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GOVERNMENT COPY



April 12, 2021

HUGUENOT HUNDRED COMMUNITY ASSOCIATION
c/o WENDY AUSTIN
3951 DARBY DRIVE
MIDLOTHIAN, VA 23113

HUGUENOT HUNDRED COMMUNITY ASSOCIATION:

Enclosed are the original and one copy of your 2020 corporate tax returns, as follows...

2020 U.S. Income Tax Return for Homeowners Associations

2020 Virginia Corporation Income Tax Return

Please review the returns for completeness and accuracy.

We prepared the returns from information you furnished us without verification. Upon examination of the returns by taxing authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such an examination.

We have checked the box which allows us to discuss routine matters regarding your tax return with the IRS without obtaining a signed power of attorney from you. If you do not wish this box to be checked, please notify us immediately.

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.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Sincerely,

A handwritten signature in black ink that reads 'Cherry Bekaert LLP' in a cursive, flowing script.

Cherry Bekaert LLP

2020 TAX RETURN FILING INSTRUCTIONS

U.S. HOMEOWNERS ASSOCIATION INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2020

Prepared For:

HUGUENOT HUNDRED COMMUNITY ASSOCIATION
c/o WENDY AUSTIN
3951 DARBY DRIVE
MIDLOTHIAN, VA 23113

Prepared By:

Cherry Bekaert LLP
200 South 10th St., Ste. 900
Richmond, VA 23219
804-673-5700

To be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	0
Less: payments and credits	\$	0
Plus: interest and penalties	\$	0
No payment required	\$	

Overpayment:

Not applicable

Make Check Payable To:

Not Applicable

File Tax Return and Make Payment (if applicable):

Department of the Treasury
Internal Revenue Service Center
Kansas City, MO 64999-0012

Return Must be Filed on or Before:

April 15, 2021

Special Instructions:

If applicable, we have enclosed mailing envelopes for your convenience in filing your returns. We recommend that you use certified mail with postmarked receipt for proof of timely filing.

HUGUENOT HUNDRED COMMUNITY ASSOCIATION
C/O WENDY AUSTIN
3951 DARBY DRIVE
MIDLOTHIAN, VA 23113

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
KANSAS CITY, MO 64999-0012



Go to www.irs.gov/Form1120H for instructions and the latest information.

For calendar year 2020 or tax year beginning , and ending

TYPE OR PRINT	Name HUGUENOT HUNDRED COMMUNITY ASSOCIATION C/O WENDY AUSTIN	Employer identification number 54-1606438
	Number, street, and room or suite no. If a P.O. box, see instructions. 3951 DARBY DRIVE	Date association formed 06/08/1978
	City or town, state or province, country, and ZIP or foreign postal 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	B 10,250.
C Total expenditures made for purposes described in 90% expenditure test SEE STATEMENT 2	C 4,706.
D Association's total expenditures for the tax year	D 4,706.
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	21.
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	21.

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	0.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	21.
18 Specific deduction of \$100	18	\$100

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	-79.
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) 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 2019 overpayment credited to 2020 23a		
b 2020 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 2021 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.

Sign Here Signature of officer _____ Date _____ **TREASURER** Title _____
 May the IRS discuss this return with the preparer shown below? See instr. Yes No

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	
Firm's address			Phone no.	

FORM 1120-H	EXEMPT FUNCTION INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
HOA MEMBERSHIP DUES		10,250.
TOTAL TO FORM 1120-H, ITEM B		10,250.

FORM 1120-H	EXPENDITURES DESCRIBED IN 90% TEST	STATEMENT 2
DESCRIPTION		AMOUNT
ALLOCABLE ADMINISTRATIVE INSURANCE		1,705.
KEYS MAINTENANCE		1,432.
OTHER PORTOPOTTY RENTAL		
REAL ESTATE TAX		1,569.
TOTAL TO FORM 1120-H, ITEM C		4,706.

FORM 1120-H	INTEREST INCOME	STATEMENT 3
DESCRIPTION	US	OTHER
ATLANTIC UNION BANK		21.
TOTAL TO FORM 1120-H, LINE 2		21.

