

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> Falls Creek Homeowner's Association, Inc.	
<b>Program Name and Request Amount:</b> Falls Creek Entrance Roadway Work - \$2,000.00	
	<b>Yes/No/NA</b>
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	N/A - <input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
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
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
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> No
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
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"/> No
Prepared by: <i>D Carroll</i>	Date: <i>11-10-15</i>





LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Falls Creek Homeowners Assoc., 0016686	
<small>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</small>			
Main Office Street & Mailing Address:		c/o CMA, 1795 Alysheba Way, Suite 3103, Lexington, KY 40509	
Website: <a href="http://www.fallscreekhoa.com">www.fallscreekhoa.com</a>			
Applicant Contact:	John Cameron	Title:	President
Phone:	502-594-6652	Email:	cameronjw@aol.com
Financial Contact:	Paul Coomes	Title:	Finance Officer
Phone:	502-608-4797	Email:	coomes.economics@gmail.com
Organization's Representative who attended NDF Training: <i>John Cameron</i>			
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Falls Creek entrance roadway work			
Total Request: (\$)	2,000	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<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)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff	
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.			
Source:	N/A	Amount: (\$)	
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			

Applicant's Initials *JC*



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 - AGENCY DETAILS

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

Falls Creek Homeowners Association is responsible for managing Falls Creek neighborhood - maintenance repairs, services, finances.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 - 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.):**

Start date 11-16-2015, completion approx 11-26-2015. Project is to dig up roadway at entrance Falls Creek Rd/Rt 42, repair wiring that was underneath roadway, replace pavers and repave roadway.

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**  
Money will go directly to payment of construction company, Kingsbury



### LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

**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:

Effective October 24, 2013, reimbursements should not be made 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.

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.



**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:**  
 Benefit is entrance lighting system and electric will work. The roadway partially buckled in this entrance area, and the depression in the road severed the electrical connections; this buckling/depression was created by the heavy traffic Falls Creek experience from May 2015-August 2015 because of the bridge problem on Rt 22 - Falls Creek was used as a shortcut for commuters to Rt 42.

**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 5 - 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
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Machinery & Equipment			
K: Capital Project	\$2,000	\$11,975	\$13,975
L: Other Expenses (Attach Detail List)			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	<b>\$2000</b>	<b>\$11,975</b>	<b>\$13,975</b>
% of Program Budget	%	%	100%

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)	\$11,975 (HOA Dues etc)
Total Revenue for Columns 2 Expenses **	

\*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).

Donor / Type of Contribution	Value of Contribution	Method of Valuation
HOA funding	\$11,975	
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)		

\* 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: October

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:

Applicant's Initials JR



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 6 - 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 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.
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 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.

**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 7 - 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:	<i>John Cameron</i>	Date:	11-10-15
Legal Signatory: (please print):	John Cameron	Title:	President
Phone:	502-594-6652	Extension:	
Email:	cameronjw@aol.com		

**Internal Revenue Service**

**Date:** October 9, 2007

FALLS CREEK HOMEOWNERS ASSN INC  
% LOUISVILLE METRO REALTY  
PO BOX 991723  
LOUISVILLE KY 40269

Department of the Treasury  
P. O. Box 2508  
Cincinnati, OH 45201

**Person to Contact:**  
S. Katherine Converse 17-57074  
Customer Service Specialist  
**Toll Free Telephone Number:**  
877-829-5500  
**Federal Identification Number:**  
[REDACTED]

Dear Sir or Madam:

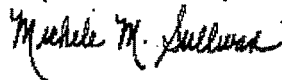
This is in response to your request of October 9, 2007 regarding your organization's tax-exempt status. We have updated our records to reflect the address change as indicated above.

In September 1988 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(4) of the Internal Revenue Code.

Because your organization is not an organization described in section 170(c) of the Code, donors may not deduct contributions made to your organization. You should advise your contributors to that effect.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations 1

## FALLS CREEK HOMEOWNER'S ASSOCIATION, INC.

### General Information

<b>Organization Number</b>	0016686
<b>Name</b>	FALLS CREEK HOMEOWNER'S 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>File Date</b>	9/7/1972
<b>Organization Date</b>	9/7/1972
<b>Last Annual Report</b>	5/18/2015
<b>Principal Office</b>	COMMUNITY MANAGEMENT ASSOCIATES, LLC 1795 ALYSHEBA WAY SUITE 3103 LEXINGTON, KY 40509
<b>Registered Agent</b>	COMMUNITY MANAGEMENT ASSOCIATES, LLC 1795 ALYSHEBA WAY SUITE 3103 LEXINGTON, KY 40509

### Current Officers

<b>President</b>	<a href="#"><u>John Cameron</u></a>
<b>Vice President</b>	<a href="#"><u>Gerrit Schroeder</u></a>
<b>Secretary</b>	<a href="#"><u>Karen Triplett-Meier</u></a>
<b>Treasurer</b>	<a href="#"><u>Paul Coomes</u></a>
<b>Director</b>	<a href="#"><u>Jim Conner</u></a>
<b>Director</b>	<a href="#"><u>Keenon Foy</u></a>
<b>Director</b>	<a href="#"><u>Sarah Williams</u></a>

### Individuals / Entities listed at time of formation

<b>Director</b>	<a href="#"><u>WM DOHRMAN</u></a>
<b>Director</b>	<a href="#"><u>HOWARD J DOHRMAN</u></a>
<b>Director</b>	<a href="#"><u>ALBERT F REUTLINGER</u></a>
<b>Incorporator</b>	<a href="#"><u>HOWARD J DOHRMAN</u></a>

### Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<a href="#"><u>Annual Report</u></a>	5/18/2015	1 page	<a href="#"><u>PDF</u></a>
<a href="#"><u>Annual Report</u></a>	4/8/2014	1 page	<a href="#"><u>PDF</u></a>
<a href="#"><u>Annual Report</u></a>	5/23/2013	1 page	<a href="#"><u>PDF</u></a>

