

O-006-23

**NEIGHBORHOOD DEVELOPMENT FUND  
Not-for-Profit Transmittal and Approval Form**

**Applicant/Program:** Windemere Place Homeowners Association, Inc. /  
**Applicant Requested Amount:** \$7,168  
**Appropriation Request Amount:** \$7,168  
*Community Sidewalk Repair + Maintenance*

**Executive Summary of Request**  
This funding is being allocated for the repair and maintenance of a section of sidewalk within the Windemere Place Homeowners Association. Windemere Place Homeowners Association was able to get a better price and timeframe through their own contractor, thus District 18 is allocating the funding directly to the HOA for them to execute the project in the most efficient manor.

Is this program/project a fundraiser?  Yes  No  
Is this applicant a faith based organization?  Yes  No  
Does this application include funding for sub-grantee(s)?  Yes  No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

18 District #      *Marichyn Parker* Primary Sponsor Signature      \$7,168 Amount      1-12-23 Date

**Primary Sponsor Disclosure**  
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

**Approved by:** Rud Blahwell 2/13/2023  
Appropriations Committee Chairman Date  
Final Appropriations Amount: \$7,168

Approved Committee  
Date: 2/9/23

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Legal Name of Applicant Organization** Windemere Place Homeowners Association, Inc

**Program Name and Request Amount** \$7,168 *Community Sidewalk Repair + Maintenance*

Yes/No/NA

Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Prepared by: *Daniel R. Suckett Jr.*

Date: *1-12-23*

## Luckett, Daniel

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**From:** melinda@contactcornerstone.com <melinda@contactcornerstone.com>  
**Sent:** Tuesday, January 24, 2023 10:35 AM  
**To:** Luckett, Daniel <Daniel.Luckett@louisvilleky.gov>  
**Cc:** Floore, Scott (GE Appliances, Haier) <scott.floore@geappliances.com>  
**Subject:** Windemere Place HOA

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Hi Daniel,

Below is a brief summary of the Windemere Place HOA.

Windemere Place is a small 42- home HOA located near Hikes Pointe. The streets and sidewalks are public. It is a NON-gated community. Lots of folks from nearby neighborhoods walk in our neighborhood because it is one of two communities in this area with sidewalks.

We very much hope our grant is approved and we appreciate the consideration.

Thank you!

### **Melinda S. Eaton**

Property Manager  
Cornerstone Property Management Company

8003 Lyndon Centre Way, Suite 101  
Louisville, KY 40222  
502-384-9012  
melinda@contactcornerstone.com

After Hours Emergency Maintenance 1-800-673-0870

Office Hours M-Thur 9:00a-5:00p; Fridays 9:00a-1:00p

[www.contactcornerstone.com](http://www.contactcornerstone.com)

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i> Windemere Place Homeowners Association, Inc.			
Main Office Street & Mailing Address: 1808 Ashfield Lane, Louisville, KY 40220			
Website: N/A			
Applicant Contact:	Melinda Eaton	Title:	HOA Vice President
Phone:	(502) 552-3381	Email:	melinda@contactcornerstone.com
Financial Contact:	Drew Connell	Title:	HOA Treasurer
Phone:	(502) 649-8803	Email:	kevinacconnell@hotmail.com
Organization's Representative who attended NDF Training: Melinda Eaton, HOA VP			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s): Windemere Place Neighborhood			
Council District(s): 18		Zip Code(s): 40220	
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Community Sidewalk Repair and Maintenance			
Total Request: (\$) \$ 7,168.00		Total Metro Award (this program) in previous year: (\$) \$ 0.00	
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter		<input type="checkbox"/> Signed lease if rent costs are being requested	
<input checked="" type="checkbox"/> Current year projected budget		<input checked="" type="checkbox"/> IRS Form W9	
<input checked="" type="checkbox"/> Current financial statement		<input type="checkbox"/> Evaluation forms if used in the proposed program	
<input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H		<input type="checkbox"/> Annual audit (if required by organization)	
<input checked="" type="checkbox"/> Articles of Incorporation (current & signed)		<input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense			
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
Source:	None	Amount: (\$)	\$ 0.00
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

The Windemere Place HOA is a small community with 42 homes. One of the main responsibilities of the HOA is to maintain the common area of the community.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

Board Member	Term End Date
Scott Floore - President	04/18/2025
Melinda Eaton - Vice President	04/18/2025
Drew Connell - Treasurer	04/18/2023
Darla Radcliff - Secretary	04/18/2024
Sean Murphy - Director	04/18/2025
***There are no paid board members or paid staff in Windemere Place	

**Describe the Board term limit policy:**  
 Section V of the the Windemere Place HOA Bylaws states, "At the first annual meeting of the Members, they shall elect one director for a term of one year, one director for a term of two years, and one director for a term of three years; at each annual meeting thereafter, the Members shall elect the number of directors necessary to fill any expired term and to bring the number of directors to three for a term of three years."

Three Highest Paid Staff Names	Annual Salary
All board positions are voluntary	\$ 0.00

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

**A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):**

The program start date is anytime after September 15, 2022. Attached is a copy of the sidewalk repair proposal provided by the selected contractor.

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**

The funding will be spent to repair trip hazards on all the public sidewalks throughout the community consisting of approximately 286.75 linear feet.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**C: If this request is a fundraiser, please detail how the proceeds will be spent:**

This request is NOT a fundraiser.

**D: For Expenditure Reimbursement Only** – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:**

The benefits to those being served by the NDF grant is the the community sidewalks will be safer than at the present time.

There are over 70 areas along Ashfiled Lane and Lowe Road (within the project scope) that are current trip hazards. Many people from surrounding areas use Windemere Place sidewalks to walk because there are no sidewalks in St. Regis Park so they come to Windemere to walk.

The sidewalks over time (30+years) have deteriorated and need to be repaired to keep walkers safe from trips and falls.

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.**

N/A

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			\$ 0.00
<b>B: Rent/Utilities</b>			\$ 0.00
<b>C: Office Supplies</b>			\$ 0.00
<b>D: Telephone</b>			\$ 0.00
<b>E: In-town Travel</b>			\$ 0.00
<b>F: Client Assistance (See Detailed List on Page 8)</b>			\$ 0.00
<b>G: Professional Service Contracts</b>			\$ 0.00
<b>H: Program Materials</b>			\$ 0.00
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>			\$ 0.00
<b>J: Machinery &amp; Equipment</b>			\$ 0.00
<b>K: Capital Project</b>	\$ 7,168.00	\$ 0.00	\$ 7,168.00
<b>L: Other Expenses (See Detailed List on Page 8)</b>			\$ 0.00
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$ 7,168.00	\$ 0.00	\$ 7,168.00
<i>Total Request on Metro Fund</i>	100.00%	0.00%	<b>100%</b>

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
<i>Total Revenue for Column 2 Expenses</i>	\$ 0.00

