

U.S. Income Tax Return for Homeowners Associations

2009

For calendar year 2009 or tax year beginning _____, and ending _____

Use IRS label. Otherwise, print or type.	Name HUGENOT HUNDRED COMMUNITY ASSOCIATION c/o PETER STECH	Employer identification number 54-1606438
	Number, street, and room or suite no. If a P.O. box, see instructions. 3941 DARBY DRIVE	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	<2,795.>
C Total expenditures made for purposes described in 90% expenditure test See Statement 1	2,189.
D Association's total expenditures for the tax year	2,209.
E Tax-exempt interest received or accrued during the tax year	0.

Gross Income (excluding exempt function income)

1 Dividends	See Statement 2
2 Taxable interest	93.
3 Gross rents	
4 Gross royalties	
5 Capital gain net income (attach Schedule D (Form 1120))	
6 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	
7 Other income (excluding exempt function income) (attach schedule)	
8 Gross income (excluding exempt function income). Add lines 1 through 7	93.

Deductions (directly connected to the production of gross income, excluding exempt function income)

9 Salaries and wages	
10 Repairs and maintenance	
11 Rents	
12 Taxes and licenses	
13 Interest	
14 Depreciation (attach Form 4562)	
15 Other deductions (attach schedule) See Statement 3	20.
16 Total deductions. Add lines 9 through 15	20.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	73.
18 Specific deduction of \$100	\$100.00

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	<27.>												
20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	0.												
21 Tax credits													
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	0.												
23 a 2008 overpayment credited to 2009 23a	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>c Total</td><td style="text-align: right;">0.</td></tr> <tr><td>23b 2009 estimated tax payments</td><td></td></tr> <tr><td>23c</td><td></td></tr> <tr><td>23d</td><td></td></tr> <tr><td>23e</td><td></td></tr> <tr><td>23f</td><td></td></tr> </table>	c Total	0.	23b 2009 estimated tax payments		23c		23d		23e		23f	
c Total		0.											
23b 2009 estimated tax payments													
23c													
23d													
23e													
23f													
d Tax deposited with Form 7004													
e Credit for tax paid on undistributed capital gains (attach Form 2439)													
f Credit for federal tax paid on fuels (attach Form 4136)													
g Add lines 23c through 23f	0.												
24 Amount owed. Subtract line 23g from line 22 (see instructions)													
25 Overpayment. Subtract line 22 from line 23g													
26 Enter amount of line 25 you want: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>													

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 <i>Peter R. Stech</i>	Date 3-1-2010	Title TREASURER	May the IRS discuss this return with the preparer shown below (see instr.?) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Paid Preparer's Use Only	Preparer's signature <i>Peter R. Stech</i>	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 EXPENDITURES DESCRIBED IN 90% TEST Statement 1

Description	Amount
ALLOCABLE ADMINISTRATIVE INSURANCE	428.
KEYS	200.
MAINTENANCE	347.
OTHER	81.
PORTOPOTTY RENTAL	236.
REAL ESTATE TAX	897.
Total to Form 1120-H, Item C	2,189.

Form 1120-H Interest Income Statement 2

Description	US	Other
		93.
Total to Form 1120-H, Line 2		93.

Form 1120-H Other Deductions Statement 3

Description	Amount
ALLOCABLE ADMINISTRATIVE EXPENSE	20.
Total to Form 1120-H, Line 15	20.

**2009 Virginia Corporation
 Income Tax Return**



FISCAL or Short Year Return
 SHORT Year Filer: Beginning Date _____; Ending Date _____ Change in Accounting Period

Federal Employer ID Number 54-1606438		Check if: <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Name HUGUENOT HUNDRED COMMUNITY ASSOCIATION c/o PETER STECH			
Mailing Address 3941 DARBY DRIVE			
City Or Town MIDLOTHIAN		State VA	ZIP Code 23113
Physical Address		Entity Type Code	
Physical City or Town		State	ZIP Code
			NAICS 531390
Date Incorporated 06/08/1978	State or Country of Incorporation VIRGINIA	Description of Business Activity	