<a href="#">Annual Report</a>	6/26/2012	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	4/28/2011	1 page	<a href="#">PDF</a>	
<a href="#">Principal Office Address Change</a>	3/29/2010 3:53:44 PM	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	3/29/2010 3:49:42 PM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/29/2010	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/24/2009	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	1/31/2008	1 page	tiff	<a href="#">PDF</a>
<a href="#">Principal Office Address Change</a>	1/31/2008	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/16/2007	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/12/2006	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/12/2005	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	8/1/2003	1 page	tiff	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	5/27/2003	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/23/2002	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/29/2001	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	11/14/2000	1 page	tiff	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	8/17/2000	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/8/1999	1 page	tiff	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	4/28/1999	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/30/1998	1 page	tiff	<a href="#">PDF</a>
<a href="#">Reinstatement</a>	8/25/1997	2 pages	tiff	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	8/25/1997	1 page	tiff	<a href="#">PDF</a>
<a href="#">Administrative Dissolution</a>	11/1/1995	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1994	1 page	tiff	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	9/21/1993	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1993	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1992	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	10/31/1990	1 page	tiff	<a href="#">PDF</a>
<a href="#">Sixty Day Notice</a>	9/1/1990	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1989	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1988	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1987	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1986	1 page	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1985	1 page	tiff	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	8/23/1982	2 pages	tiff	<a href="#">PDF</a>
<a href="#">Amendment</a>	12/9/1981	5 pages	tiff	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	11/22/1978	2 pages	tiff	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/12/1973	7 pages	tiff	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	9/7/1972	9 pages	tiff	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	5/18/2015 3:32:09 PM	5/18/2015 3:32:09 PM	
Annual report	4/8/2014 8:51:04 AM	4/8/2014 8:51:04 AM	
Annual report	5/23/2013 3:56:52 PM	5/23/2013 3:56:52 PM	
Annual report	6/26/2012 1:55:20 PM	6/26/2012 1:55:20 PM	
Annual report	4/28/2011 10:36:11 AM	4/28/2011 10:36:11 AM	
Annual report	3/29/2010 3:59:19 PM	3/29/2010 3:59:19 PM	
Principal office change	3/29/2010 3:53:44 PM	3/29/2010 3:53:44 PM	
Registered agent address change	3/29/2010 3:49:42 PM	3/29/2010 3:49:42 PM	
Annual report	6/24/2009 3:47:29 PM	6/24/2009 3:47:29 PM	
Principal office change	1/31/2008 2:12:11 PM	1/31/2008	
Annual report	1/31/2008 2:08:09 PM	1/31/2008	
Annual report	3/16/2007 1:30:01 PM	3/16/2007 1:30:01 PM	
Annual report	3/12/2006 10:01:47 AM	3/12/2006 10:01:47 AM	
Annual report	2/12/2005	2/12/2005	
Annual report	3/8/2004	3/8/2004	
Registered agent address change	5/27/2003 2:41:25 PM	5/27/2003	
Annual report	5/27/2003 2:39:45 PM	5/27/2003	
Principal office change	5/12/2003 10:05:52 AM	5/12/2003	
Registered agent address change	8/17/2000 1:15:27 PM	8/17/2000	
Annual report	8/17/2000 1:13:35 PM	8/17/2000	
Registered agent address change	4/28/1999	4/28/1999	
Annual report	4/16/1999	4/16/1999	
Reinstatement	8/25/1997	8/25/1997	
Registered agent address change	8/25/1997	8/25/1997	
Principal office change	8/25/1997	8/25/1997	
Admin Dis. A. report not in	11/1/1995	11/1/1995	
Amendment - Miscellaneous amendments	12/9/1981	12/9/1981	

## Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	12/31/2004 2:10:42 PM	1 page
Annual Report	8/1/2003	1 page
Statement of Change	5/27/2003	1 page
Annual Report	5/23/2002	1 page
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Annual Report	7/1/1987	1 page
Annual Report	7/1/1986	1 page
Annual Report	7/1/1985	1 page
Statement of Change	8/23/1982	2 pages
Amendment	12/9/1981	4 pages
Statement of Change	11/22/1978	2 pages
Annual Report	7/12/1973	7 pages
Articles of Incorporation	9/7/1972	8 pages

# Budget Summary With Notes Falls Creek HOA

## Falls Creek Budget 2015 v1

	2013 Actual	2014 Budget	2014 Projected	2015 Budget	Budget % Change	Monthly Budget
<b>Income</b>						
4010 -- HOA Fee	131,000.00	125,130.00	0.00	125,130.00	0.00%	10,427.50
291 homes at \$430/year						
4011 -- Discount for Early Payment	(7,195.00)	(6,300.00)	0.00	(6,300.00)	0.00%	(525.00)
Discount rate is \$30. expect 210 homes to pay early. 2012 Actuals: 220 homes benefited. 2013 Actuals: 230 benefited from discount.						
4049 -- Legal-Potential Recovery	2,621.40	0.00	0.00	0.00	0.00%	0.00
4050 -- Fines, Late Charges, Interest	1,307.50	0.00	0.00	0.00	0.00%	0.00
4051 -- Investment Interest Earned	301.30	0.00	0.00	0.00	0.00%	0.00
4300 -- Uncategorized Income	60.00	0.00	0.00	0.00	0.00%	0.00
<b>Total Income</b>	<b>128,095.20</b>	<b>118,830.00</b>	<b>0.00</b>	<b>118,830.00</b>	<b>0.00%</b>	<b>9,902.50</b>
<b>Total Falls Creek HOA Income</b>	<b>128,095.20</b>	<b>118,830.00</b>	<b>0.00</b>	<b>118,830.00</b>	<b>0.00%</b>	<b>9,902.50</b>
<b>Administrative Expenses</b>						
5020 -- Meeting Expense	0.00	0.00	0.00	0.00	0.00%	0.00
5040 -- Postage and Delivery	0.00	0.00	0.00	0.00	0.00%	0.00
5045 -- General Administrative Expense	5,829.07	2,510.00	0.00	2,510.00	0.00%	209.17
Web = \$375, 1 misc. 2 pg mailer = 363.75, 1st annual mtg notice = 363.75, 2nd annual meeting notice = 407.40 plus daily admin costs of 1000.						
5050 -- Licenses, Permits & filing Fees	0.00	15.00	0.00	0.00	(100.00%)	0.00
Annual report and any miscellaneous filings needed for the association.						
<b>Total Administrative Expenses</b>	<b>5,829.07</b>	<b>2,525.00</b>	<b>0.00</b>	<b>2,510.00</b>	<b>(0.59%)</b>	<b>209.17</b>
<b>Landscaping</b>						
5110 -- Maintenance Contract	15,233.00	11,575.00	0.00	11,575.00	0.00%	964.58
Lawn pro contractor						
5111 -- Landscaping Beautification	1,495.00	600.00	0.00	600.00	0.00%	50.00
Additional landscaping needs outside of the maintenance contract.						
5130 -- Irrigation Maintenance	1,224.00	1,200.00	0.00	1,000.00	(16.67%)	83.33
\$300/system for start up and shut down. \$400 for repairs. Decreased from 2014 (irrigation heads were moved).						
5135 -- Island Manual Irrigation	0.00	200.00	0.00	0.00	(100.00%)	0.00
May be a necessary expense during dry months as islands are not irrigated.						
5140 -- Landscaping Restoration	0.00	0.00	0.00	0.00	0.00%	0.00
<b>Total Landscaping</b>	<b>17,952.00</b>	<b>13,575.00</b>	<b>0.00</b>	<b>13,175.00</b>	<b>(2.95%)</b>	<b>1,097.91</b>
<b>Maintenance &amp; Repairs</b>						
5210 -- Entry Light Repairs	157.74	500.00	0.00	0.00	(100.00%)	0.00
Lowered with anticipation that Barbour Ln. Entrance will be reworked.						
5220 -- Common Area M&R	1,581.68	500.00	0.00	1,000.00	100.00%	83.33
Common area repair and maintenance issues. Raised because FLC has only been less than 1000 one time in the past 5 years						



