

March 13, 2012

HUGUENOT HUNDRED COMMUNITY ASSOCIATION
c/o PETER STECH
3941 DARBY DRIVE
MIDLOTHIAN, VA 23113

HUGUENOT HUNDRED COMMUNITY ASSOCIATION:

Enclosed are the original and one copy of your 2011 corporate tax returns, as follows...

2011 FEDERAL HOMEOWNERS ASSOCIATION TAX RETURN

2011 VIRGINIA CORPORATION INCOME TAX RETURN

Each original return should be dated, signed and filed in accordance with the filing instructions. Copies of each return should be retained for your files.

Very truly yours,

2011 TAX RETURN FILING INSTRUCTIONS

U.S. HOMEOWNERS ASSOCIATION INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2011

Prepared for	HUGUENOT HUNDRED COMMUNITY ASSOCIATION c/o PETER STECH 3941 DARBY DRIVE MIDLOTHIAN, VA 23113
Prepared by	
To be signed and dated by	The appropriate corporate officer(s).
Amount of tax	Total tax \$ 0 Less: payments and credits \$ 0 Plus: other amount \$ 0 Plus: interest and penalties \$ 0 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0 Other amount \$ 0 Refunded to you \$ 0
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Cincinnati, OH 45999-0012
Return must be mailed on or before	March 15, 2012
Special Instructions	

U.S. Income Tax Return for Homeowners Associations

OMB No. 1545-0127

2011

For calendar year 2011 or tax year beginning , and ending

TYPE OR PRINT	Name HUGUENOT HUNDRED COMMUNITY ASSOCIATION	Employer identification number 54-1606438
	c/o PETER STECH	
	Number, street, and room or suite no. If a P.O. box, see instructions. 3941 DARBY DRIVE	
	City or town, state, and ZIP code MIDLOTHIAN, VA 23113	Date association formed 06/08/1978

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	B 5895.
C Total expenditures made for purposes described in 90% expenditure test See Statement 2	C 1913.
D Association's total expenditures for the tax year	D 1913.
E Tax-exempt interest received or accrued during the tax year	E 0.

Gross Income (excluding exempt function income)

1 Dividends	1	
2 Taxable interest See Statement 3	2	51.
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	51.

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)	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	51.
18 Specific deduction of \$100	18	\$100.00

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	-49.
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 a 2010 overpayment credited to 2011 23a		
b 2011 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 paid on fuels (attach Form 4136)		23f
g Add lines 23c through 23f	23g	0.
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 2012 estimated tax	Refunded	26

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.			May the IRS discuss this return with the preparer shown below (see instr.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date	Title		
Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Form 1120-H	Exempt Function Income	Statement	1
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Description	Amount
HOA Membership Dues	5895.
Total to Form 1120-H, Item B	5895.

Form 1120-H	EXPENDITURES DESCRIBED IN 90% TEST	Statement	2
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Description	Amount
ALLOCABLE ADMINISTRATIVE	214.
INSURANCE	250.
KEYS	
MAINTENANCE	75.
OTHER	27.
PORTOPOTTY RENTAL	450.
REAL ESTATE TAX	897.
Total to Form 1120-H, Item C	1913.

Form 1120-H	Interest Income	Statement	3
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Description	US	Other
		51.
Total to Form 1120-H, Line 2		51.

2011 TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

December 31, 2011

Prepared for	HUGUENOT HUNDRED COMMUNITY ASSOCIATION c/o PETER STECH 3941 DARBY DRIVE MIDLOTHIAN, VA 23113
Prepared by	
To be signed and dated by	The appropriate corporate officer(s).
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Virginia Dept. of Taxation P.O. Box 1500 Richmond, VA 23218-1500
Return must be mailed on or before	April 16, 2012
Special Instructions	

FORM 500

Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500

2011 Virginia Corporation Income Tax Return



FISCAL or

SHORT Year Filer: Beginning Date _____; Ending Date _____

Preparer's FEIN, PTIN or SSN _____

☐ Short Year Return☐ Change in Accounting Period

Official Use Only

By checking the box to the right, I (we) authorize the Department of Taxation to discuss this return with the undersigned preparer. → ☐