\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

\*\*Must equal or exceed total in column 2.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

<b>Donor*/Type of Contribution</b>	<b>Value of Contribution</b>	<b>Method of Valuation</b>
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$ 0.00	

**\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

**Agency Fiscal Year Start Date:** 01/01/2023

**Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year?** NO  YES

**If YES, please explain:**

N/A

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

#### Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

#### Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

### SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	1.8.13
Legal Signatory: (please print):	Melinda S. Eaton	Title:	HOA VP
Phone:	5025523381	Extension:	
Email:	melinda@contact		

*Cornerstone.com*



Louisville Metro Government  
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Windemere Place Homeowners Assoc, IUL  
Grantee Representative Name: Melinda S. Eaton

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:

I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.  
Client Assistance, Events/Festivals and Other Expenses
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?  
Who, What, When and Where
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

Melinda S. Eaton  
Grantee Representative Signature

8-23-22  
Date

**NOTE:** Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov  
Mailing Address: Louisville Metro Government  
ATTN: NDF Coordinator  
611 West Jefferson St.  
Louisville, KY 40202

Fax: 502-574-3219

# Windemere HOA Budget

2023

Expected Income from Assessment	19,350.00
Anticipated Metro Louisville Sidewalk Grant	7,169.00
<b>TOTAL EXPECTED INCOME</b>	<b>26,519.00</b>

**EXPENSES** **AMOUNT** % of Budget

Required Capital Reserve Fund (5% of Assmnts)	<u>967.50</u>
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**Landscaping / Trees**

Lawn Services	4,000.00	
Tree Removal/Trimming/Maint.	2,000.00	
General Landscaping	2,500.00	
	<u>8,500.00</u>	32.1%

**Utilities**

Gas & Electric	4,000.00	
Water	1,000.00	
	<u>5,000.00</u>	18.9%

**Maintenance**

Irrigation Sys. Maintenance	1,000.00	
Snow Removal	300.00	
Light Maintenance	250.00	
Anticipated Maintenance for Sidewalk Repairs	7,169.00	
	<u>8,719.00</u>	32.9%

**Beautification / Quality of Living**

X Mas Lights	750.00	
4th of July Flags	50.00	
	<u>800.00</u>	3.0%

**Adminstrative**

Insurance	914.00	
CPA	500.00	
Office Supplies	50.00	
Bank Charge	-	
Annual Report Filing Fee	25.00	
	<u>1,489.00</u>	7.7%

<b>Discretionary Fund</b>	<u>1,000.00</u>	3.8%
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<b>TOTAL EXPENSES</b>	<b><u>26,475.50</u></b>	98.3%
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Excess to Capital Reserve Fund	43.50	
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# Business Interest Checking

PNC Bank



For the Period 12/07/2022 to 01/06/2023

Primary Account Number: 31-1344-5376

Page 1 of 2

Number of enclosures: 0

WINDEMERE PLACE HOMEOWNERS  
ASSOCIATION  
1716 ASHFIELD LN  
LOUISVILLE KY 40220-1574

For 24-hour banking sign on to  
 PNC Bank Online Banking on pnc.com  
FREE Online Bill Pay

For customer service call 1-877-BUS-BNKG  
PNC accepts Telecommunications Relay Service (TRS)  
calls.  
Para servicio en español, 1-877-BUS-BNKG

**Moving?** Please contact your local branch

Write to: Customer Service  
PO Box 609  
Pittsburgh, PA 15230-9738  
 Visit us at PNC.com/smallbusiness

## Business Interest Checking Summary

Account number: XXXXXXXXXX

Windemere Place Homeowners  
Association

Overdraft Protection has not been established for this account.  
Please contact us if you would like to set up this service.

## Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
20,621.64	.17	1,731.83	18,889.98
		Average ledger balance	Average collected balance
		19,793.84	19,793.84

## Interest Summary

Annual Percentage Yield Earned (APYE)	Number of days in interest period	Average collected balance for APYE	Interest paid this period	Interest paid year-to-date
0.01	31	19,793.84	.17	.17

## Deposits and Other Additions

Description	Items	Amount
Other Additions	1	.17
<b>Total</b>	<b>1</b>	<b>.17</b>

## Checks and Other Deductions

Description	Items	Amount
Checks	2	1,375.00
ACH Deductions	2	353.83
Service Charges and Fees	1	3.00
<b>Total</b>	<b>5</b>	<b>1,731.83</b>

## Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
12/07	20,618.64	12/27	19,389.58	01/03	18,889.81
12/19	19,718.64	12/28	18,914.58	01/06	18,889.98

## Activity Detail

### Deposits and Other Additions

#### Other Additions

Date posted	Amount	Transaction description	Reference number
01/06	.17	Interest Payment	I-GEN123010600002907

# Business Interest Checking

For 24-hour account information, sign-on to  
[pnc.com/mybusiness/](http://pnc.com/mybusiness/)

For the Period 12/07/2022 to 01/06/2023  
 Windemere Place Homeowners  
 Primary Account Number: [REDACTED]  
 Page 2 of 2

Business Interest Checking Account Number: [REDACTED] continued

## Checks and Other Deductions

### Checks and Substitute Checks

\* Gap in check sequence

Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number
12/19	7087 *	900.00	075219953	12/28	7088	475.00	075248420

### ACH Deductions

Date posted	Amount	Transaction description	Reference number
12/27	329.06	ACH Debit Payment Louisville Gas & XXXXXXXX7868	00022357005713805
01/03	24.77	ACH Debit Payments Louisville Water XXXXXX0000	00023003012646593

### Service Charges and Fees

Date posted	Amount	Transaction description	Reference number
12/07	3.00	Service Charge Period Ending 12/06/2022	

### Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 01/09/2023 and will appear on your next statement as a single line item entitled Service Charge Period Ending 01/06/2023.

\*\* Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed

Description	Volume	Amount	
Account Maintenance Charge		.00	Requirements Met
Returning Check Images Monthly Charge	1	5.00	
Dual Statement Delivery	1	.00	Included in Account
Combined Transactions	4	.00	Included in Account
ACH Debits	2	.00	
Checks Paid	2	.00	
Total For Services Used This Period		5.00	
Total Service Charge		5.00	

**WINDEMERE PLACE  
HOMEOWNERS ASSOCIATION, INC.**

**HOMEOWNERS ASSOCIATION  
INCOME TAX RETURNS**

**YEAR ENDED DECEMBER 31, 2021**

**TIMOTHY A. MASTERSON CPA, PSC**

*Certified Public Accountant*

12700 Townepark Way, Suite 332  
Louisville, KY 40243  
Office: 502.254.6124  
Fax: 502.719.6107  
[tim@timmastersoncpa.com](mailto:tim@timmastersoncpa.com)

**WINDEMERE PLACE  
HOMEOWNERS ASSOCIATION, INC.**

**HOMEOWNERS ASSOCIATION  
INCOME TAX RETURNS**

**YEAR ENDED DECEMBER 31, 2021**

**2021**

Go to [www.irs.gov/Form1120H](http://www.irs.gov/Form1120H) for instructions and the latest information.