# Budget Summary With Notes Falls Creek HOA

## Falls Creek Budget 2015 v1

	2013 Actual	2014 Budget	2014 Projected	2015 Budget	Budget % Change	Monthly Budget
<b>Maintenance &amp; Repairs</b>						
5240 -- Street & Sidewalk M&R	0.00	0.00	0.00	0.00	0.00%	0.00
5255 -- Signage Repair \$15 increase from 2014	0.00	100.00	0.00	115.00	15.00%	9.58
<b>Total Maintenance &amp; Repairs</b>	<b>1,739.42</b>	<b>1,100.00</b>	<b>0.00</b>	<b>1,115.00</b>	<b>1.36%</b>	<b>92.91</b>
<b>Contract Expenses</b>						
5400 -- Snow Removal	0.00	12,000.00	0.00	12,000.00	0.00%	1,000.00
Expected expenses for snow removal and salt for the roadways. Annual retainer of \$5,000 given to Lawn Pro in November.						
5620 -- CIMA Management Fees Based upon reduced rate of \$800/month	8,570.00	9,600.00	0.00	9,600.00	0.00%	800.00
5700 -- Trash Collection Contract expires 2/28/15	35,740.80	47,655.00	0.00	47,655.00	0.00%	3,971.25
5800 -- Security Services Security patrol contract with Off Duty Police Services.	3,975.00	4,800.00	0.00	0.00	(100.00%)	0.00
<b>Total Contract Expenses</b>	<b>48,285.80</b>	<b>74,055.00</b>	<b>0.00</b>	<b>69,255.00</b>	<b>(6.48%)</b>	<b>5,771.25</b>
<b>Insurance</b>						
6110 -- Liability & Property based upon new policy price.	0.00	5,356.00	0.00	5,315.00	(0.77%)	442.92
<b>Total Insurance</b>	<b>0.00</b>	<b>5,356.00</b>	<b>0.00</b>	<b>5,315.00</b>	<b>(0.77%)</b>	<b>442.92</b>
<b>Professional Fees</b>						
6210 -- Legal Fees earmarked legal advice	0.00	400.00	0.00	400.00	0.00%	33.33
6211 -- Legal-Collection Cost Reduced further from 2014 as actual is on a downward trend	4,531.50	1,000.00	0.00	0.00	(100.00%)	0.00
6220 -- Accounting Filing of annual tax return adjusted to 2014 actual	400.00	400.00	0.00	560.00	40.00%	46.67
<b>Total Professional Fees</b>	<b>4,931.50</b>	<b>1,800.00</b>	<b>0.00</b>	<b>960.00</b>	<b>(46.67%)</b>	<b>80.00</b>
<b>Utilities</b>						
6310 -- Electric Entrance Has been over 1000 once in the past 5 years	906.12	1,400.00	0.00	1,100.00	(21.43%)	91.67
6330 -- Irrigation Water based upon actuals plus utility increases. Under budget in 2014 resulting in slight decrease for 2015	458.45	600.00	0.00	600.00	0.00%	50.00
6350 -- Street Lights Electricity based upon actuals + rate increase.	10,082.58	13,225.00	0.00	13,000.00	(1.70%)	1,083.33
<b>Total Utilities</b>	<b>11,447.15</b>	<b>15,225.00</b>	<b>0.00</b>	<b>14,700.00</b>	<b>(3.45%)</b>	<b>1,225.00</b>

# Budget Summary With Notes Falls Creek HOA

## Falls Creek Budget 2015 v1

	2013 Actual	2014 Budget	2014 Projected	2015 Budget	Budget % Change	Monthly Budget
<b>Bad Debt/AR Write-offs</b>						
6710 -- Bad Debt/AR Write-offs Dues anticipated 2 non payers.	0.00	2,700.00	0.00	800.00	(70.37%)	66.67
<b>Total Bad Debt/AR Write-offs</b>	<b>0.00</b>	<b>2,700.00</b>	<b>0.00</b>	<b>800.00</b>	<b>(70.37%)</b>	<b>66.67</b>
<b>Other Expense</b>						
5500 -- Seasonal Decorations	0.00	1,500.00	0.00	0.00	(100.00%)	0.00
6910 -- Miscellaneous Expenses	53.00	0.00	0.00	0.00	0.00%	0.00
7210 -- Transfer to Reserve To replenish some of the transfers from reserves	0.00	0.00	0.00	8,500.00	0.00%	708.33
8020 -- Homeowner Relations & Social Actual based on 2014 event	0.00	0.00	0.00	2,500.00	0.00%	208.33
<b>Total Other Expense</b>	<b>53.00</b>	<b>1,500.00</b>	<b>0.00</b>	<b>11,000.00</b>	<b>633.33%</b>	<b>916.66</b>
<b>Total Falls Creek HOA Expense</b>	<b>90,237.94</b>	<b>117,836.00</b>	<b>0.00</b>	<b>118,830.00</b>	<b>0.84%</b>	<b>9,902.49</b>
<b>Total Association Net Income / (Loss)</b>	<b>37,857.26</b>	<b>994.00</b>	<b>0.00</b>	<b>0.00</b>	<b>(100.00%)</b>	<b>0.01</b>

# Falls Creek Board of Directors

All are volunteers

There are No Term limits

<u>President</u>	John Cameron	Term: 1/1/2014-12/31/2015
<u>Vice President</u>	Gerrit Schroeder	Term: 1/1/2015-12/31/2016
<u>Secretary</u>	Karen Meier	Term: 1/1/2014-12/31/2015
<u>Treasurer</u>	Paul Coomes	Term: 1/1/2015-12/31/2016
<u>At Large Director #1</u>	Jim Conner	Term: 1/1/2015-12/31/2016
<u>At Large Director #2</u>	Keenon Foy	Term: 1/1/2015-12/31/2016
<u>At Large Director #3</u>	Sarah Williams	Term: 1/1/2014-12/31/2015

10/30/15

-----Original Message-----

From: Kingscrete <Kingscrete@aol.com>

To: fpdky <fpdky@aol.com>

Sent: Thu, Oct 15, 2015 9:31 am

Subject: Concrete Quote for Main Entrance

October 15, 2015

City of Falls Creek

ATTN: Keenan Foy

RE: Concrete Quote for Main Entrance

*Kingsbury Concrete Construction, Inc. estimates to furnish labor, materials, equipment, and supervision to complete the following work:*

1. *Remove existing brick pavers and discard. Total of 588 square feet. Excavate to allow for 8" concrete paving. Compact stone base.*
2. *Place and stamp new 8" thick decorative concrete entry. Colors to be Platinum Gray with Charcoal release. Pattern is Louisville Cobblestone by Mosaic. Saw-cut entry and seal with (2) coats of 30% high solid sealer.*
4. *Install (4) 2" conduits across entry ending at back of curbs.*
5. *Remove and install 21 linear feet of roll curb on right side of entry.*
6. *Price includes 4000 PSI concrete, color hardener, sealer, 6 gauge welded wire fabric, 15 tons of crushed stone, and barricades and flashers.*
7. *Exclusions are permits and bond fees.*

PRICE: \$13,975.00

Note: All Fire, Police, and EMS to be contacted by Homeowner Association prior to closure of entry.

TERMS: Progressive Monthly Billing-Net Due Upon Completion

**Kingsbury Concrete Construction, Inc. assures the best of quality and workmanship based on over fifty years of experience.**

*Kingsbury Concrete Construction, Inc. is not responsible for any unforeseen underground utilities, electrical, mechanical, contaminated soil or materials etc., or unknown subsoil conditions.*

*Kingsbury Concrete Construction, Inc. is not responsible for any surface damage due to the use of deicer agents or foreign chemicals or surface cracks due to unforeseen subsoil or slab movement.*

Thank You,  
Kingsbury Concrete Constr., Inc.