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STATE COPY

HUGUENOT HUNDRED COMMUNITY ASSOCIATION
C/O WENDY AUSTIN
3951 DARBY DRIVE
MIDLOTHIAN, VA 23113

VIRGINIA DEPT. OF TAXATION
P.O. BOX 1500
RICHMOND, VA 23218-1500



2020 TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

December 31, 2020

Prepared For:

HUGUENOT HUNDRED COMMUNITY ASSOCIATION
c/o WENDY AUSTIN
3951 DARBY DRIVE
MIDLOTHIAN, VA 23113

Prepared By:

Cherry Bekaert LLP
200 South 10th St., Ste. 900
Richmond, VA 23219
804-673-5700

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 payment required	\$	

Overpayment:

Not applicable

Make Check Payable to:

Not applicable

File Tax Return and Make Payment (if applicable):

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

Return Must be Filed On or Before:

April 15, 2021

Special Instructions:

If applicable, we have enclosed mailing envelopes for your convenience in filing your returns. We recommend that you use certified mail with postmarked receipt for proof of timely filing.

**2020 Virginia Corporation
 Income Tax Return**



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
 Do not file this form to carry back a net operating loss. Use Form 500NOLD.

Official Use Only

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

FEIN 54-1606438		Name HUGUENOT HUNDRED COMMUNITY ASSOCIAT C/O WENDY AUSTIN		Check all that apply: <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Mailing Address 3951 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	ZIP Code 531390		
Date Incorporated 06/08/1978	State or Country of Incorporation VIRGINIA		Description of Business Activity		

Check Applicable Boxes	Final Return	Corporate Telecommunications Company
<input type="checkbox"/> Consolidated - Sch. 500AC Enclosed	<input type="checkbox"/> Final Return - Check here and applicable boxes below.	Enter amount from Form 500T, Line 7: _____ .00
<input type="checkbox"/> Combined - Sch. 500AC Enclosed	<input type="checkbox"/> Withdrawn	Noncorporate Telecommunications Company
<input type="checkbox"/> Change in Filing Status	<input type="checkbox"/> Dissolved - No longer liable for tax.	Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ .00
<input type="checkbox"/> Sch. 500A Enclosed	Dissolved Date: _____	Electric Supplier Company
<input type="checkbox"/> Sch. 500AB Enclosed	<input type="checkbox"/> Merged	Enter amount from Sch. 500EL, Line 7 or 14: _____ .00
<input type="checkbox"/> Nonprofit Corporation	Merger Date: _____	Home Service Contract Provider
<input type="checkbox"/> Certified Company Apportionment - Sch. 500AP Enclosed	Merged FEIN: _____	Enter amount from Form 500HS, Line 10: <input type="checkbox"/> Check box if a noncorporate HSCP. _____ .00
Enter number of affiliates: _____	<input type="checkbox"/> S Corp Effective: _____	
<input type="checkbox"/> Amended Return (See instructions)		
Enter reason code: _____		

Questions and Related Information

A. Have you made any payments to an affiliated corporation, 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 enclose Schedule 500AB.
 Enter exception amount from Schedule 500AB, Line 8. **A.** _____ **.00**

B. Coalfield Employment Enhancement Tax Credit earned from 2020 Form 306, Line 11. **B.** _____ **.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 a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.
(1) Year of Loss _____
(2) Federal NOL _____
(3) Percent of federal NOL used this year _____ %
 FEIN _____
 (If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)

D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2. **D.** _____

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 Department? If yes, provide the year(s).
 Year **E.** _____
 Year _____
 Year _____

F. Location of corporation's books _____

Contact for corporation's books _____ Contact Phone Number _____

**2020 Virginia
Form 500**

Page 2

FEIN
54-1606438



INCOME

1. Federal taxable income (from enclosed federal return)	1.	-79 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3. Total (add Lines 1 and 2)	3.	-79 .00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	-79 .00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	-79 .00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	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. Income tax (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, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00
12. 2020 estimated Virginia income tax payments including overpayment credit from 2019	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (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 (enclose Form 500C)	20.	.00
21. Total due (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 2021 estimated tax	23.	.00
24. Amount to be refunded (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 on behalf 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 the taxpayer, this declaration is based on all information of which he or she has any knowledge.