For calendar year 2021 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

TYPE OR PRINT	Name <b>WINDEMERE PLACE HOMEOWNERS ASSOCIATION</b>	Employer identification number <b>** - *** 3446</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1716 ASHFIELD LANE</b>	Date association formed <b>01/10/1994</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40220</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>20425.</b>
<b>C</b> Total expenditures made for purposes described in 90% expenditure test	<b>SEE STATEMENT 2</b>	<b>C</b>	<b>21585.</b>
<b>D</b> Association's total expenditures for the tax year		<b>D</b>	<b>21600.</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>3.</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>3.</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>SEE STATEMENT 4</b>	<b>12</b>	<b>15.</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>15.</b>
<b>17</b> Taxable income before specific deduction of \$100. Subtract line 16 from line 8		<b>17</b>	<b>-12.</b>
<b>18</b> Specific deduction of \$100		<b>18</b>	<b>\$100</b>

**Tax and Payments**

<b>19</b> <b>Taxable income.</b> Subtract line 18 from line 17		<b>19</b>	<b>-112.</b>
<b>20</b> Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) 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> a 2020 overpayment credited to 2021	<b>23a</b>		
b 2021 estimated tax payments	<b>23b</b>	c Total	<b>23c</b> <b>0.</b>
d Tax deposited with Form 7004			<b>23d</b>
e Credit for tax paid on undistributed capital gains (attach Form 2439)			<b>23e</b>
f Credit for federal tax paid on fuels (attach Form 4136)			<b>23f</b>
g 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 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>		<b>26</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.

Sign here: *Timothy A. Masterson* | 12/6/22 | Treasurer

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

May the IRS discuss this return with the preparer shown below? See Instr.  Yes  No

Print/Type preparer's name <b>TIMOTHY A. MASTERSON C</b>	Preparer's signature <i>Timothy A. Masterson</i>	Date <b>11/29/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00037134</b>
Firm's name <b>TIMOTHY A. MASTERSON CPA, PSC</b>	Firm's EIN <b>** - *** 8235</b>		Phone no. <b>(502) 254-6124</b>	
Firm's address <b>12700 TOWNEPARK WAY, SUITE 332</b>		<b>LOUISVILLE, KY 40243</b>		

FORM 1120-H EXEMPT FUNCTION INCOME STATEMENT 1

DESCRIPTION	AMOUNT
IOA MEMBERSHIP DUES	20425.
TOTAL TO FORM 1120-H, ITEM B	20425.

FORM 1120-H EXPENDITURES DESCRIBED IN 90% TEST STATEMENT 2

DESCRIPTION	AMOUNT
BANK FEES	36.
DECORATIONS	836.
INSURANCE	827.
IRRIGATION	595.
LANDSCAPING	4150.
LAWN	3814.
MAINTENANCE	2100.
TREE REMOVAL	4261.
UTILITIES	4966.
TOTAL TO FORM 1120-H, ITEM C	21585.

FORM 1120-H INTEREST INCOME STATEMENT 3

DESCRIPTION	US	OTHER
INTEREST INCOME		3.
TOTAL TO FORM 1120-H, LINE 2		3.

FORM 1120-H TAXES AND LICENSES STATEMENT 4

DESCRIPTION	AMOUNT
MISCELLANEOUS TAX	15.
TOTAL TO FORM 1120-H, LINE 12	15.



2 1 0 2 0 0 1 0 1 9

For calendar year 2021 or tax years beginning (MM-DD-YY) 1/1/21 , and ending (MM-DD-YY) 12/31/21 .

<b>A</b> LLET Exemption Code  <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 9</div>	<b>D</b> FEIN  <div style="text-align: center; font-size: 1.2em;">61-1253446</div>	<b>E</b> Kentucky Corporation/LLET Account Number (Required)  <input type="checkbox"/> Change of Name    Telephone Number
<b>B</b> Income Tax Exemption Code  <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Name of Corporation  <div style="text-align: center; font-weight: bold;">WINDEMERE PLACE HOMEOWNERS ASSOCIATION</div>
Number and Street  <div style="text-align: center; font-weight: bold;">1716 ASHFIELD LANE</div>		State of Incorporation  <div style="text-align: center; font-weight: bold;">KY</div>
<input type="checkbox"/> Elective Consolidated Attach Form 722	City <div style="text-align: center; font-weight: bold;">LOUISVILLE</div>	State    ZIP Code <div style="text-align: center;">KY    40220</div>
<b>C</b> Provider 3-Factor Apportionment Code  <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Incorporation <div style="text-align: center; font-weight: bold;">01/10/1994</div>
<b>G</b> Check applicable boxes <input type="checkbox"/> Amended return (Complete Part V) <input type="checkbox"/> Amended return - RAR (Complete Part V) <input type="checkbox"/> Initial return <input type="checkbox"/> Short-period return (Complete Part IV) <input type="checkbox"/> Change of accounting period <input type="checkbox"/> Final return (Complete Part IV)		F Name of Common Parent    Kentucky Corporation/LLET Account Number    Principal Business Activity in KY  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">SERVICE</div>
		NAICS Code Number in KY  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">531390</div>

**PART I - TAXABLE INCOME COMPUTATION**

1 Federal taxable income (Form 1120, line 28)	▶ 1	-112 00
<b>ADDITIONS:</b>		
2 Interest income (state and local obligations)	▶ 2	00
3 State taxes based on net/gross income	▶ 3	00
4 Depreciation adjustment	▶ 4	00
5 Deductions attributable to nontaxable income (see lines 22 and 23)	▶ 5	00
6 Related party expenses (attach Schedule RPC)	▶ 6	00
7 Dividend paid deduction (Captive REIT)	▶ 7	00
8 Revenue Agent Report (RAR)	▶ 8	00
9 Kentucky capital gain from Kentucky Schedule D, line 18	▶ 9	00
10 Loss from Form 4797 found on federal Form 1120, line 9	▶ 10	00
11 Gain from Kentucky Form 4797, line 17	▶ 11	00
12 Federal allowable depletion from Form 1120, line 21	▶ 12	00

**OFFICIAL USE ONLY**

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**PART I - TAXABLE INCOME COMPUTATION - continued**

**ADDITIONS - continued**

13	Federal contribution deductions from Form 1120, line 19	▶ 13		00
14	Terminal Railroad Corporation adjustments	▶ 14		00
15	Federal allowable passive activity loss	▶ 15		00
16	Federal taxable loss of all exempt corporations	▶ 16		00
17	Reserved for future use.	▶ 17		00
18	Enter additions to federal taxable income from Kentucky Schedule(s) K-1	▶ 18		00
19	Internal Revenue Code adjustments (see instructions)	▶ 19		00
20	Other additions (attach explanation)	▶ 20		00
21	<b>Total</b> (add lines 1 through 20)	▶ 21	-112	00