X\_\_\_\_\_ Ken Sims

*Signature of Acceptance*

*General Manager*

ARTICLES OF INCORPORATION OF  
FALLS CREEK HOMEOWNER'S  
ASSOCIATION, INC., PURSUANT  
TO K.R.S. 273.160 ET SEQ

SECRETARY OF STATE  
**RECEIVED**  
AUG 28 1972

The Undersigned, Howard J. Dohrman, of Jefferson County, Kentucky, being a natural person over the age of 21 years, pursuant to K.R.S. 273.243 hereby signs and delivers the following Articles of Incorporation to the Secretary of State of Kentucky, as required by law, for the purpose of organizing a corporation, not for profit, in accordance with K.R.S. 273.160 et seq.

Article I

The name of the corporation is:

"FALLS CREEK HOMEOWNER'S ASSOCIATION, INC."

Article II

The duration of the corporation shall be perpetual.

Article III

Any provision of this Article to the contrary notwithstanding, directly or by implication, the corporation shall not have any purpose or object, nor have or exercise any power or engage in any activity which in any way may contravene or is in conflict with the provisions of Paragraph 1 of Article III of these Articles of Incorporation.

SECRETARY OF STATE  
**RECEIVED**  
SEP 5 1972

Commonwealth of Kentucky

The objects and purposes of the corporation and the powers it shall have and may exercise are as follows:

1. To maintain and care for a subdivision located in Jefferson County, Kentucky, known as Falls Creek Subdivision, both as presently constituted and as same may be enlarged in the future, but in doing this to so conduct and carry on its work that no profit, income or property shall enure to the private benefit of any Donor, member, Trustee, or individual having a personal or private interest in the activities of the corporation, nor shall it directly or indirectly engage in carrying on propaganda or otherwise attempt to influence legislation.

2. In furtherance of the aforesaid purposes, in addition to those powers permitted by law, the corporation shall have the further power:

(a) To acquire by gift, exchange, or otherwise, property of any and all kinds, and to sell, transfer and otherwise dispose of any property it so acquires.

(b) To invest and reinvest any such property and the increments or proceeds of any such property.

(c) To give, donate and contribute to any of the activities the Corporation may elect to sponsor, or in furtherance of any of the aforesaid purposes for which the Corporation is organized, such money or property, or both, as the Corporation's Board of Directors may from time to time determine.

(d) To take title to, and hold in its own name, such real or personal property, or both, and such interests in

either such type of property as the Corporation may acquire, for the purposes herein set out, and to sell, transfer and dispose of any such property or reinvest the proceeds thereof as herein permitted.

(e) To accept gifts, bequests or devises of property of any kind which any person, firm or corporation make to the Corporation, upon the terms, trusts and conditions set forth in deed of gift, will, or other instrument of writing, exercised by any such donor or testator, but only for the purposes and upon the terms and conditions and with the powers set forth in these Articles of Incorporation.

(f) To borrow money and give security therefor by pledging, mortgaging or otherwise hypothecating any property it may own, or any interest it may have in such property.

(g) To operate any business, enterprise or property the Corporation may have or acquire, but only for the purposes permitted by these Articles of Incorporation. Provided, however, that in the operation of such business, enterprise or property, the Corporation shall devote the entire net income or net profit thereof, or both, only to the purposes for which this Corporation is organized. Nevertheless, the provisions hereof shall not be deemed to prevent the Corporation, in the operation of any such business, enterprise or property, from paying reasonable compensation for services actually rendered in the operation thereof.

(h) To do any and all things which the Corporation's Board of Directors may determine, consistent with the provisions



hereof; to be necessary or appropriate to effectuate the purposes for which the Corporation is organized, as herein set forth, to the extent that the doing of such act or thing is not inconsistent with the provisions of Chapter 273 of Kentucky Revised Statutes, or any other applicable law or statute of the Commonwealth of Kentucky.

3. The Corporation shall have the following additional powers:

- (a) To have a corporate seal and alter it at pleasure.
- (b) To sue and to be sued in its corporate name.
- (c) To contract and to be contracted with.

#### Article IV

Each recorded building lot in Falls Creek Subdivision, Jefferson County, Kentucky, as presently constituted and each additional building lot in said subdivision as it may in the future be enlarged, shall have one membership in the corporation and the owner or owners thereof shall have one vote in the general control of the affairs of the corporation, including but not being limited to the selection of Directors, who will directly manage the corporation.

#### Article V

1. The corporation shall have neither capital stock nor stockholders, and its business and affairs shall not be conducted for private pecuniary gain or profit, nor shall any of its gain, profit,

or property inure to the incorporators thereof, or to any member or director thereof, nor to any officer thereof, except as compensation for services actually rendered, but its entire gain, profit, net earnings and property shall be devoted exclusively to the purposes set out and referred to in Article III hereof.

2. It shall, nevertheless, be competent for the corporation to cause to be issued to its members and its directors, or both, certificates in such form as its Board of Directors may determine, evidencing a membership or directorship, or both, of the person to whom any such certificate is issued.

3. The date of the annual meeting, the determination of a quorum thereat and the provisions for notice thereof shall be as determined by the directors.

4. The directors shall appoint officers for the corporation and shall adopt suitable By-Laws for the conduct of the corporation's business, and from time to time may revise or amend same.

5. Vacancies in the Board of Directors shall be filled by the directors themselves in such manner as they shall determine.

#### Article VI

Upon dissolution of the corporation, its Board of Directors shall apply any assets not theretofore allocated or disposed of, for such uses and purposes set out in Article III hereof as the said Board of Directors may determine.

Article VII

The address of the corporation and its registered office  
in this State is:

195 Colony Way  
Louisville, Kentucky, 40207

The name and address of the corporation's registered agent  
is:

Howard J. Dohrman  
195 Colony Way  
Louisville, Kentucky, 40207

Article VIII

The initial Board of Directors shall be composed of three  
persons. Their names and addresses are:

Wm. Dohrman  
195 Colony Way  
Louisville, Kentucky, 40207

Howard J. Dohrman  
195 Colony Way  
Louisville, Kentucky, 40207

Albert F. Reutlinger  
501 South Second Street  
Louisville, Kentucky, 40202

Article IX

The incorporator's name and address is:

Howard J. Dohrman  
195 Colony Way  
Louisville, Kentucky, 40207

IN TESTIMONY WHEREOF, Witness the signature of the  
Incorporator this 25 day of August, 1972.

Howard J. Dohrman  
HOWARD J. DOHRMAN

STATE OF KENTUCKY )  
                          )  
COUNTY OF JEFFERSON )

Albert F. Reutlinger  
NOTARY PUBLIC

I, Albert F. Reutlinger, a Notary Public in and for the  
State and County aforesaid, certify that on this day in said  
County, the foregoing instrument of writing was produced before me  
by Howard J. Dohrman, who acknowledged it to be his free act and  
deed.

Given under my hand this 25 day of August, 1972.

My Commission expires January 14, 1974.

Albert F. Reutlinger  
Notary Public, Jefferson County, Kentucky

ORIGINAL COPY.  
FILED  
SECRETARY OF STATE OF KENTUCKY  
FRANKFORT, KENTUCKY

SEP 7 1972

Thomas L. Stovacek  
SECRETARY OF STATE  
BY Lawrence M. Jones  
ASSISTANT SECRETARY OF STATE

16686

# Commonwealth of Kentucky

## Department of State



### Office of Secretary of State

THELMA L. STOVALL, SECRETARY

#### DOMESTIC CORPORATION DEPARTMENT

#### NON-STOCK CORPORATION

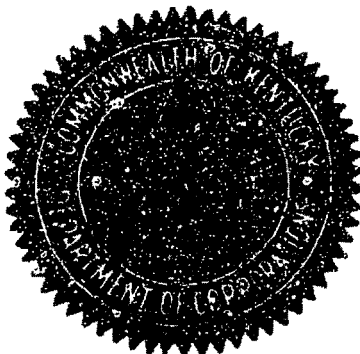
I, THELMA L. STOVALL, Secretary of the State of Kentucky, hereby certify that Articles of Incorporation of the

FALLS CREEK HOMEOWNER'S ASSOCIATION, INC.

has this day been filed in my office.