Federal Employer ID Number 54-1606438		Check if : <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Physical Address Change <input type="checkbox"/> Mailing Address Change	
Name HUGUENOT HUNDRED COMMUNITY ASSOCIATION c/o PETER STECH			
Physical Address 3941 DARBY DRIVE			
Physical City Or Town MIDLOTHIAN			
Mailing Address (if different from Physical Address)		State VA	ZIP Code 23113
City or Town		State	ZIP Code
Date Incorporated 06/08/1978		State or Country of Incorporation VIRGINIA	Description of Business Activity
Check Applicable Boxes <input type="checkbox"/> Consolidated - Sch 500AC Attached <input type="checkbox"/> Combined - Sch 500AC Attached <input type="checkbox"/> Change in Filing Status <input type="checkbox"/> Multistate Sch 500A Attached <input type="checkbox"/> Schedule 500AB Attached		Final Return <input type="checkbox"/> Final Return - Check here and other applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved-No longer liable for tax Dissolved Date _____ <input type="checkbox"/> Merged Merged Date _____ Merged FEIN # _____ <input type="checkbox"/> S Corp Election-Effective _____	
		Corporate Telecommunications Company Enter amount from Form 500T, Line 7: _____ .00 Noncorporate Telecommunications Company Check box and enter amount from Form 500T, Line 10 <input type="checkbox"/> _____ .00 Electric Supplier Company Enter amount from Sch 500EL, Line 7 or 14: _____ .00	
Amended Return Complete Form 500 and Schedule 500ADJ. Attach an explanation of changes to income and modifications. DO NOT FILE THIS FORM TO CARRYBACK A NET OPERATING LOSS. File Form 500NOLD.		<input type="checkbox"/> Amended Return - Check here and other applicable boxes. <input type="checkbox"/> Federal Audit - Attach copy of IRS final determination <input type="checkbox"/> Schedule 500A Changes <input type="checkbox"/> Schedule 500ADJ Changes	
		<input type="checkbox"/> Nonrefundable or Refundable Credit Change <input type="checkbox"/> Schedule 500AB Changes <input type="checkbox"/> Capital Loss Carryback <input type="checkbox"/> Other-Attach Explanation	
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)			
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	

2011 Virginia
Form 500

Federal Employer ID Number 54-1606438

Page 2



INCOME

1	Federal taxable income (from attached federal return)	1	<u>-49.00</u>
2	Total Additions from Schedule 500ADJ, Section A, Line 7	2	<u>.00</u>
3	Total (add Lines 1 and 2)	3	<u>-49.00</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>-49.00</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>-49.00</u>

TAX COMPUTATION

8	Multistate Corporation - If business conducted within and without Virginia (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.		
(a)	Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a)	<u>.00</u>
(b)	Apportionment factor from Schedule 500A, Section B, Line 1 or Line 2(g)	8(b)	<u>%</u>
(c)	Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c)	<u>.00</u>
(d)	Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d)	<u>.00</u>
9	Income tax (6% of Line 7 or 6% of Line 8(a))	9	<u>0.00</u>

PAYMENTS AND CREDITS

10	Nonrefundable Tax Credits: Enter the amount from Schedule 500CR, Part XXIX, Line 132	10	<u>.00</u>
11	Adjusted Corporate Tax (subtract Line 10 from Line 9)	11	<u>.00</u>
12	2011 estimated Virginia income tax payments and overpayment credit from 2010	12	<u>.00</u>
13	Extension payment	13	<u>.00</u>
14	Refundable Tax Credits from Schedule 500CR, Part XXXIII, Line 140	14	<u>.00</u>
15	Pass-Through Entity total 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 2012 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.

