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GOVERNMENT COPY

Both Returns were signed on March 3, 2014 and mailed on March 5, 2014

Peter Stech  
HHCA Treasurer

March 2, 2014

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 2013 corporate tax returns, as follows...

2013 U.S. Income Tax Return for Homeowners Associations

2013 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,

# 2013 TAX RETURN FILING INSTRUCTIONS

## U.S. HOMEOWNERS ASSOCIATION INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2013

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 17, 2014
Special Instructions	

For calendar year 2013 or tax year beginning , and ending

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

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

<b>A</b> 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>B</b> Total exempt function income. Must meet 60% gross income test <b>See Statement 1</b>	<b>B</b> <b>6130.</b>
<b>C</b> Total expenditures made for purposes described in 90% expenditure test <b>See Statement 2</b>	<b>C</b> <b>3231.</b>
<b>D</b> Association's total expenditures for the tax year	<b>D</b> <b>3231.</b>
<b>E</b> Tax-exempt interest received or accrued during the tax year	<b>E</b> <b>0.</b>

**Gross Income** (excluding exempt function income)

<b>1</b> Dividends	<b>1</b>	
<b>2</b> Taxable interest <b>See Statement 3</b>	<b>2</b>	<b>15.</b>
<b>3</b> Gross rents	<b>3</b>	
<b>4</b> Gross royalties	<b>4</b>	
<b>5</b> Capital gain net income (attach Schedule D (Form 1120))	<b>5</b>	
<b>6</b> Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	<b>6</b>	
<b>7</b> Other income (excluding exempt function income) (attach statement)	<b>7</b>	
<b>8</b> <b>Gross income</b> (excluding exempt function income). Add lines 1 through 7	<b>8</b>	<b>15.</b>

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

<b>9</b> Salaries and wages	<b>9</b>	
<b>10</b> Repairs and maintenance	<b>10</b>	
<b>11</b> Rents	<b>11</b>	
<b>12</b> Taxes and licenses	<b>12</b>	
<b>13</b> Interest	<b>13</b>	
<b>14</b> Depreciation (attach Form 4562)	<b>14</b>	
<b>15</b> Other deductions (attach statement)	<b>15</b>	
<b>16</b> <b>Total deductions.</b> Add lines 9 through 15	<b>16</b>	<b>0.</b>
<b>17</b> Taxable income before specific deduction of \$100. Subtract line 16 from line 8	<b>17</b>	<b>15.</b>
<b>18</b> Specific deduction of \$100	<b>18</b>	<b>\$100.00</b>

**Tax and Payments**

<b>19</b> <b>Taxable income.</b> Subtract line 18 from line 17	<b>19</b>	<b>-85.</b>
<b>20</b> Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	<b>20</b>	<b>0.</b>
<b>21</b> Tax credits	<b>21</b>	
<b>22</b> <b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits	<b>22</b>	<b>0.</b>
<b>23</b> <b>a</b> 2012 overpayment credited to 2013 <b>23a</b>	<b>23a</b>	
<b>b</b> 2013 estimated tax payments <b>23b</b>	<b>23b</b>	
<b>c</b> <b>Total</b> ▶ <b>23c</b>	<b>23c</b>	<b>0.</b>
<b>d</b> Tax deposited with Form 7004 <b>23d</b>	<b>23d</b>	
<b>e</b> Credit for tax paid on undistributed capital gains (attach Form 2439) <b>23e</b>	<b>23e</b>	
<b>f</b> Credit for federal tax paid on fuels (attach Form 4136) <b>23f</b>	<b>23f</b>	
<b>g</b> Add lines 23c through 23f <b>23g</b>	<b>23g</b>	<b>0.</b>
<b>24</b> <b>Amount owed.</b> Subtract line 23g from line 22 (see instructions)	<b>24</b>	
<b>25</b> <b>Overpayment.</b> Subtract line 22 from line 23g	<b>25</b>	
<b>26</b> Enter amount of line 25 you want: <b>Credited to 2014 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>26</b>	

<b>Sign Here</b>	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.)?		
	Signature of officer <b>TREASURER</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Paid Preparer's Use Only</b>	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	6130.
Total to Form 1120-H, Item B	6130.

Form 1120-H	EXPENDITURES DESCRIBED IN 90% TEST	Statement	2
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Description	Amount
ALLOCABLE ADMINISTRATIVE	25.
INSURANCE	400.
KEYS	537.
MAINTENANCE	755.
OTHER	359.
PORTOPOTTY RENTAL	413.
REAL ESTATE TAX	742.
Total to Form 1120-H, Item C	3231.

Form 1120-H	Interest Income	Statement	3
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Description	US	Other
		15.
Total to Form 1120-H, Line 2		15.