**SUBTRACTIONS**

22	Interest income (U.S. obligations)	▶ 22		00
23	Dividend income	▶ 23		00
24	Federal work opportunity credit	▶ 24		00
25	Depreciation adjustment	▶ 25		00
26	Revenue Agent Report (RAR)	▶ 26		00
27	Capital gain from Form 1120, line 8	▶ 27		00
28	Gain from Form 4797 found on federal Form 1120, line 9	▶ 28		00
29	Loss from Kentucky Form 4797, line 17	▶ 29		00
30	50% of the gross royalty income derived from any disposal of coal with a retained economic interest defined by IRC §631(c) and all IRC §272 expenses if the corporation elects not to use percentage depletion	▶ 30		00



**PART I- TAXABLE INCOME COMPUTATION - continued**

**SUBTRACTIONS - continued**

31	Terminal Railroad Corporation adjustments	▶ 31		00
32	Kentucky allowable passive activity loss	▶ 32		00
33	Kentucky allowable depletion	▶ 33		00
34	Kentucky contribution deductions	▶ 34		00
35	Reserved for future use.	▶ 35		00
36	Federal taxable income of all exempt corporations	▶ 36		00
37	Enter subtractions from federal taxable income from Kentucky Schedule(s) K-1	▶ 37		00
38	Internal Revenue Code adjustments (see instructions)	▶ 38		00
39	Other subtractions (attach explanation)	▶ 39		00
40	<b>Net income</b> (line 21 less lines 22 through 39)	▶ 40	-112	00
41	<b>Taxable net income</b> (see instructions)	▶ 41	-112	00
42	Net operating loss deduction (NOLD)	▶ 42		00
43	<b>Taxable net income after NOLD</b> (line 41 less line 42)	▶ 43	0	00



**PART II - LLET COMPUTATION**

1	Schedule L, Section E, line 1 (Page 9)	▶ 1		00
2	Tax credit recapture	▶ 2		00
3	<b>Total</b> (add lines 1 and 2)	▶ 3		00
4	Nonrefundable LLET credit from Kentucky Schedule(s) K-1	▶ 4		00
5	Nonrefundable tax credits ( <b>attach Schedule TCS</b> )	▶ 5		00
6	<b>LLET liability</b> (greater of line 3 less lines 4 and 5 or \$175 minimum)	▶ 6		00
7	Withholding Tax (Form PTE-WH)	▶ 7		00
8	Estimated tax payments	▶ 8		00
9	Certified rehabilitation tax credit	▶ 9		00
10	Film industry tax credit	▶ 10		00
11	Extension payment	▶ 11		00
12	Prior year's tax credit	▶ 12		00
13	Income tax overpayment from Part III, line 17	▶ 13		00
14	LLET paid on original return	▶ 14		00
15	LLET overpayment on original return	▶ 15		00
16	Estimated Tax Penalty ( <b>attach Form 2220-K</b> )	▶ 16		00
17	<b>LLET and Estimated Tax Penalty Due</b> (lines 6, 15, and 16 less lines 7 through 14)	<b>TAX DUE</b> ▶ 17	0	00
18	<b>LLET overpayment</b> (lines 7 through 14 less lines 6, 15, and 16)	▶ 18		00
19	Credited to 2021 income tax	▶ 19		00
20	Credited to 2021 interest	▶ 20		
21	Credited to 2021 penalty	▶ 21		
22	Credited to 2022 LLET	▶ 22		00
23	<b>Amount to be refunded</b> (line 18 less lines 19 through 22)	<b>REFUND</b> ▶ 23		



**PART III - INCOME TAX COMPUTATION**

1	Income tax (see instructions)	▶ 1		0	00
2	Tax credit recapture	▶ 2			00
3	Tax installment on LIFO recapture	▶ 3			00
4	Total (add lines 1 through 3)	▶ 4			00
5	Nonrefundable LLET credit from the Corporation LLET Credit Worksheet(s)(see instructions)	▶ 5			00
6	Nonrefundable LLET credit (Part II, line 6 less \$175)	▶ 6			00
7	Nonrefundable tax credits (attach Schedule TCS)	▶ 7			00
8	Net income tax liability (line 4 less lines 5 through 7, but not less than zero)	▶ 8			00
9	Estimated tax payments	▶ 9			00
10	Extension payment	▶ 10			00
11	Prior year's tax credit	▶ 11			00
12	LLET overpayment from Part II, line 19	▶ 12			00
13	Corporation income tax paid on original return	▶ 13			00
14	Corporation income tax overpayment on original return	▶ 14			00
15	Income tax due (lines 8 and 14 less lines 9 through 13)	<b>TAX DUE</b> ▶ 15		0	00
16	Income tax overpayment (lines 9 through 13 less lines 8 and 14)	▶ 16			00
17	Credited to 2021 LLET	▶ 17			00
18	Credited to 2021 interest	▶ 18			
19	Credited to 2021 penalty	▶ 19			
20	Credited to 2022 corporation income tax	▶ 20			00
21	Amount to be refunded (line 16 less lines 17 through 20)	<b>REFUND</b> ▶ 21			





SCHEDULE Q - QUESTIONNAIRE

IMPORTANT: Questions 1 and 2 must be answered if this is the corporation's initial return or if a return was not filed under the same name and same federal I.D. number for the preceding year. Failure to do so may result in a request for a delinquent return.

Indicate whether:

- 1 (a) new business, (b) successor to previously existing business which was organized as: (1) corporation, (2) partnership, (3) sole proprietorship, (4) other

If successor to previously existing business, give name, address, and federal I.D. number of the previous business organization.

Form with fields for Name, FEIN, and Address.

2 If a foreign corporation, enter the date qualified to do business in Kentucky.

Questions 3-10 must be completed by all corporations.

3 The corporation's books are in care of:

Form with fields for Name (HOA BOARD) and Address (1716 ASHFIELD LANE, LOUISVILLE, KY 40220).

4 Are disregarded entities included in this return?

Yes No

If yes, attach Schedule DE.

5 Was the corporation a partner or member in a pass-through entity doing business in Kentucky?

Yes No If yes, list the name(s) and federal I.D. number(s) of the pass-through entity(ies).

Form with fields for Name and FEIN for entities A and B.

6 Was the corporation doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky? Yes No

7 Did the corporation at any time during the taxable year own more than 50 percent (50%) of the voting stock of another corporation that is part of a unitary business per KRS 141.202(2)(f)? Yes No

If yes, list name and federal I.D. number of the entity.

Form with fields for Name and FEIN.

8 Was more than 50 percent (50%) of the corporation's voting stock owned by any corporation that is part of a unitary business per KRS 141.202(2)(f)? Yes No

If yes, list name and federal I.D. number of each entity.

If more than 3 companies, attach a supporting statement.