(Date) (Signature of officer) (Title)

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

Approved Vendor Code **1019**

VA DEPT OF TAXATION 2601004 (REV 06/11)

183402
12-20-11

**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	_____	.00
2. Federal Taxable income before NOL and Special Deductions	2	_____	51 .00
3. Net operating loss deduction	3	_____	.00
4. Special Deductions	4	_____	.00
5. Federal Taxable Income after NOL and Special Deductions	5	_____	-49 .00

Form 1120, Schedule C-Dividends and Special Deductions

6. Subpart F Income	6	_____	.00
7. Foreign dividend gross-up	7	_____	.00

Form 1120, Schedule K or M-3

8. Tax exempt interest	8	_____	.00
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Form 5884

9. Salaries and Wages not deducted due to the WOTC	9	_____	.00
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Form 4562-Special Depreciation Allowance and Other Depreciation

10. Special depreciation allowance for qualified property placed in service during the tax year	10	_____	.00
11. Property subject to 168(f)(1) election	11	_____	.00
12. Other depreciation	12	_____	.00

Form 1118, Schedule A, Income or Loss Before Adjustments-Gross Income or Loss

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

Form 1118, Schedule A, Income or Loss Before Adjustments-Deductions

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

Form 1118, Schedule A, Income or Loss Before Adjustments-Total Income

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

U.S. Income Tax Return for Homeowners Associations

OMB No. 1545-0127

2011

For calendar year 2011 or tax year beginning , and ending

TYPE OR PRINT	Name HUGUENOT HUNDRED COMMUNITY ASSOCIATION	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions. c/o PETER STECH	54-1606438
	City or town, state, and ZIP code 3941 DARBY DRIVE MIDLOTHIAN, VA 23113	Date association formed 06/08/1978

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	B	5895.
C	Total expenditures made for purposes described in 90% expenditure test See Statement 2	C	1913.
D	Association's total expenditures for the tax year	D	1913.
E	Tax-exempt interest received or accrued during the tax year	E	0.

Gross Income (excluding exempt function income)

1	Dividends	1	
2	Taxable interest See Statement 3	2	51.
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	51.

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)	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	51.
18	Specific deduction of \$100	18	\$100.00

Tax and Payments

19	Taxable income. Subtract line 18 from line 17	19	-49.																																																												
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23	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">a 2010 overpayment credited to 2011</td> <td style="width:10%;">23a</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>b 2011 estimated tax payments</td> <td>23b</td> <td></td> <td>c Total</td> <td>23c</td> <td>0.</td> <td colspan="4"></td> </tr> <tr> <td>d Tax deposited with Form 7004</td> <td></td> <td></td> <td></td> <td>23d</td> <td></td> <td colspan="4"></td> </tr> <tr> <td>e Credit for tax paid on undistributed capital gains (attach Form 2439)</td> <td></td> <td></td> <td></td> <td>23e</td> <td></td> <td colspan="4"></td> </tr> <tr> <td>f Credit for federal tax paid on fuels (attach Form 4136)</td> <td></td> <td></td> <td></td> <td>23f</td> <td></td> <td colspan="4"></td> </tr> <tr> <td>g Add lines 23c through 23f</td> <td colspan="4"></td> <td>23g</td> <td>0.</td> <td colspan="3"></td> </tr> </table>	a 2010 overpayment credited to 2011	23a									b 2011 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 paid on fuels (attach Form 4136)				23f						g Add lines 23c through 23f					23g	0.					
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	Signature of officer	Date	Title		
Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Form 1120-H	Exempt Function Income	Statement	1
Description		Amount	
HOA Membership Dues		5895.	
Total to Form 1120-H, Item B		5895.	

Form 1120-H	EXPENDITURES DESCRIBED IN 90% TEST	Statement	2
Description		Amount	
ALLOCABLE ADMINISTRATIVE		214.	
INSURANCE		250.	
KEYS			
MAINTENANCE		75.	
OTHER		27.	
PORTOPOTTY RENTAL		450.	
REAL ESTATE TAX		897.	
Total to Form 1120-H, Item C		1913.	

Form 1120-H	Interest Income	Statement	3
Description	US	Other	
		51.	
Total to Form 1120-H, Line 2		51.	