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STATE COPY

# 2013 TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

December 31, 2013

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 15, 2014
Special Instructions	

# 2013 Virginia Corporation Income Tax Return

**FISCAL** or

SHORT Year Filer: Beginning Date \_\_\_\_\_; Ending Date \_\_\_\_\_

☐ Short Year Return      ☐ Change in Accounting Period

Official Use Only

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

Federal Employer ID Number <b>54-1606438</b>		<b>Check if :</b>  <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Name HUGENOT HUNDRED COMMUNITY ASSOCIATION c/o PETER STECH			
Mailing Address 3941 DARBY DRIVE			
City or Town MIDLOTHIAN			
		State VA	ZIP Code 23113
Physical Address (if different from Mailing Address)		Entity Type Code	
Physical City or Town		State	NAICS 531390
Date Incorporated 06/08/1978	State or Country of Incorporation VIRGINIA	Description of Business Activity	
<b>Check Applicable Boxes</b>  <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 <input type="checkbox"/> Nonprofit Corporation		<b>Final Return</b>  <input type="checkbox"/> Final Return - Check here and 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 Effective _____	<b>Corporate Telecommunications Company</b>  Enter amount from Form 500T, Line 7: _____.00  <b>Noncorporate Telecommunications Company</b> Check box and enter amount from Form 500T, Line 10: <input type="text"/> _____.00  <b>Electric Supplier Company</b>  Enter amount from Sch 500EL, Line 7 or 14: _____.00
<b>Amended Return</b>  Complete Form 500 and Schedule 500ADJ. Attach an explanation of changes to income and modifications.  <b>DO NOT FILE THIS FORM TO CARRY BACK A NET OPERATING LOSS. File Form 500NOLD.</b>		<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
<b>Questions and Related Information</b> <b>A</b> 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>B Coalfield Employment Enhancement Tax Credit earned from Form 306, Line 11.</b> _____ .00 <b>C</b> 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 a NOL results from a merger, enter below the FEIN of the company generating the NOL prior to merger date. FEIN _____ (If there are NOLs for more than one year, attach a schedule.) (1) Year of loss _____ (2) Federal NOL _____ (3) Percent of federal NOL used this year _____ % <b>D</b> If Pass-Through Entity Withholding is claimed, enter the number of Schedule VK-1s and complete and attach Schedule 500ADJ, Page 2. <b>E</b> 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 Department? If Yes, provide the years. Year(s) _____ <b>F</b> Location of the Corporation's books _____  Contact for Corporation's books Contact Telephone Number			



2013 Virginia  
Form 500

Federal Employer ID Number 54-1606438

Page 2



**INCOME**

1	Federal taxable income (from attached federal return)	1	- 85.00
2	Total Additions from Schedule 500ADJ, Section A, Line 7	2	.00
3	Total (add Lines 1 and 2)	3	- 85.00
4	Total Subtractions from Schedule 500ADJ, Section B, Line 10	4	.00
5	Balance (subtract Line 4 from Line 3)	5	- 85.00
6	Savings and Loan Association's Bad Debt Deduction (see Instructions)	6	.00
7	<b>Virginia Taxable Income</b> (subtract Line 6 from Line 5)	7	- 85.00

**TAX COMPUTATION**

8	<b>Multistate Corporation</b> - 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)	.00
(b)	Apportionment factor from Schedule 500A, Section B, Line 1 or Line 2(g)	8(b)	%
(c)	Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c)	.00
(d)	Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d)	.00
9	<b>Income tax</b> (6% of Line 7 or 6% of Line 8(a))	9	0.00

**PAYMENTS AND CREDITS**

10	Nonrefundable Tax Credits: Enter the amount from Schedule 500CR, Part XXX, Line 134	10	.00
11	Adjusted Corporate Tax (subtract Line 10 from Line 9)	11	.00
12	2013 estimated Virginia income tax payments including overpayment credit from 2012	12	.00
13	Extension payment	13	.00
14	Refundable Tax Credits from Schedule 500CR, Part XXXIV, Line 142	14	.00
15	Pass-Through Entity total withholding from Schedule 500ADJ, Section D	15	.00
16	<b>Total payments and credits</b> (add Lines 12 through 15)	16	.00

**REFUND OR TAX DUE**

17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17	.00
18	Penalty (see Instructions)	18	.00
19	Interest (see Instructions)	19	.00
20	Additional charge from Form 500C, Line 17 (attach Form 500C)	20	.00
21	<b>Total due</b> (add Lines 17 through 20)	21	.00
22	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22	.00
23	Amount to be credited to 2014 estimated tax	23	.00
24	<b>Amount to be refunded</b> (subtract Line 23 from Line 22)	24	.00

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)	<b>TREASURER</b> _____ (Title)
_____ (Printed Name of Officer)		_____ (Phone Number)

_____ (Date)	_____ Print Preparer's Name, Firm Name and Phone Number	_____ (Address)
Preparer's FEIN, PTIN or SSN _____		Approved Vendor Code <b>1019</b>

**IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN.**

**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	_____	15 .00
3. Net Operating Loss Deduction .....	3	_____	.00
4. Special Deductions .....	4	_____	.00
5. Federal Taxable Income after NOL and Special Deductions .....	5	_____	-85 .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 taxable 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.  
Schedule 500FED does not replace the requirement to attach a complete federal Form 1120 to your Virginia return.