<p>Check Applicable Boxes</p> <p><input type="checkbox"/> Multistate Sch 500A Attached</p> <p><input type="checkbox"/> Consolidated - Sch 500AC Attached</p> <p><input type="checkbox"/> Combined - Sch 500AC Attached</p> <p><input type="checkbox"/> Change in Filing Status</p> <p><input type="checkbox"/> Schedule 500AB Attached</p>	<p>Final Return</p> <p><input type="checkbox"/> Final Return - Check here and other applicable boxes below.</p> <p><input type="checkbox"/> Withdrawn</p> <p><input type="checkbox"/> Dissolved-No longer liable for tax Dissolved Date _____</p> <p><input type="checkbox"/> Merged Merged Date _____ Merged FEIN # _____</p> <p><input type="checkbox"/> S Corp Election</p>	<p>Telecommunications Company</p> <p>Enter amount from Form 500T, Line 7: _____ .00</p> <p>Noncorporate Telecommunications Company: Check box and enter amount from Form 500T, Line 10 <input type="checkbox"/> _____ .00</p> <p>Electric Supplier Company</p> <p>Enter amount from Sch 500EL, Line 7 or 14: _____ .00</p>
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<p>Amended Return</p> <p>Complete Form 500 and Schedule 500ADJ. Attach an explanation of changes to income and modifications.</p> <p>DO NOT FILE THIS FORM TO CARRYBACK A NET OPERATING LOSS. File Form 500NOLD.</p>	<p><input type="checkbox"/> Amended Return - Check here and other applicable boxes.</p> <p><input type="checkbox"/> Federal Audit - Attach copy of IRS final determination</p> <p><input type="checkbox"/> Schedule 500A Changes</p> <p><input type="checkbox"/> Schedule 500ADJ Changes</p>	<p><input type="checkbox"/> Nonrefundable or Refundable Credit Change</p> <p><input type="checkbox"/> Schedule 500AB Changes</p> <p><input type="checkbox"/> Capital Loss Carryback</p> <p><input type="checkbox"/> Other-Attach Explanation</p>
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Questions and Related Information

A 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 (patents, trademarks, copyrights and similar intangible property)? If yes, complete and attach Schedule 500AB.
 Enter Exception amount from Schedule 500AB, Line 8 _____ .00

B Coalfield Employment Enhancement Tax Credit earned from Form 306, Line 11 _____ .00

C If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If NOL results from merger, enter below the FEIN of company generating NOL prior to merger date.
 FEIN _____
 (If there are NOL's for more than one year, attach a schedule)

(1) Year of loss _____
 (2) Federal NOL _____
 (3) Percent of federal NOL used this year _____ %

D If Pass-Through Entity Withholding is claimed, enter the number of Schedule VK-1's and complete and attach Schedule 500ADJ, Page 2. _____

E Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Virginia Department of Taxation? If Yes, provide the years. Year(s) _____

F Location of the Corporation's books _____

Contact for Corporation's books _____ Contact Telephone Number _____

2009 Virginia
Form 500

Federal Employer ID Number 54-1606438

Page 2



INCOME

1	Federal taxable income (from attached federal return)	1	<u>-27.00</u>
2	Total Additions from Schedule 500ADJ, Section A, Line 7	2	<u>.00</u>
3	Total (add Lines 1 and 2)	3	<u>-27.00</u>
4	Total Subtractions from Schedule 500ADJ, Section B, Line 10	4	<u>.00</u>
5	Balance (subtract Line 4 from Line 3)	5	<u>-27.00</u>
6	Savings and Loan Association's Bad Debt Deduction (see Instructions)	6	<u>.00</u>
7	Virginia Taxable Income (subtract Line 6 from Line 5)	7	<u>-27.00</u>

TAX COMPUTATION

8 **Multistate Corporation** - If business conducted within and without VA (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in VA, skip to Line 9.

(a)	Income subject to Virginia tax (from Schedule 500A, Line 16)	8(a)	<u>.00</u>
(b)	Apportionment factor from Schedule 500A, Line 2, 3, 4, 5 or 10	8(b)	<u>%</u>
(c)	Nonapportionable investment function income from Schedule 500A, Line 12(b)	8(c)	<u>.00</u>
(d)	Nonapportionable investment function loss from Schedule 500A, Line 12(d)	8(d)	<u>.00</u>

9 **Income tax** (6% of Line 7 or 6% of Line 8(a))

9		9	<u>0.00</u>
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PAYMENTS AND CREDITS

