusted Corporate Tax (subtract line 10 from line 9)	11	0

12 Payments: (a) 2006 estimated Virginia income tax payments	12(a)	
(b) Prior year's overpayment	12(b)	0
(c) Payment with extension request and other payments	12(c)	
(d) Total Refundable Credits from Form 500CR, line 108	12(d)	

Total payment credits [add lines (a), (b), (c) and (d)]

13 Tax due (subtract line 12 from line 11)	13	0
14 Penalty (see instructions)	14	
15 Interest (see instructions)	15	
16 Additional charge (attach Form 500C)	16	
Total due (add lines 13 through 16). Attach Form 500V with payment or if paid by EFT, check this box: <input type="checkbox"/>	17	0
Overpayment (if line 12 is larger than line 11 enter overpayment)	18	
19 Amount to be credited to 2007 estimated tax	19	
20 Amount to be refunded (subtract line 19 from line 18)	20	

21 Coalfield Employment Enhancement Tax Credit earned	21	
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PART I - Additions to Federal Taxable Income (attach schedules)

Table with 3 columns: Line number, Description, and Amount. Rows include Net income taxes, Interest on state obligations, Savings and Loan Association's federal bad debt deduction, Unrelated business taxable income, ESOP Credit carryover, and Total.

PART II - Subtractions from Federal Taxable Income (attach schedules)

Table with 3 columns: Line number, Description, and Amount. Rows include Income from obligations or securities, Foreign dividend gross-up, Refund or credit of income taxes, Subpart F income, Salaries and wages not deducted, Foreign source income, Dividends received, and Total.

PART III - Questions

- 38 Have you made any payments to an affiliated corporation or a related individual or other related entity for interest, royalties or other expenses related to intangible property...
39 Check the corresponding box if the corporation is: (a) A farmers' purchasing cooperative, (b) A consumers' cooperative association, (c) Other cooperative association
40 If a net operating loss deduction (NOL) was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, complete the following: (a) Year of loss, (b) Federal NOL, (c) Net Va. Modifications for year of NOL, (d) Percent of federal NOL used this year
41 Has your federal income tax liability been redetermined for any prior year(s) which has not previously been reported to the Virginia Department of Taxation? If YES, check here

Report changes under separate cover to the Virginia Department of Taxation at the address on page 1 of this return.

Mail this return to the Virginia Department of Taxation, P.O. Box 1500, Richmond, Virginia 23218-1500 on or before the fifteenth day of the fourth month (15th day of the sixth month for nonprofit corporations) following the close of the taxable year. Make checks payable to the Virginia Department of Taxation.

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act, of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than taxpayer, their declaration is based on all information of which they have any knowledge.

2/15/07 (Date) [Signature] (Signature of officer) Secretary / Treasurer (Title)

(Date) (Individual or firm, signature of preparer, and phone number) (Address)

Preparer's FEIN, PTIN OR SSN

Approved Vendor Code 1019

IMPORTANT: ATTACH A COPY OF YOUR FEDERAL RETURN TO THIS RETURN IF NONPROFIT CORPORATION, ATTACH FORM 990

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

2006

calendar year 2006 or tax year beginning _____, and ending _____

Use IRS label. Other- wise, print or type.	Name HUGUENOT HUNDRED COMMUNITY ASSOCIATION c/o NANCY WOOD	Employer identification number (see page 5) 54-1606438
	Number, street, and room or suite no. (If a P.O. box, see page 5.) 10731 CHEROKEE ROAD	Date association formed 06/08/1978
	City or town, state, and ZIP code MIDLOTHIAN, VA 23113	

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

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 Statement 1
C Total expenditures made for purposes described in 90% expenditure test	See Statement 2
D Association's total expenditures for the tax year	1,993.
E Tax-exempt interest received or accrued during the tax year	0.

Gross Income (excluding exempt function income)

1 Dividends		1	
2 Taxable interest	See Statement 3	2	63.
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 schedule)		7	
8 Gross income (excluding exempt function income). Add lines 1 through 7		8	63.

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 schedule)	See Statement 4	15	9.
16 Total deductions. Add lines 9 through 15		16	9.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8		17	54.
18 Specific deduction of \$100		18	\$100.00

Tax and Payments

19 Taxable income. Subtract line 18 from line 17		19	<46.>
20 Enter 30% of line 19. (Timeshare associations, enter 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 Payments: a 2005 overpayment credited to 2006	23a		
b 2006 estimated tax payments	23b	c Total ▶	23c 0.
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 on fuels (attach Form 4136)			23f
g Credit for federal telephone excise tax paid (attach Form 8913)			23g
h Add lines 23c through 23g		23h	0.
24 Amount owed. Subtract line 23h from line 22. See instructions for depository method of tax payment		24	
25 Overpayment. Subtract line 22 from line 23h		25	
26 Enter amount of line 25 you want: Credited to 2007 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.

Signature of officer: *[Signature]* **Date:** **2/15/07** **Title:** **Secretary/Treasurer**

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	

Form 1120-H Exempt Function Income Statement 1

Description	Amount
OA Membership Dues	2,385.
Total to Form 1120-H, Item B	2,385.

Form 1120-H EXPENDITURES DESCRIBED IN 90% TEST Statement 2

Description	Amount
INSURANCE	146.
REAL ESTATE TAX	982.
MAINTENANCE	42.
PORTOPOTTY RENTAL	470.
OTHER	19.
ALLOCABLE ADMINISTRATIVE	325.
Total to Form 1120-H, Item C	1,984.

Form 1120-H Interest Income Statement 3

Description	US	Other
		63.
Total to Form 1120-H, Line 2		63.

Form 1120-H Other Deductions Statement 4

Description	Amount
ALLOCABLE ADMINISTRATIVE EXPENSE	9.
Total to Form 1120-H, Line 15	9.