For calendar year 2013 or tax year beginning , and ending

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

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

**A** Check type of homeowners association: ☐ Condominium management association ☒ Residential real estate association ☐ Timeshare association

<b>B</b> Total exempt function income. Must meet 60% gross income test	<b>See Statement 1</b>	<b>B</b>	<b>6130.</b>
<b>C</b> Total expenditures made for purposes described in 90% expenditure test	<b>See Statement 2</b>	<b>C</b>	<b>3231.</b>
<b>D</b> Association's total expenditures for the tax year		<b>D</b>	<b>3231.</b>
<b>E</b> Tax-exempt interest received or accrued during the tax year		<b>E</b>	<b>0.</b>

**Gross Income** (excluding exempt function income)

<b>1</b> Dividends		<b>1</b>	
<b>2</b> Taxable interest	<b>See Statement 3</b>	<b>2</b>	<b>15.</b>
<b>3</b> Gross rents		<b>3</b>	
<b>4</b> Gross royalties		<b>4</b>	
<b>5</b> Capital gain net income (attach Schedule D (Form 1120))		<b>5</b>	
<b>6</b> Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		<b>6</b>	
<b>7</b> Other income (excluding exempt function income) (attach statement)		<b>7</b>	
<b>8</b> <b>Gross income</b> (excluding exempt function income). Add lines 1 through 7		<b>8</b>	<b>15.</b>

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

<b>9</b> Salaries and wages		<b>9</b>	
<b>10</b> Repairs and maintenance		<b>10</b>	
<b>11</b> Rents		<b>11</b>	
<b>12</b> Taxes and licenses		<b>12</b>	
<b>13</b> Interest		<b>13</b>	
<b>14</b> Depreciation (attach Form 4562)		<b>14</b>	
<b>15</b> Other deductions (attach statement)		<b>15</b>	
<b>16</b> <b>Total deductions.</b> Add lines 9 through 15		<b>16</b>	<b>0.</b>
<b>17</b> Taxable income before specific deduction of \$100. Subtract line 16 from line 8		<b>17</b>	<b>15.</b>
<b>18</b> Specific deduction of \$100		<b>18</b>	<b>\$100.00</b>

**Tax and Payments**

<b>19</b> <b>Taxable income.</b> Subtract line 18 from line 17		<b>19</b>	<b>-85.</b>
<b>20</b> Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)		<b>20</b>	<b>0.</b>
<b>21</b> Tax credits		<b>21</b>	
<b>22</b> <b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits		<b>22</b>	<b>0.</b>
<b>23</b> <b>a</b> 2012 overpayment credited to 2013	<b>23a</b>		
<b>b</b> 2013 estimated tax payments	<b>23b</b>	<b>c Total ▶</b>	<b>23c</b> <b>0.</b>
<b>d</b> Tax deposited with Form 7004			<b>23d</b>
<b>e</b> Credit for tax paid on undistributed capital gains (attach Form 2439)			<b>23e</b>
<b>f</b> Credit for federal tax paid on fuels (attach Form 4136)			<b>23f</b>
<b>g</b> Add lines 23c through 23f		<b>23g</b>	<b>0.</b>
<b>24</b> <b>Amount owed.</b> Subtract line 23g from line 22 (see instructions)		<b>24</b>	
<b>25</b> <b>Overpayment.</b> Subtract line 22 from line 23g		<b>25</b>	
<b>26</b> Enter amount of line 25 you want: <b>Credited to 2014 estimated tax ▶</b>		<b>Refunded ▶</b>	<b>26</b>

<b>Sign Here</b>	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.)?		
	<b>TREASURER</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Paid Preparer's Use Only</b>	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	6130.
Total to Form 1120-H, Item B	6130.

Form 1120-H	EXPENDITURES DESCRIBED IN 90% TEST	Statement	2
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Description	Amount
ALLOCABLE ADMINISTRATIVE	25.
INSURANCE	400.
KEYS	537.
MAINTENANCE	755.
OTHER	359.
PORTOPOTTY RENTAL	413.
REAL ESTATE TAX	742.
Total to Form 1120-H, Item C	3231.

Form 1120-H	Interest Income	Statement	3
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Description	US	Other
		15.
Total to Form 1120-H, Line 2		15.