Form with fields for Name and FEIN for entities A, B, and C.

9 The federal tax return attached to this Kentucky tax return is:

a pro forma federal tax return a copy of the federal tax return filed with the Internal Revenue Service

10 Was this return prepared on: (a)

(a) cash basis (b) accrual basis (c) other



**SCHEDULE L - LIMITED LIABILITY ENTITY TAX COMPUTATION**

Check the box and complete Schedule L-C, Limited Liability Entity Tax-Continuation Sheet, if the corporation filing this tax return is a partner or member of a limited liability pass-through entity or general partnership doing business in Kentucky. Enter the total amounts from Schedule L-C in Section A of this schedule.

**SECTION A - Computation of Kentucky Gross Receipts and Gross Profits**

1 (a) Gross receipts less returns and allowances	▶ 1 (a)		00
(b) Kentucky statutory gross receipts reductions	▶ (b)		
2 Adjusted gross receipts (line 1(a) less line 1(b))	▶ 2		00
3 (a) Cost of goods sold (attach Schedule COGS)	▶ 3 (a)		00
(b) Kentucky statutory cost of goods sold reductions	▶ (b)		
4 Adjusted cost of goods sold (line 3(a) less line 3(b))	▶ 4		00
5 Gross profits (line 2 less line 4)	▶ 5		00

**SECTION B - Computation of TOTAL Gross Receipts and Gross Profits**

1 Adjusted gross receipts	▶ 1		00
2 Cost of goods sold (attach Schedule COGS)	▶ 2		00
3 Gross profits (line 1 less line 2)	▶ 3		00

**STOP**

If Section B, Line 1 or 3 is \$3,000,000 or less, SKIP Sections C and D and enter \$175 in Section E, Line 1 and then enter \$175 on page 4, Part II, Line 1. Otherwise, continue to Section C on the next page.



**SCHEDULE L - LIMITED LIABILITY ENTITY TAX COMPUTATION - continued**

**SECTION C - Computation of Gross Receipts LLET**

1 If gross receipts from all sources (Section B, line 1) are greater than \$3,000,000, but less than \$6,000,000, enter the following:

(Section A, line 2 x 0.00095) -  $\left[ \frac{\$2,850 \times (\$6,000,000 - \text{Section A, line 2})}{\$3,000,000} \right]$

but in no case shall the result be less than zero.

▶ 1 

	0	00
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2 If gross receipts from all sources (Section B, line 1) are \$6,000,000 or greater, enter the following: Section A, line 2 x 0.00095.

▶ 2 

	0	00
--	---	----

3 Enter the amount from line 1 or line 2.

▶ 3 

	0	00
--	---	----

**SECTION D - Computation of Gross Profits LLET**

1 If gross profits from all sources (Section B, line 3) are greater than \$3,000,000, but less than \$6,000,000, enter the following:

(Section A, line 5 x 0.0075) -  $\left[ \frac{\$22,500 \times (\$6,000,000 - \text{Section A, line 5})}{\$3,000,000} \right]$

but in no case shall the result be less than zero.

▶ 1 

	0	00
--	---	----

2 If gross profits from all sources (Section B, line 3) are \$6,000,000 or greater, enter the following: Section A, line 5 x 0.0075.

▶ 2 

	0	00
--	---	----

3 Enter the amount from line 1 or line 2.

▶ 3 

	0	00
--	---	----

**SECTION E - Computation of LLET**

1 Enter the lesser of Section C, line 3 or Section D, line 3 here and on Page 4, Part II, line 1. If less than \$175, enter the minimum of \$175 here and on Page 4, Part II, line 1.

▶ 1 

	00
--	----



**▶ Attach to Form 720.**

Name of Corporation <b>WINDEMERE PLACE HOMEOWNERS ASSOCI</b>	Federal Identification Number <b>** - *** 3446</b>	Kentucky Corporation/LLET Account Number
---	---	--

Section A - Net Operating Loss Deduction		Prior Year NOL	
		A	B
Name	Kentucky Corporation/LLET Account Number	Pre-2018 NOL Carryforward	Post-2017 NOL Carryforward
<b>1 Corporation Filing Return</b>			
<b>WINDEMERE PLACE HOMEOW</b>			
<b>2 Subsidiaries (if applicable)</b>			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			
<b>f</b>			
<b>g</b>			
<b>h</b>			
<b>i</b>			
<b>3</b> Adjustments (Intercompany eliminations and others) .....	<b>3</b>		
<b>4</b> Totals (sum each respective column) .....	<b>4</b>		
<b>5</b> Enter the taxable net income from Form 720, Part I, line 41. (If a loss, skip to Section B) .....		<b>5</b>	
<b>6</b> Enter the lesser of line 5 or Column A, line 4. This is the pre-2018 NOLD .....		<b>6</b>	
<b>7</b> Line 5 less line 6. This is the taxable income remaining after pre-2018 NOLD .....		<b>7</b>	
<b>8</b> Multiply line 5 by 80%. This is the maximum allowable post-2017 NOLD .....		<b>8</b>	
<b>9</b> If line 8 is greater than line 7, enter the lesser of line 7 or Column B, line 4. If line 7 is greater than line 8, enter the lesser of line 8 or Column B, line 4. This is the post-2017 NOLD .....		<b>9</b>	
<b>10</b> Add lines 6 and 9. This is the <b>total NOLD</b> . Enter here and on Form 720, Part I, line 42 .....		<b>10</b>	

Section B - NOL Carryforward	
<b>1</b> Enter the amount from Section A, Column A, line 4 (enter as a positive) .....	<b>1</b>
<b>2</b> Enter the amount from Section A, line 6 (enter as a positive) .....	<b>2</b>
<b>3</b> Subtract line 2 from line 1. This is the <b>pre-2018 NOL carryforward to 2022</b> .....	<b>3</b>
<b>4</b> Enter the amount from Section A, Column B, line 4 (enter as a positive) .....	<b>4</b>
<b>5</b> Enter the amount of current year loss from Form 720, Part I, line 41 (enter as a positive) .....	<b>5</b>
<b>6</b> Enter the amount from Section A, line 9 (enter as a positive) .....	<b>6</b>
<b>7</b> Line 4 plus line 5 less line 6. This is the <b>post-2017 NOL carryforward to 2022</b> .....	<b>7</b>

# Occupational License Tax Return

2021

Form **OL-3**

**▼ INDIVIDUAL/ SOLE PROPRIETOR ▼**

Last name First name MI Social Security Number

**▼ CORPORATION/ PARTNERSHIP ▼**

Legal name/ Business name Federal ID Number  
**WINDEMERE PLACE HOMEOWNERS ASSOCIATION** \*\* - \*\*\* 3446

CHECK IF CHANGE IN ADDRESS IS BELOW  
 Address (number and street) Unit/Apt. no. Account ID  
**1716 ASHFIELD LANE**

City, town, or post office State ZIP code Tax Year Ending  
**LOUISVILLE KY 40220 12 31 21**

Email Phone no. Ext. RETURN STATUS  
 No Activity  
 Amended Return  
 Final Return  
 Business Cease Date

YES  NO Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Louisville Metro, Kentucky, other than an employee? IF YES, YOU ARE REQUIRED TO FILE FORM 1099-SF.