(Louisville, Kentucky)

It appearing from said Articles of Incorporation that the said Corporation has no capital stock, and no private pecuniary profit is to be derived therefrom, the said Corporation is not required by law to pay a tax on organization; and it further appearing that the aforesaid Corporation has complied with all the requirements of the law, this certificate is issued as evidence of the fact that the said Corporation is now authorized and empowered to do business in this State under its charter, subject to the restrictions imposed by the statutes of Kentucky.



SECRETARY OF STATE

Given under my hand as Secretary of State,  
this 7<sup>TH</sup> day of SEPTEMBER 19 72

Thelma L. Stovall  
Secretary of State

Francis M. Lewis  
Assistant Secretary of State

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Falls Creek Homeowners Association, Inc.</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>c/o CMA 1795 Alysheba Way Suite 3103</b>	Requester's name and address (optional)	
	6 City, state, and ZIP code <b>Lexington, KY 40509</b>		
	7 List account number(s) here (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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>	<b>Employer identification number</b>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				

or

**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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>7/14/15</b>
------------------	----------------------------	-----------------------

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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-INT (interest earned or paid)
- 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? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

LOUISVILLE METRO REVENUE COMMISSION  
OCCUPATIONAL LICENSE TAX RETURN

CHECK IF "FINAL RETURN" Date Operations Ceased: \_\_\_\_\_ (Required to close account.)  CHECK IF "NO ACTIVITY" FOR YEAR

CHECK IF CHANGE IN ADDRESS IS BELOW  CHECK IF AMENDED RETURN ACCOUNT NUMBER  
Name **FALLS CREEK HOMEOWNERS ASSOCIATION, INC.**  
Address **C/O COMMUNITY MANAGEMENT ASSOCIATES**  
**1795 ALYSHEBA WAY #3103**  
City **L EXTINGTON** State **KY** ZIP **40509** FOR YEAR ENDING (MMDD/YYYY)  
Federal ID \_\_\_\_\_ Social Security No. \_\_\_\_\_ Phone No. **502-491-3550** Ext. \_\_\_\_\_ **12 31 14**

\* THE QUESTIONS BELOW MUST BE ANSWERED \*

- A. Principal business activity: **PROPERTY MANAGEMENT**
- B. During the past year, did Federal Authorities change or propose to change net income reported for that year or 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? YES  NO  If YES, see instructions.
- E. Was there a change in ownership in the past year? YES  NO  If YES, when did the change occur? \_\_\_\_\_  
Please write the name and address of new owner: \_\_\_\_\_

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.**

\* PAGE 2 MUST BE COMPLETED PRIOR TO COMPLETING THIS NEXT SECTION \*

25. Enter ADJUSTED NET PROFIT (From Line 20 on page 2 of form):		\$	-312.
<b>Occupational License Computations</b>	26. Enter Apportionment Percentage from Line 24	COLUMN A Louisville Metro & Mass Transit Tax Rate = (.0146)	COLUMN B School Boards Tax Rate = (.0075)
	27. Net Profits Allocation (Line 25 x Line 26) Enter in Columns A & B	100.000000 %	DO NOT COMPLETE COLUMN B IF NON-RESIDENT INDIVIDUAL
	28. Enter result of Line 1(e)	\$	\$
	29. Enter the sum of Line 27 + Line 28 or Line 28, whichever is greater (Line 29, Column A x .0146) & (Line 29, Column B x .0075) Enter in proper column	\$	\$
	30. TAX CALCULATIONS -	\$	\$
31. TOTAL OCCUPATIONAL 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.
32. Enter any credit due: (a) Prepayment of tax: \$		(b) Refund Due: \$	(c) Credit to next year: \$
33. BALANCE OF OCCUPATIONAL LICENSE TAX DUE Line 31 minus Line 32(a):		\$	
34. PENALTY AND INTEREST (See Instructions):		\$	
35. AMOUNT TO BE PAID (Add Lines 33 and 34):		\$	

**IMPORTANT!**  
Please write your account number on your check or money order and make payable to Louisville Metro Revenue Commission

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.

Preparer's Signature (Return must be signed.) Date Signature of Licensee (Return must be signed.) Date  
**Charles W Bond, CPA, CFP** \_\_\_\_\_  
Print Name Federal ID Print Name Title  
**125 Chenoweth Lane - Ste 2** **502-893-2897**  
Address **Louisville, KY 40207-** Phone No.  
ATTENTION: Federal ID Numbers and Social Security Numbers must be supplied for both the Tax Preparer and the Licensee.

MAILING ADDRESS: P.O. BOX 35410 \* LOUISVILLE, KENTUCKY 40232-5410

491401 Telephone: (502) 574-4860 \* www.metrorevenue.org \* Fax: (502) 574-4818 \* taxhelp@metrorevenue.org \* TDD: (502) 574-4811  
05-01-14

Lines 1(a) through 1(e) apply only to individuals with income reported on Federal W-2 Form from which no occupational taxes were withheld.

1(a). Gross salaries, wages, tips, etc. reported on the Federal Form W-2 from which no occupational taxes were withheld, plus deferred compensation from 401 (K), 403 (B) or 457 plans

1(b). Related employee business expenses per Federal Form 2106 (Attach Form W-2 and Form 2106)

1(c). Line 1(a) minus Line 1(b)

1(d). If you did not own or operate a business during the year, compute the apportionment below for time spent in Louisville Metro, carrying the percentage out five (5) decimal places. EXAMPLE: "22.12345%" or ".2212345"

÷  =  %

Total Days Worked in Louisville Metro      Total Days Worked Everywhere

1(e). Multiply Line 1(c) by Line 1(d) and enter on Line 28, Columns A and B on page 1. Note: If you are a non-resident of Louisville Metro, Kentucky, leave Line 28, Column B blank.

COMPLETE THE APPLICABLE COLUMN AND ATTACH CORRESPONDING FEDERAL SCHEDULES

	INDIVIDUAL	PARTNERSHIP	CORPORATION
2. Non-employee compensation as reported on Form 1099-MISC reported as "other income" on Federal Form 1040 (Attach Page 1 of Form 1040 and Form 1099)	2) \$		
3. Net profit or (loss) per Federal Schedule C of Form 1040 (Attach Schedule C, Pages 1 and 2, Schedule C-EZ)	3) \$		
4. Capital gain from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040 (Attach Form 4797, Pages 1 and 2 or Form 6252)	4) \$		
5. Rental income or (loss) per Federal Schedule E of Form 1040 (Attach Schedule E)	5) \$		
6. Net farm profit or (loss) per Federal Schedule F of Form 1040 (Attach Schedule F, Pages 1 and 2)	6) \$		
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)	7) \$		
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.)		8) \$	
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.)			9) \$ -312.
10. State Income Taxes and Occupational Taxes deducted on Federal Schedule C, E, F, or Form 1065, 1120, 1120A, or 1120S	10) \$	10) \$	10) \$
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)		11) \$	11) \$
12. Net Operating Loss deducted on Form 1120			12) \$
13. TOTAL INCOME - Add Lines 2 through Line 12	13) \$	13) \$	13) \$ -312.
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)		14) \$	14) \$
15. Alcoholic Beverage Sales Deduction (Attach Computation Sheet)	15) \$	15) \$	15) \$
16. Other Adjustments (Attach Schedule)	16) \$	16) \$	16) \$
17. Non-Taxable Income (Attach Schedule)		17) \$	17) \$
18. Professional Expenses not reimbursed by the Partnership (Attach Schedule of Expenses)		18) \$	
19. TOTAL DEDUCTIONS - Add Lines 14 through Line 18	19) \$	19) \$	19) \$
20. Adjusted Net Profit - Subtract Line 19 from Line 13 Enter here and on Line 25 on page 1 (Do Not include the amount from Line 1(e))	20) \$	20) \$	20) \$ -312.