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

Date	Signature of Officer	Title TREASURER
Printed Name of Officer		Phone Number
Print Preparer's Name and Firm Name		Preparer Phone Number
Date	Individual or Firm, Signature of Preparer	Address of Preparer
Preparer's FEIN, PTIN, or SSN		Approved Vendor Code 1019

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

**2020 Virginia
Schedule 500FED**

**Corporation Schedule of
Federal Line Items**



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return HUGUENOT HUNDRED COMMUNITY ASSOCIATION FEIN 54-1606438

Form 1120 - Deductions and Taxable Income

1. Federal Taxable Income before NOL and Special Deductions	1.	21 .00
2. Net Operating Loss Deduction	2.	.00
3. Special Deductions	3.	.00
4. Federal Taxable Income after NOL and Special Deductions	4.	- 79 .00

Form 1120, Schedule C - Dividends and Special Deductions

5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.	.00
6. Gross-Up for Foreign Taxes Deemed Paid	6.	.00

Form 1120, Schedule K or M-1

7. Tax Exempt Interest	7.	.00
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Form 5884 - Work Opportunity Credit

8. Salaries and Wages not deducted due to the WOTC	8.	.00
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Form 4562 - Special Depreciation Allowance and Other Depreciation

9. Special depreciation allowance for qualified property placed in service during the taxable year	9.	.00
10. Property subject to 168(f)(1) election	10.	.00
11. Other depreciation	11.	.00

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

12. Total: Dividends (Exclude Gross-up)	12.	.00
13. Total: Dividends (Gross-up)	13.	.00
14. Total: Inclusions (Exclude Gross-up)	14.	.00
15. Total: Inclusions (Gross-up)	15.	.00
16. Total: Interest	16.	.00
17. Total: Gross Rents, Royalties, and License Fees	17.	.00
18. Total: Gross Income from Performance of Services	18.	.00
19. Total: Other	19.	.00
20. Total: Total Gross Income or Loss from Outside the US	20.	.00

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

21. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	21.	.00
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	22.	.00
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services	23.	.00
24. Total: Allocable - Other Allocable Deductions	24.	.00
25. Total: Total Allocable Deductions	25.	.00
26. Total: Apportioned Share of Deductions	26.	.00
27. Total: Net Operating Loss Deduction	27.	.00
28. Total: Total Deductions	28.	.00

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

29. Total: Total Income or (Loss) Before Adjustments	29.	.00
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Go to www.irs.gov/Form1120H for instructions and the latest information.

For calendar year 2020 or tax year beginning _____, and ending _____

TYPE OR PRINT	Name HUGUENOT HUNDRED COMMUNITY ASSOCIATION C/O WENDY AUSTIN	Employer identification number 54-1606438
	Number, street, and room or suite no. If a P.O. box, see instructions. 3951 DARBY DRIVE	Date association formed 06/08/1978
	City or town, state or province, country, and ZIP or foreign postal 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	10,250.
C Total expenditures made for purposes described in 90% expenditure test SEE STATEMENT 2	4,706.
D Association's total expenditures for the tax year	4,706.
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	21.
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	21.

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	0.
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	21.
18 Specific deduction of \$100	18	\$100

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	-79.
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) 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 2019 overpayment credited to 2020 23a		
b 2020 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 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	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.

Sign Here Signature of officer _____ Date _____ **TREASURER** Title _____
 May the IRS discuss this return with the preparer shown below? See instr. Yes No

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		10,250.
TOTAL TO FORM 1120-H, ITEM B		10,250.

FORM 1120-H	EXPENDITURES DESCRIBED IN 90% TEST	STATEMENT 2
DESCRIPTION		AMOUNT
ALLOCABLE ADMINISTRATIVE INSURANCE		1,705.
KEYS MAINTENANCE		1,432.
OTHER PORTOPOTTY RENTAL		
REAL ESTATE TAX		1,569.
TOTAL TO FORM 1120-H, ITEM C		4,706.

FORM 1120-H	INTEREST INCOME	STATEMENT 3
DESCRIPTION	US	OTHER
ATLANTIC UNION BANK		21.
TOTAL TO FORM 1120-H, LINE 2		21.