**General Information**

These questions must be answered

A. Principal business activity: **SERVICE**  
 B. Did Federal Authorities change or propose to change net income reported for any prior year?  YES  NO  
 If YES, which year(s) was adjusted? (Attach statement of changes)  
 C. Corporation's Principal Administrative Officer Social Security Number  
 Address  
 D. Did you file a consolidated federal return? (If YES, see instructions)  YES  NO  
 E. Was there a change in ownership in the past year?  YES  NO  
 Name of new owner New Ownership Date  
 Address

**Tax Computation**

Complete Income Worksheet on Page 2 prior to completing this section.

25. Enter Adjusted Net Profit (From Line 20 on page 2 of form):			-112 .00
<b>Occupational License Tax Computation</b>		COLUMN A: Tax Rate = (.0145) Louisville Metro & Mass Transit	COLUMN B: Tax Rate = (.0075) School Board
26. Enter Apportionment Percentage from Line 24 on page 2 of form	100.000000	100.000000	Non-Resident Individuals Do Not Complete Column B
27. Enter Net Profit Allocation (Line 25 x Line 26) in Columns A & B	.00	.00	.00
28. Enter result of Line 1(e) on page 2 of form	.00	.00	.00
29. Enter the sum of Line 27 + Line 28 or Line 28, whichever is greater	.00	.00	.00
30. Tax Calculations (Line 29, Column A x .0145) & (Line 29, Column B x .0075) Enter in proper column	.00	.00	.00
31. Total Tax Due - Sum of Columns A & B of Line 30 (If Line 31 is greater than \$5,000.00, See Exhibit "A" under Specific Instructions.)			0 .00
32. Total Prepayments		a.	.00
Refund: b.	.00	Credit to next year: c.	.00
33. Balance Due: (Line 31 minus Line 32a, if greater than \$0)			.00
34. Penalty & Interest (See Instructions):			.00
35. Amount To Be Paid (Add Lines 33 and 34):			.00

**Signature**

I hereby certify, under penalty of perjury, that the information provided and the attached supporting schedules are true, correct, and complete to the best of my knowledge.

Your signature *Kevin A. Connell* Date *12/6/22*  
 Print/Type your name *Kevin A. Connell JR* Your Title *Treasurer* Daytime phone number *502-649-8803*

**Preparer Use Only**

Print/Type preparer's name Preparer's signature Date PTIN  
**TIMOTHY A. MASTE** *TIMOTHY A. MASTERSON CPA,* **11/29/22** **P00037134**  
 Firm's name **TIMOTHY A. MASTERSON CPA,** Firm's EIN **\*\* - \*\*\* 8235**  
 Firm's address **12700 TOWNEPARK WAY, SUITE** Phone no. **(502) 254-61**  
**LOUISVILLE, KY 40243**

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WINDEMERE PLACE HOMEOWNERS ASSOCIATION

\*\* - \*\*\* 3446

Form OL-3

<b>Income Worksheet</b> <b>Must Attach Form W-2</b> Lines 1a through 1e apply only to individuals with income reported on Federal Form W-2 from which the full amount of occupational taxes were not withheld.	1(a) Gross salaries, wages, tips, etc. reported on Federal Form W-2 where the full amount of occupational taxes were not withheld, plus deferred compensation from 401 (K)/403 (B)/457 plans	1a	.00
	1(b) Related employee business expenses per Federal Form 2106 (Attach Form 2106)	1b	.00
	1(c) Line 1(a) minus Line 1(b)	1c	.00
	1(d) Compute the apportionment below for time spent in Louisville Metro directly related to the wages reported on Line 1c, carrying the percentage out five (5) decimal places.		
	<b>Total days worked in Louisville</b> ÷ <b>Total days worked everywhere</b>	1d	
1(e) Multiply Line 1(c) by Line 1(d) and enter on Line 28, Columns A and B on page 1 of form. <b>Note:</b> If you are a non-resident of Louisville Metro, Kentucky, leave Line 28, Column B blank.	1e	.00	

COMPLETE THE APPLICABLE COLUMN AND ATTACH CORRESPONDING FEDERAL SCHEDULES		INDIVIDUAL	PARTNERSHIP	CORPORATION
2.	Non-employee compensation as reported on Form 1099 reported as "other income" on Federal Form 1040 (Attach Page 1 of Form 1040 and Form 1099)	.00		
3.	Net profit or (loss) per Federal Schedule C of Form 1040 (Attach Schedule C, Pages 1 and 2, or Sch. C-EZ)	.00		
4.	Capital gain from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040 from sale of business property. (Attach Form 4797, Pages 1 and 2 or Form 6252)	.00		
5.	Rental income or (loss) per Federal Schedule E of Form 1040, only if qualified as a business activity. (See page 1 of instructions) (Attach Schedule E)	.00		
6.	Net farm profit or (loss) per Federal Schedule F of Form 1040, only if qualified as a business activity. (See page 1 of instructions) (Attach Schedule F, Pg. 1 and 2)	.00		
7.	Ordinary gain or (loss) on the sale of property used in a trade or business per Federal Form 4797 (Attach Form 4797, Pages 1 and 2)	.00		
8.	Ordinary income or (loss) per Federal Form 1065 (Attach Form 1065, Pages 1, 2, 3, and 4, Schedule of Other Deductions, and Rental Schedule(s), if applicable)		.00	
9.	Taxable income or (loss) per Federal Form 1120 or 1120A or Ordinary income or (loss) per Federal Form 1120S (Attach Form 1120 or 1120A, Pages 1 and 2 or 1120S, Pages 1, 2 and 3, Schedule of other Deductions, and Rental Schedule(s), if applicable.)			-112.00
10.	State income Taxes and Occupational Taxes deducted on Federal Schedule C, E, or F of Form 1040, or Form 1065, 1120, 1120A, or 1120S	.00	.00	.00
11.	Additions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable)		.00	.00
12.	Net Operating Loss deducted on Form 1120			.00
13.	<b>Total Income</b> - Add Lines 2 through Line 12	.00	.00	-112.00
14.	Subtractions from Schedule K of Form 1065 or Form 1120S (Attach Schedule K of Form 1065 or 1120S and Rental Schedule(s), if applicable)		.00	.00
15.	Alcoholic Beverage Sales Deduction (Attach Computation Sheet)	.00	.00	.00
16.	Other Adjustments (Attach Statement)	.00	.00	.00
17.	Non-Taxable Income (Attach Statement)		.00	.00
18.	Professional Expenses not reimbursed by the Partnership (Attach Statement)		.00	.00
19.	<b>Total Deductions</b> - Add Lines 14 through Line 18	.00	.00	.00
20.	<b>Adjusted Net Profit</b> - Subtract Line 19 from Line 13 enter here and on Line 25 on page 1 of form. (Do not include the amount from Line 1e)	.00	.00	-112.00