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.

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	21(a) \$	21(b) \$	21(c)
22. Gross wages, salaries, and other compensation paid to all employees (See Instructions before completing)	22(a) \$	22(b) \$	22(c)
23. TOTAL APPORTIONMENT PERCENTAGE for Louisville Metro, KY Add Lines (21c) and (22c)			23(c)
24. APPORTIONMENT PERCENTAGE - (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 the front page. If either Line 21(b) or Line 22(b) is zero, enter the amount from Line 23(c) here and on Line 26 on the front page.) EXAMPLE: "22.12345%" or ".2212345"			24(c) 1.000000



For calendar year 2014 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

TYPE OR PRINT	Name <b>FALLS CREEK HOMEOWNERS ASSOCIATION, INC.</b> <b>C/O COMMUNITY MANAGEMENT ASSOCIATES</b>	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1795 ALYSHEBA WAY #3103</b>	[REDACTED]
	City or town, state or province, country, and ZIP or foreign postal code <b>LEXINGTON, KY 40509</b>	Date association formed <b>09/07/1972</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	See Statement 1	<b>B</b>	124,112.
<b>C</b> Total expenditures made for purposes described in 90% expenditure test	See Statement 2	<b>C</b>	131,004.
<b>D</b> Association's total expenditures for the tax year		<b>D</b>	131,964.
<b>E</b> Tax-exempt interest received or accrued during the tax year		<b>E</b>	0.

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

1	Dividends		1	
2	Taxable interest	See Statement 3	2	748.
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	<b>Gross income</b> (excluding exempt function income). Add lines 1 through 7		8	748.

**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)	See Statement 4	15	960.
16	<b>Total deductions.</b> Add lines 9 through 15		16	960.
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8		17	-212.
18	<b>Specific deduction of \$100</b>		18	\$100.00

**Tax and Payments**

19	<b>Taxable income.</b> Subtract line 18 from line 17		19	-312.
20	Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)		20	0.
21	Tax credits		21	
22	<b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits		22	0.
23	a 2013 overpayment credited to 2014	23a		
	b 2014 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	<b>Amount owed.</b> Subtract line 23g from line 22 (see instructions)		24	
25	<b>Overpayment.</b> Subtract line 22 from line 23g		25	
26	Enter amount of line 25 you want: Credited to 2015 estimated tax		26	
	Refunded			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instr.?)  Yes  No

**Sign Here**

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

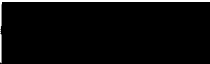
**Paid Preparer's Use Only**

Print/Type preparer's name: **Charles W Bond, CPA, CFP** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  PTIN: [REDACTED]

Firm's name: **Charles W. Bond, CPA, CFP** Firm's EIN: \_\_\_\_\_

Firm's address: **125 Chenoweth Lane - Ste 206 Louisville, KY 40207-2641** Phone no: **502-893-2897**

FALLS CREEK HOMEOWNERS ASSOCIATION, INC.



Form 1120-H	Exempt Function Income	Statement	1
Description		Amount	
HOA Membership Dues		119,015.	
HOA Late Payment Fees		1,144.	
LEGAL RECOVERY FEES		1,617.	
MISCELLANEOUS CHARGES		1,525.	
REFUNDS		811.	
Total to Form 1120-H, Item B		124,112.	

Form 1120-H	EXPENDITURES DESCRIBED IN 90% TEST	Statement	2
Description		Amount	
ADMINISTRATIVE EXPENSES		1,602.	
HOMEOWNER RELATIONS		2,218.	
INSURANCE		6,060.	
LANDSCAPING		12,877.	
MAINTENANCE & REPAIRS		21,087.	
MANAGEMENT FEES		8,640.	
MISCELLANEOUS EXPENSE		25.	
PROFESSIONAL FEES		2,671.	
PROPERTY TAXES		104.	
SEASONAL DECORATIONS		224.	
SNOW REMOVAL		14,250.	
TRASH COLLECTION		47,654.	
UTILITIES		13,592.	
Total to Form 1120-H, Item C		131,004.	

Form 1120-H	Interest Income	Statement	3
Description	US	Other	
INTEREST INCOME		748.	
Total to Form 1120-H, Line 2		748.	

FALLS CREEK HOMEOWNERS ASSOCIATION, INC.



Form 1120-H	Other Deductions	Statement	4
Description		Amount	
MANAGEMENT EXPENSE		960.	
Total to Form 1120-H, Line 15		960.	

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1160

## 2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

<b>A</b> For the 2014 calendar year, or tax year beginning		and ending	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FALLS CREEK HOMEOWNER'S ASSOCIATION, INC C/O CMA</b>		<b>D</b> Employer identification number <div style="background-color: black; width: 100px; height: 15px;"></div>
	Number and street (or P.O. box, if mail is not delivered to street address)		<b>E</b> Telephone number
	Room/suite		<b>859-263-8757</b>
	City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Group Exemption Number ▶
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>I</b> Website: ▶ <b>N/A</b>			
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other			

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **124,861.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	119,015.
	<b>4</b> Investment income	<b>4</b>	748.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	5,098.	
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	124,861.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	2,671.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	111,928.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	17,366.
	<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	131,965.
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-7,104.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	121,477.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	0.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	114,373.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

FALLS CREEK HOMEOWNER'S ASSOCIATION, INC

Form 990-EZ (2014)

C/O CMA

Page 2

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	123,743.	130,354.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O	23,828.	3,470.
25 Total assets	147,571.	133,824.
26 Total liabilities (describe in Schedule O) See Schedule O	26,094.	19,451.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	121,477.	114,373.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? NONE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 HOMEOWNERS' ASSOCIATION REPAIRS AND MAINTENANCE OF FALLS CREEK SUBDIVISION	28a	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
29 MANAGEMENT OF INCOME AND EXPENSES OF THE ASSOCIATION.	29a	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)	30a	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
31a		
32 Total program service expenses (add lines 28a through 31a)	32	0.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHRISTOPHER NORTHAM				
VICE PRESIDENT	1.00	0.	0.	0.
JOHN CAMERON				
PRESIDENT	3.00	0.	0.	0.
PAUL COOMES				
TREASURER	2.00	0.	0.	0.
GERRIT SCHROEDER				
SECRETARY	3.00	0.	0.	0.
JIM CONNOR				
DIRECTOR	1.00	0.	0.	0.
KRISTY WASHER				
DIRECTOR	1.00	0.	0.	0.
TERRY SEELOW				
DIRECTOR	1.00	0.	0.	0.

