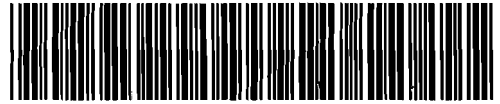


FORM 500

Department of Taxation
P.O. Box 1500
Richmond, VA 23216-1500

**2003 Virginia Corporation
Income Tax Return**



FISCAL year filer or SHORT year filer. ENTER beginning date, 07/01/03 and ending date 06/30/04, and CHECK HERE

Check if — 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 checked="" type="checkbox"/>	Name HOMER LAUGHLIN CHINA COLLECTORS ASSOCIATION		Official use only
	Number and street P. O. BOX 26021		
	Address continued		Federal Employer Identification Number 54-1905820
	City or town, state and ZIP Code CRYSTAL CITY VA 22215-6021		Virginia Corporation Account Number 001856733-4
	Date incorporated 08/06/98	State or Country VIRGINIA	
Principal Business Activity Code 511120	Description of Business Activity PROVIDE INFO & HISTORY OF HOMER LAUGHLIN		

If your tax return is filed on computer generated forms or forms supplied by a tax preparer and you do not need to receive a corporate packet next year, place an "X" in the box to the right.

**IMPORTANT: ATTACH A COPY OF YOUR FEDERAL RETURN TO THIS RETURN
Use Form 500-X To Amend The Return.**

1	Federal taxable income (from attached federal return)	1	0	00
2	(a) Fixed Date Conformity Addition (depreciation - see instructions)	2(a)		
	(b) Fixed Date Conformity Additions (other - see instructions)	(b)		
	(c) Additions (from line 28)	(c)	0	00
3	Total [add lines 1 and 2 (a), (b) & (c)]	3	0	00
4	(a) Fixed Date Conformity Subtraction (depreciation - see instructions)	4(a)		
	(b) Fixed Date Conformity Subtractions (other - see instructions)	(b)		
	(c) Subtractions (from line 37)	(c)	0	00
5	Total [subtract lines 4 (a), (b) & (c) from line 3]	5	0	00
6	Savings and loan association's bad debt deduction (see instructions)	6		
7	Virginia taxable income (subtract line 6 from line 5)	7	0	00
If entire business conducted in VA, skip to line 9				
If business conducted within and without VA (Multistate Corporation), attach Schedule A and complete lines 8(a) through 8(d)				
8 Multistate Corporation:				
	(a) Income subject to Virginia tax (from Schedule A, line 16)	8(a)		
	(b) Apportionment factor from Schedule A, 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	00
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	00
12	Payments: (a) 2003 estimated Virginia income tax payments	(a)		
	(b) Prior year's overpayment	(b)		
	(c) Payment with extension request and other payments	(c)		
	(d) Total Refundable Credits from Form 500CR, line 108	(d)		
	Total payment credits [add lines (a), (b), (c) and (d)]	12		
13	Tax due (subtract line 12 from line 11)	13	0	00
14	Penalty (see instructions)	14		
15	Interest (see instructions)	15		
16	Additional charge (attach Form 500C)	16		
17	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	00
18	Overpayment (if line 12 is larger than line 11 enter overpayment)	18	0	00
19	Amount to be credited to 2004 estimated tax	19		
20	Amount to be refunded (subtract line 19 from line 18)	20	0	00
21	Coalfield Employment Enhancement Tax Credit earned	21		

VA DEPT OF TAXATION 2601004 (REV 7/03)
1039
STF VA43711F.1

_____ (Date)	_____ (Signature of officer)	_____ (Title)
_____ (Date)	256-533-7610 (Individual or firm, signature of preparer, and phone number)	801 CLINTON AVE E (Address)
	FIRM EIN: 63-0792211 Preparer's SSN or FEIN	HUNTSVILLE, AL 35801

If this form was computer generated, check this box. Certified Vendor ID 1039

★ REMEMBER ★ If you are filing a tax due return, Form 500V MUST be attached unless payment is made by Electronic Funds Transfer (EFT).