COMPUTATION OF APPORTIONMENT PERCENTAGES (Businesses whose total gross receipts and payroll were not confined solely to Louisville Metro, Kentucky, must complete Lines 21-24. All Percentages in Column C must be carried out five (5) decimal places.)				COLUMN C = Column A + Column B			
APPORTIONMENT CALCULATION		COLUMN A LOUISVILLE METRO, KY		COLUMN B TOTAL OPERATIONS EVERYWHERE		COLUMN C LOUISVILLE METRO %	
21.	Gross receipts from sales made and/or services rendered	21a	.00	21b	.00	21c	
22.	Gross wages, salaries, and other compensation paid to all employees (See Instructions before completing)	22a	.00	22b	.00	22c	
23.	<b>TOTAL APPORTIONMENT PERCENTAGE</b> for Louisville Metro, KY Add Lines (21c) and (22c)					23c	
24.	<b>APPORTIONMENT PERCENTAGE</b> - If both Lines 21(b) and 22(b) are greater than zero, divide entry on Line 23(c) by 2. Enter here and on Line 26 on page 1. If either Line 21(b) or Line 22(b) is zero, enter the amount from Line 23(c) here and on Line 28 on page 1. EXAMPLE: "22.12345%"					24c	1.000000

MAILING ADDRESS: P.O. BOX 35410, LOUISVILLE, KENTUCKY 40232-5410  
Telephone: (502) 574-4860

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FOOTNOTES

STATEMENT 1

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PROPERTY IS A HOMEOWNERS ASSOCIATION EXEMPT FROM TAX

RECEIVED & FILED

\$ 8.00

JAN 10 12 09 PM '94

ARTICLES OF INCORPORATION  
OF  
WINDEMERE PLACE HOMEOWNERS ASSOCIATION, INC.

*[Handwritten Signature]*

A corporation is formed under the Kentucky Nonprofit Corporation Act, the organization details of which are as follows:

I.

Name

The name of the Corporation is WINDEMERE PLACE HOMEOWNERS ASSOCIATION, INC.

II.

Definitions

The following terms shall have the following meanings when used in these Articles of Incorporation:

- A. "Declaration of Restrictions" shall mean the "Declaration of Covenants, Conditions and Restrictions of Windemere Place," recorded in the Office of the Clerk of Jefferson County, Kentucky, as amended from time to time, affecting the Property.
- B. "Developer" shall mean The Kircher Company, a Kentucky corporation, its successors and any person, corporation, association, or entity to which it may expressly assign its rights, or any of them from time to time under these Articles of Incorporation.
- C. "Lot" shall mean each subdivided lot which comprises a part of the Property, the owner of which is a member of the Corporation pursuant to the Declaration of Restrictions.
- D. "Property" shall mean the property located in Jefferson County, Kentucky, and known as Windemere Place, plats of which have been recorded in the Office of the Clerk of Jefferson County, Kentucky.

III.

Duration

The period of duration of the Corporation is perpetual.

IV.

Purposes

The Corporation is organized under the Kentucky Nonprofit Corporation Act and the purposes and objects for which and for any of which the Corporation is formed are as follows:

- A. To promote the social welfare and serve the common good and general welfare of the members of the community and to construct, operate, maintain and repair any common open space, whether owned by the Corporation or not, as contemplated by the Declaration of Restrictions.
- B. Notwithstanding the generality of the foregoing, the Corporation shall not [1] devote more than an insubstantial part of its activities to attempting to influence legislation by propaganda or otherwise, or [2] directly or indirectly participate in, intervene in (including the publishing or distributing of statements), any political campaign on behalf or in opposition to any candidate for public office.

V.

Powers

In addition to all other powers the Corporation may have pursuant to the Kentucky Nonprofit Corporation Act, the Corporation shall have the powers to:

- A. Exercise and enforce any rights or privilege assigned to it under the Declaration of Restrictions; and
- B. Assess, levy and collect assessments against each Lot and against members of the Corporation as provided in any Declaration of Restrictions.

VI.

Registered Office and Agent

The mailing address of the registered office of the Corporation is 2700 Citizens Plaza, Louisville, Kentucky 40202, and the name of its registered agent is David W. Seewer, 2700 Citizens Plaza, Louisville, Kentucky 40202.

VII.

Principal Office

The mailing address of the principal office of the Corporation is located at 420 South Hurstbourne Parkway, Louisville, Kentucky 40222.

VIII.

Directors

The number of Directors constituting the initial Board of Directors shall be three, and the names and addresses of the persons who are to serve as the initial Directors are:

William J. Kircher  
420 South Hurstbourne Parkway  
Louisville, Kentucky 40222

Susan Hatton  
420 South Hurstbourne Parkway  
Louisville, Kentucky 40222

David W. Seewer  
27th Floor  
Citizens Plaza  
Louisville, Kentucky 40202

IX.

Internal Affairs

Provisions for the regulations of the internal affairs of the Corporation, including provisions for the distribution of assets on dissolution or final liquidation are:

- A. The membership of the Corporation shall consist of the members designated from time to time in the Declaration of Restrictions, and such members shall be classified as follows:
1. Class A membership shall consist of all members other than Developer.
  2. Class B membership shall consist of Developer.
- B. Each member shall have one vote in respect of each Lot owned by such member, but the right of Class A members to vote may be exercised only in accordance with Subparagraph 8C.
- C. Class A members shall not be entitled to exercise any vote until the earlier of
1. When Developer, in its sole discretion, so determines;
  2. When 100% of the Lots have been sold by Developer; or
  3. January 1, 1999.
- D. Nothing in these Articles of Incorporation shall limit the right of Developer to alter in any way its plans for the development of the Lots at any time and from time to time.
- E. No part of the Corporation's net earnings shall inure to the benefit of any individual or any shareholder of the Corporation.
- F. Upon the dissolution or final liquidation of the Corporation, any remaining assets of the Corporation shall be distributed to one or more organizations, designated by the Board of Directors at that time, to be used in such manner as in the judgment of the Board of Directors will best accomplish the general purposes of the Corporation.

X.

Incorporator

The name and address of the sole incorporator is David W. Seewer, 2700 Citizens Plaza, Louisville, Kentucky 40202.

Dated: 1-7-94.

  
\_\_\_\_\_  
David W. Seewer

BOOK 460 PAGE 231

STATE OF KENTUCKY )  
 ) SS  
COUNTY OF JEFFERSON )

The foregoing instrument was acknowledged before me this 7th day of January, 1994, by David W. Seewer.

My commission expires: 8/6/95.