FALLS CREEK HOMEOWNER'S ASSOCIATION, INC

Form 990-EZ (2014)

C/O CMA

Page 3

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	None	
42a	The organization's books are in care of	COMMUNITY MANAGEMENT ASSOCIA	
	Located at	4906 BARDSTOWN ROAD - STE 101, LOUISVILLE, KY	
	Telephone no.	502-491-3550	
	ZIP + 4	40291-1759	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	<input type="checkbox"/>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	



46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No  
 If "Yes," complete Schedule C, Part I 46

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II Yes No  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47    
 49a Did the organization make any transfers to an exempt non-charitable related organization? 48    
 b If "Yes," was the related organization a section 527 organization? 49a    
 49b 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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 officer) is based on all information of which preparer has any knowledge.

Sign Here Date 2-25-15  
 Signature of officer *Paul A. Coomes*  
 Type or print name and title **Paul A. Coomes, Treasurer FCHA**

Paid Preparer Use Only  
 Print/Type preparer's name Charles W Bond, CPA, CFP  
 Preparer's signature *Charles W Bond* Date 2/10/2015  
 Check  if self-employed PTIN   
 Firm's name ▶ Charles W. Bond, CPA, CFP Firm's EIN ▶   
 Firm's address ▶ 125 Chenoweth Lane - Ste 206 Louisville, KY 40207-2641 Phone no. 502-893-2897

May the IRS discuss this return with the preparer shown above? See instructions Yes No

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

FALLS CREEK HOMEOWNER'S ASSOCIATION, INC  
C/O CMA

EIN number

Form 990-EZ, Part I, Line 4, Other Investment Income:

Description of Property:	Amount:
INVESTMENT INCOME	748.

Form 990-EZ, Part I, Line 8, Other Revenue:

Description of Other Revenue:	Amount:
FINES AND LATE CHARGES	1,144.
LEGAL RECOVERY	1,617.
MISCELLANEOUS INCOME	2,337.
Total to Form 990-EZ, line 8	5,098.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:	Amount:
ADMINISTRATIVE	1,602.
MANAGEMENT FEES	9,600.
INSURANCE	6,060.
PROPERTY TAXES	104.
Total to Form 990-EZ, line 16	17,366.

Form 990-EZ, Part II, Line 24, Other Assets:

Description	Beg. of Year	End of Year
CERTIFICATE OF DEPOSIT	22,816.	0.
ACCOUNTS RECEIVABLE	1,012.	3,470.
Total to Form 990-EZ, line 24	23,828.	3,470.

Form 990-EZ, Part II, Line 26, Other Liabilities:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **FALLS CREEK HOMEOWNER'S ASSOCIATION, INC** [Redacted] number  
**C/O CMA**

Description	Beg. of Year	End of Year
PREPAID ASSESSMENTS	21,723.	15,480.
ACCOUNTS PAYABLE	4,371.	3,971.
Total to Form 990-EZ, line 26	26,094.	19,451.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

FALLS CREEK HOMEOWNER'S ASSOCIATION, INC

Form 990-EZ (2014)

C/O CMA



46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  Yes  No  
 If "Yes," complete Schedule C, Part I 46  Yes  No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II  Yes  No  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47  Yes  No  
 49a Did the organization make any transfers to an exempt non-charitable related organization? 48  Yes  No  
 b If "Yes," was the related organization a section 527 organization? 49a  Yes  No  
 49b 49b  Yes  No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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 officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Charles W Bond, CPA, CFP	Preparer's signature <i>Charles Bond</i>	Date 2/10/2015	Check <input checked="" type="checkbox"/> if self-employed	PTIN 
	Firm's name ▶ Charles W. Bond, CPA, CFP			Firm's EIN ▶	
	Firm's address ▶ 125 Chenoweth Lane - Ste 206 Louisville, KY 40207-2641			Phone no. 502-893-2897	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

DO NOT  
STAPLE  
FORMS

FORM: OL-3

LOUISVILLE METRO REVENUE COMMISSION  
OCCUPATIONAL LICENSE TAX RETURN

CHECK IF "FINAL RETURN" Date Operations Ceased: \_\_\_\_\_ (Required to close account.)  CHECK IF "NO ACTIVITY" FOR YEAR

CHECK IF CHANGE IN ADDRESS IS BELOW  CHECK IF AMENDED RETURN ACCOUNT NUMBER  
 FALLS CREEK HOMEOWNERS ASSOCIATION, INC.  
 Name C/O COMMUNITY MANAGEMENT ASSOCIATES  
 Address 1795 ALYSHEBA WAY #3103 FOR YEAR ENDING (MMDD/YYYY)  
 City LEXINGTON State KY ZIP 40509  
 Federal ID \_\_\_\_\_ Social Security No. \_\_\_\_\_ Phone No. 502-491-3550 Ext. \_\_\_\_\_ 12 31 14

\* THE QUESTIONS BELOW MUST BE ANSWERED \*

A. Principal business activity: PROPERTY MANAGEMENT

B. During the past year, did Federal Authorities change or propose to change net income reported for that year or 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? YES  NO  If YES, see instructions.

E. Was there a change in ownership in the past year? YES  NO  If YES, when did the change occur? \_\_\_\_\_ Please write the name and address of new owner: \_\_\_\_\_

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.

\* PAGE 2 MUST BE COMPLETED PRIOR TO COMPLETING THIS NEXT SECTION \*

25. Enter ADJUSTED NET PROFIT (From Line 20 on page 2 of form): \$ -312.

Occupational License Tax Computations	COLUMN A Louisville Metro & Mass Transit Tax Rate = (.2145)	COLUMN B School Boards Tax Rate = (.0073)	IMPORTANT: Please write your account number on your check or money order and make payable to Louisville Metro Revenue Commission
26. Enter Apportionment Percentage from Line 24	100.00000 %	DO NOT COMPLETE COLUMN B IF NON-RESIDENT INDIVIDUAL	
27. Net Profits Allocation (Line 25 x Line 26) Enter in Columns A & B	\$	\$	
28. Enter result of Line 1(e)	\$	\$	
29. Enter the sum of Line 27 + Line 28 or Line 28, whichever is greater	\$	\$	
30. TAX CALCULATIONS - (Line 29, Column A x .0145) & (Line 29, Column B x .0073) Enter in proper column	\$	\$	
31. TOTAL OCCUPATIONAL 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.
32. Enter any credit due: (a) Prepayment of tax: \$	(b) Refund Due: \$	(c) Credit to next year: \$	
33. BALANCE OF OCCUPATIONAL LICENSE TAX DUE Line 31 minus Line 32(a):	\$		
34. PENALTY AND INTEREST (See Instructions):	\$		
35. AMOUNT TO BE PAID (Add Lines 33 and 34):	\$		

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.

Preparer's Signature (Return must be signed) Charles W Bond Date 2/21/15 Signature of Licensee (Return must be signed) Paul A Coones Date 2-21-15

Print Name Charles W Bond, CPA, CFP Federal ID 502-893-2897 Print Name PAUL A COONES Title Treasurer

Address 125 Chenoweth Lane - Ste 2 Phone No. \_\_\_\_\_

ATTENTION: Federal ID Numbers and Social Security Numbers must be supplied for both the Tax Preparer and the Licensee.