10	Nonrefundable Tax Credits: Enter the amount from Schedule 500CR, Line 91	10	<u>.00</u>
11	Adjusted Corporate Tax (subtract Line 10 from Line 9)	11	<u>.00</u>
12	2009 estimated Virginia income tax payments and overpayment credit from 2008	12	<u>.00</u>
13	Extension payment	13	<u>.00</u>
14	Refundable Tax Credits (Schedule 500CR, Line 99)	14	<u>.00</u>
15	Pass-Through Entity withholding from Schedule 500ADJ, Section D	15	<u>.00</u>
16	Total payments and credits (add Lines 12 through 15)	16	<u>.00</u>

REFUND OR TAX DUE

17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17	<u>.00</u>
18	Penalty (see Instructions)	18	<u>.00</u>
19	Interest (see Instructions)	19	<u>.00</u>
20	Additional charge from Form 500C, Line 17 (attach Form 500C)	20	<u>.00</u>
21	Total due (add Lines 17 through 20). Attach Form 500V with payment or if paid by EFT, check this box: <input type="checkbox"/>	21	<u>.00</u>
22	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22	<u>.00</u>
23	Amount to be credited to 2010 estimated tax	23	<u>.00</u>
24	Amount to be refunded (subtract Line 23 from Line 22)	24	<u>.00</u>

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.

3-1-2010 (Date) *Walter R. Stiles* (Signature of officer) 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 OR 990-T**

Schedule of Federal
Line Items



Name as shown on Virginia return HUGUENOT HUNDRED COMMUNITY ASSOCIATION Federal Employer ID Number 54-1606438

Form 1120-Deductions and Taxable Income

1. Domestic Production Activities Deduction	1	<u>.00</u>
2. Federal Taxable income before NOL and Special Deductions	2	<u>73 .00</u>
3. Net operating loss deduction	3	<u>.00</u>
4. Special Deductions	4	<u>.00</u>
5. Federal Taxable Income after NOL and Special Deductions	5	<u>-27 .00</u>

Schedule C, Form 1120-Dividends and Special Deductions

6. Subpart F Income	6	<u>.00</u>
7. Foreign dividend gross-up	7	<u>.00</u>

Schedule K or M-3, Form 1120

8. Tax exempt interest	8	<u>.00</u>
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Form 5884

9. Salaries and Wages not deducted due to the WOTC	9	<u>.00</u>
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Form 4562-Special Depreciation Allowance and Other Depreciation

10. Special allowance for qualified property placed in service during the tax year	10	<u>.00</u>
11. Property Subject to 168(f)(1)	11	<u>.00</u>
12. Other Depreciation	12	<u>.00</u>

Form 1118, Schedule A, Foreign Source Income-Income or Loss Before Adjustments

13. Total: Deemed Dividends (Exclude Gross-up)	13	<u>.00</u>
14. Total: Deemed Dividend (Gross-up)	14	<u>.00</u>
15. Total: Other Dividends (Exclude Gross-up)	15	<u>.00</u>
16. Total: Other Dividends (Gross-up)	16	<u>.00</u>
17. Total: Interest	17	<u>.00</u>
18. Total: Gross Rents, Royalties, and License Fees	18	<u>.00</u>
19. Total: Gross Income from Performance of Services	19	<u>.00</u>
20. Total: Other	20	<u>.00</u>
21. Total: Total Gross Income or Loss from Outside The US	21	<u>.00</u>

Form 1118, Schedule A, Foreign Source Income-Deductions

22. Total: Definitely Allocable-Rental, Royalty, and Licensing Expenses- Depreciation, Depletion, and Amortization	22	<u>.00</u>
23. Total: Definitely Allocable-Rental, Royalty, and Licensing Expenses- Other Expenses	23	<u>.00</u>
24. Total: Definitely Allocable-Expenses Related to Gross Income From Performances of Services	24	<u>.00</u>
25. Total: Definitely Allocable - Other Definitely Allocable Deductions	25	<u>.00</u>
26. Total: Total Definitely Allocable Deductions	26	<u>.00</u>
27. Total: Apportioned Share of Deductions Not Definitely Allocable	27	<u>.00</u>
28. Total: Net Operating Loss Deduction	28	<u>.00</u>
29. Total: Total Deductions	29	<u>.00</u>

Form 1118, Schedule A, Foreign Source Income-Income or Loss

30. Total: Total Income or (Loss) Before Adjustments	30	<u>.00</u>
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Attach Schedule 500FED to Your Virginia Corporation Return, Form 500