Marynette  
Notary Public

This Instrument Was Prepared By:

David W. Seewer  
David W. Seewer  
WYATT, TARRANT & COMBS  
Citizens Plaza  
Louisville, Kentucky 40202  
(502) 589-5235

G:\DWS\WINDEMER.ART  
01/06/94 11:01 am

A 7775

Document No: 1994007775  
Lodged By: WYATT, TARRANT & COMBS  
Recorded On: Jan 24, 1994 02:30:04 P.M.  
Total Fees: \$8.50  
County Clerk: Rebecca Jackson  
Deputy Clerk: STACIE2

END OF DOCUMENT

2



1020A Progress Drive  
Clarksville, TN 37040  
Phone: (844) 668-7477 ext. 5  
stephanie@safesidewalks.com  
www.safesidewalks.com

# Sidewalk Trip Hazard Removal Finalized Phase I Proposal

Prepared for: Windemere Place HOA, Windemere HOA Board Vice President, Melinda Eaton

Prepared by: Precision Concrete Cutting of KY, Stephanie Goolsby, on 08/23/2022

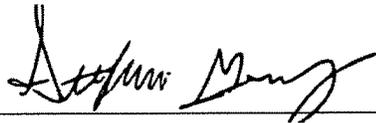
Description: Precision Concrete Cutting of KY will repair trip hazards at marked assessed areas determined by client (Windemere Place HOA, Windemere HOA Board Vice President, Melinda Eaton), within maps below, to following parameters:

- 1:12 Ratio Slope
- Complete Clean Up
- Dust Abatement System
- Detailed Audit-able Invoice
- Hazards 1/2" to 2" that are Repairable Using PCC Methods ONLY
- Within Designated Area Highlighted Below (Limited Mobilization)
- Approximately 286.75 Linear Feet
- Same Price per Hazard Regardless Severity
- Total Project Time: 1 - 2 Days to Complete (Weather Dependent)

**\$7,168.75** (“**not to exceed amount**”, which determines number of trip hazards repaired within designated area)



Stephanie Goolsby  
Outside Sales Representative  
Precision Concrete Cutting

X 

Melinda Eaton  
Windemere HOA Board Vice  
President  
Windemere Place HOA

X \_\_\_\_\_

# PRECISION CONCRETE CUTTING • AUTHORIZATION TO PROCEED

## Billing Information:

Business/Client Name: Windemere Place Home Owners Association  
Address: 1701 Ashfield Ln  
City Louisville State: KY Zip: 40220  
Phone # 502-384-9012 Email: melinda@contactcornerstone.com  
Bid #: N/A PO # (if applicable): N/A  
Option Approved: (1/2"-2") Amount: \$7,168.75 (Not to Exceed)  
Start Date: September 2022

\*Use of credit card for payment will incur a 3.75% charge of project cost total, which is NOT already included\*

## Credit Card Information (if applicable):

CC#: \_\_\_\_\_ Ex. \_\_\_\_\_ Code: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Billing Address (if different): \_\_\_\_\_

Project Details: \_\_\_\_\_

Project Details: Precision Concrete Cutting of KY (PCCKY)

alleviate trip hazards assessed at Windemere HOA

as high lighted on the "Sidewalk Trip Hazard Removal

Finalized Phase I Proposal" that range in height

from 1/2"-2" and only repairable by PCCKY methods.

You are authorizing PCCKY to begin within the

start date shown to the left.

## Signature of Authorized Purchaser:

Melinda Eaton, Windemere HOA Board Vice President Date: \_\_\_\_\_

Please fax to **931-542-2206** or email to **kentucky@safesidewalks.com**

If Project Site Manager / crew leader's judgment a repair or attempt to repair would not allow repaired hazard to become ADA compliant or would cause further damage to the concrete panel or be insufficient to satisfactorily remove the existing hazard, and/or mitigate its potential liability, such hazard(s) will be excluded from repair list / invoice.

Precision Concrete Cutting (PCC) repairs only those uneven sidewalks specifically requested by the client as defined in the Option Approved and Project Details above and therefore makes no guarantee that the property is free of uneven sidewalk hazards (trip hazards). Additionally, after the project is completed, trip hazards will occur due to tree roots, water, settling, and other natural and man-made causes outside of PCC's control. Upon completion of the project PCC is not liable for any related claims, losses, or damages. Upon completion you agree to inspect the work, payment of your invoice is indication that you have inspected the property and the work has been done to your satisfaction. If any repair locations are inaccessible during our repair process, and an additional trip is needed, a \$200 mobilization fee will be added to the invoice. Invoice is due upon receipt, if not paid in full within 30 days of the invoice date, a 5% late fee will be assessed every 15 days until it is paid.



## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Windemere Place Homeowners Association</b>	
	2 Business name/disregarded entity name, if different from above <b>Same as above</b>	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. <b>1716 Ashfield Lane</b>		
6 City, state, and ZIP code <b>Louisville Ky 40220</b>		
7 List account number(s) here (optional)		
Requester's name and address (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>	
or	
<b>Employer identification number</b>	
61	-1253446

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>1.8.23</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

- Form 1099-INT (interest earned or paid)



# Kentucky Secretary of State Michael G. Adams

## WINDEMERE PLACE HOMEOWNERS ASSOCIATION, INC.

<a href="#">File Annual Report</a>	<a href="#">File Certificate of Assumed Name (DBA)</a>	
<a href="#">Change Address or Registered Agent</a>	<a href="#">File Dissolution</a>	<a href="#">File Registered Agent Resignation</a>
<a href="#">Printable Forms</a>	<a href="#">Subscribe to changes made to this entity</a>	<a href="#">Certificates</a>

### General Information

<b>Organization Number</b>	0325003
<b>Name</b>	WINDEMERE PLACE HOMEOWNERS ASSOCIATION, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>Organization Date</b>	1/10/1994
<b>Last Annual Report</b>	6/14/2022
<b>Principal Office</b>	1808 ASHFIELD LANE LOUISVILLE, KY 40220
<b>Registered Agent</b>	KEVIN CONNELL JR 1716 ASHFIELD LANE LOUISVILLE, KY 40220

### Current Officers

<b>President</b>	SCOTT FLOORE
<b>Vice President</b>	CHERYL DELVISCO
<b>Secretary</b>	DARLA RADCLIFF
<b>Treasurer</b>	KEVIN CONNELL JR
<b>Director</b>	KEVIN CONNELL JR
<b>Director</b>	CHERYL DELVISCO
<b>Director</b>	SCOTT FLOORE

## Show Individuals / Entities listed at time Of formation

<b>Director</b>	WILLIAM J KIRCHER
<b>Director</b>	SUSAN HATTON
<b>Director</b>	DAVID W SEEWER
<b>Incorporator</b>	DAVID W SEEWER

Show Images

Show Assumed Names

Show Activities

Contact Site Map

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Kentucky Unbridled Spirit