MAILING ADDRESS: P.O. BOX 35410 \* LOUISVILLE, KENTUCKY 40232-5410

491401  
05-01-14

Telephone: (502) 574-4860 \* www.metrorevenue.org \* Fax: (502) 574-4818 \* taxhelp@metrorevenue.org \* TDD: (502) 574-4811

Lines 1(a) through 1(e) apply only to individuals with income reported on Federal W-2 Form from which no occupational taxes were withheld.

1(a). Gross salaries, wages, tips, etc. reported on the Federal Form W-2 from which no occupational taxes were withheld, plus deferred compensation from 401 (K), 403 (B) or 457 plans	1(a)	\$
1(b). Related employee business expenses per Federal Form 2106 (Attach Form W-2 and Form 2106)	1(b)	\$
1(c). Line 1(a) minus Line 1(b)	1(c)	\$
1(d). If you did not own or operate a business during the year, compute the apportionment below for time spent in Louisville Metro, carrying the percentage out five (5) decimal places. EXAMPLE: "22.12345%" or ".2212345"	1(d)	%
$\frac{\text{Total Days Worked in Louisville Metro}}{\text{Total Days Worked Everywhere}} =$		
Multiply Line 1(c) by Line 1(d) and enter on Line 28, Columns A and B on page 1. Note: If you are a non-resident of Louisville Metro, Kentucky, leave		
1(e). Line 28, Column B blank	1(e)	\$

COMPLETE THE APPLICABLE COLUMN AND ATTACH CORRESPONDING FEDERAL SCHEDULES

	INDIVIDUAL	PARTNERSHIP	CORPORATION
2. Non-employee compensation as reported on Form 1099-MISC reported as "other income" on Federal Form 1040 (Attach Page 1 of Form 1040 and Form 1099)	2) \$		
3. Net profit or (loss) per Federal Schedule C of Form 1040 (Attach Schedule C, Pages 1 and 2, Schedule C-EZ)	3) \$		
4. Capital gain from Federal Form 4797 or Form 6252 reported on Schedule D of Form 1040 (Attach Form 4797, Pages 1 and 2 or Form 6252)	4) \$		
5. Rental income or (loss) per Federal Schedule E of Form 1040 (Attach Schedule E)	5) \$		
6. Net farm profit or (loss) per Federal Schedule F of Form 1040 (Attach Schedule F, Pages 1 and 2)	6) \$		
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)	7) \$		
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.)		8) \$	
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.)			9) \$ -312.
10. State Income Taxes and Occupational Taxes deducted on Federal Schedule C, E, F, or Form 1065, 1120, 1120A, or 1120S	10) \$	10) \$	10) \$
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)		11) \$	11) \$
12. Net Operating Loss deducted on Form 1120			12) \$
13. TOTAL INCOME - Add Lines 2 through Line 12	13) \$	13) \$	13) \$ -312.
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)		14) \$	14) \$
15. Alcoholic Beverage Sales Deduction (Attach Computation Sheet)	15) \$	15) \$	15) \$
16. Other Adjustments (Attach Schedule)	16) \$	16) \$	16) \$
17. Non-Taxable Income (Attach Schedule)		17) \$	17) \$
18. Professional Expenses not reimbursed by the Partnership (Attach Schedule of Expenses)		18) \$	
19. TOTAL DEDUCTIONS - Add Lines 14 through Line 18	19) \$	19) \$	19) \$
20. Adjusted Net Profit - Subtract Line 19 from Line 13 Enter here and on Line 25 on page 1 (Do Not include the amount from Line 1(e))	20) \$	20) \$	20) \$ -312.

COMPUTATION OF APPORTIONMENT PERCENTAGES

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	21(a)	\$	21(b)	21(c)
22. Gross wages, salaries, and other compensation paid to all employees (See Instructions before completing)	22(a)	\$	22(b)	22(c)
23. TOTAL APPORTIONMENT PERCENTAGE for Louisville Metro, KY Add Lines (21c) and (22c)				23(c)
24. APPORTIONMENT PERCENTAGE - (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 the front page. If either Line 21(b) or Line 22(b) is zero, enter the amount from Line 23(c) here and on Line 26 on the front page.) EXAMPLE: "22.12345%" or ".2212345"				24(c) 1.0000000

491521 06-01-14

**U.S. Income Tax Return for Homeowners Associations**

**2014**

Information about Form 1120-H and its separate instructions is at [www.irs.gov/form1120h](http://www.irs.gov/form1120h).

For calendar year 2014 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>TYPE OR PRINT</b>	Name <b>FALLS CREEK HOMEOWNERS ASSOCIATION, INC. C/O COMMUNITY MANAGEMENT ASSOCIATES</b>	Employer identification number <b>[REDACTED]</b>
	Number, street, and room or suite no. if a P.O. box, see Instructions. <b>1795 ALYSHEBA WAY #3103</b>	Date association formed <b>09/07/1972</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>LEXINGTON, KY 40509</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	See Statement 1	<b>B</b>	124,112.
<b>C</b> Total expenditures made for purposes described in 90% expenditure test	See Statement 2	<b>C</b>	131,004.
<b>D</b> Association's total expenditures for the tax year		<b>D</b>	131,964.
<b>E</b> Tax-exempt interest received or accrued during the tax year		<b>E</b>	0.

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

<b>1</b> Dividends		<b>1</b>	
<b>2</b> Taxable interest	See Statement 3	<b>2</b>	748.
<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> Gross income (excluding exempt function income). Add lines 1 through 7		<b>8</b>	748.

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

<b>9</b> Salaries and wages		<b>9</b>	
<b>10</b> Repairs and maintenance		<b>10</b>	
<b>11</b> Rents		<b>11</b>	
<b>12</b> Taxes and licenses		<b>12</b>	
<b>13</b> Interest		<b>13</b>	
<b>14</b> Depreciation (attach Form 4562)		<b>14</b>	
<b>15</b> Other deductions (attach statement)	See Statement 4	<b>15</b>	960.
<b>16</b> Total deductions. Add lines 9 through 15		<b>16</b>	960.
<b>17</b> Taxable income before specific deduction of \$100. Subtract line 16 from line 8		<b>17</b>	-212.
<b>18</b> Specific deduction of \$100		<b>18</b>	\$100.00

**Tax and Payments**

<b>19</b> Taxable income. Subtract line 18 from line 17		<b>19</b>	-312.
<b>20</b> Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)		<b>20</b>	0.
<b>21</b> Tax credits		<b>21</b>	
<b>22</b> Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits		<b>22</b>	0.
<b>23</b> a 2013 overpayment credited to 2014	23a		
b 2014 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		<b>23g</b>	0.
<b>24</b> Amount owed. Subtract line 23g from line 22 (see instructions)		<b>24</b>	
<b>25</b> Overpayment. Subtract line 22 from line 23g		<b>25</b>	
<b>26</b> Enter amount of line 25 you want: Credited to 2015 estimated tax <input type="checkbox"/> Refunded <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.

Signature of officer: *Paula Coe* Date: *2-29-15* Title: *Treasurer, FCHA*

May the IRS discuss this return with the preparer shown below (see instr.?)  Yes  No

Paid Preparer's Use Only	Print/type preparer's name <b>Charles W Bond, CPA, C</b>	Preparer's signature <i>Charles W Bond</i>	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN <b>[REDACTED]</b>
	Firm's name <b>Charles W. Bond, CPA, CFP</b>	Firm's EIN	Firm's address <b>125 Chenoweth Lane - Ste 206 Louisville, KY 40207-2641</b>		
				Phone no. <b>502-893-2897</b>	