

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

Applicant/Program: Plainview Residents Association Inc./Tree Planting Project
Applicant Requested Amount: \$5000
Appropriation Request Amount: \$5000

Executive Summary of Request
 This funding will be used to replace trees that died as a result of the emerald ash borer. It is part of Plainview's plan to enhance the tree canopy, adding to the quality of life in the surrounding area.

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

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

<u>18</u>	<u>Marilyn Parker</u>	<u>\$5000</u>	<u>11-1-22</u>
District #	Primary Sponsor Signature	Amount	Date

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

Approved by:

_____ Date _____
 Appropriations Committee Chairman

Final Appropriations Amount: _____

sh

Applicant/Program:

Plainview Residents Association Inc./Tree Planting Project

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

Council Member Signature and Amount

District 1 _____ \$ _____
District 2 _____ \$ _____
District 3 _____ \$ _____
District 4 _____ \$ _____
District 5 _____ \$ _____
District 6 _____ \$ _____
District 7 _____ \$ _____
District 8 _____ \$ _____
District 9 _____ \$ _____
District 10 _____ \$ _____
District 11 _____ \$ _____
District 12 _____ \$ _____
District 13 _____ \$ _____
District 14 _____ \$ _____
District 15 _____ \$ _____

Applicant/Program:

Plainview Residents Association Inc./Tree Planting Project

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

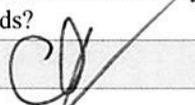
District 25 _____ \$ _____

District 26 _____ \$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization Plainview Residents Association Inc.

Program Name and Request Amount Tree Planting Project/\$5000

	Yes/No/NA
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"/> N/A
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> N/A
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"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<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"/> N/A 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"/> N/A No
Prepared by: Chris Lewis 	Date: 11-1-22

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: <i>(as listed on: http://www.sos.ky.gov/business/records)</i> Plainview Residents Association, Inc.			
Main Office Street & Mailing Address: PO Box 436926			
Website: Plainviewassoc.com			
Applicant Contact:	Tom Bell	Title:	Director
Phone:	(502) 235-8414	Email:	Tom.c.bell@twc.com
Financial Contact:	Madonna Burke	Title:	Board Administrator
Phone:	(502) 244-8240	Email:	plainviewassoc@gmail.com
Organization's Representative who attended NDF Training: Tom Bell			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s): 601 Plainview Terrace Court Louisville, KY 40223			
Council District(s): 18		Zip Code(s): 40223	
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Plainview Residents Tree Planting Program			
Total Request: (\$) \$ 5,000.00		Total Metro Award (this program) in previous year: (\$) \$ 0.00	
Purpose of Request (check all that apply): <input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input 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"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <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 applicable	
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:		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			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Vision: Keep Plainview a very desirable place to live, and maintaining it in an attractive and safe manner.

Mission: Maintain common areas and enhance the natural beauty of the subdivision by planting flower beds and restoring and increasing the tree canopy.

Services: Remove dead and dying trees that are unsafe and plant replacements. Plant additional trees to restore those lost over nearly 50 years of Plainview's existence. Also plant trees to replace the numerous trees lost to the emerald ash borer in recent years. Plant spring and fall flowers and maintain their beds. Cut grass, maintain sprinklers and other maintenance activities.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Start Date will be Fall of 2022 and will end in the fall of 2022. Plant numerous trees in the common areas of the Plainview subdivision. This will improve the air quality and the beauty of the subdivision.

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

See attached estimates

This funding will be used to replace trees that were damaged by the emerald ash borer with a variety of different tree species that are more disease resistant. The trees will not be planted on any private homeowners property and will all be placed in the common areas along Timberwood Circle, Cambridge Station Road, and Shelbyville Road.

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:

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

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
 - ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This program will bring all the benefits that trees bring to any area where they are planted, beauty, cleaner air, cooler summer temps, decreased global warming etc.. We will track the precise locations of where each tree is planted.

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.

Louisville Metro Government Division of Forestry, Community Forestry Supervisor will supply technical expertise.

Jefferson County Agricultural Agent, Carol Wilder, will consult on the product.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			\$ 0.00
B: Rent/Utilities			\$ 0.00
C: Office Supplies			\$ 0.00
D: Telephone			\$ 0.00
E: In-town Travel			\$ 0.00
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00
G: Professional Service Contracts			\$ 0.00
H: Program Materials	\$ 5,000.00	\$ 686.90	\$ 5,686.90
I: Community Events & Festivals (See Detailed List on Page 8)			\$ 0.00
J: Machinery & Equipment			\$ 0.00
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 5,000.00	\$ 686.90	\$ 5,686.90
% of Program Budget	87.92%	12.08%	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) Plainview Residents Association Funds	\$ 686.90
Total Revenue for Columns 2 Expenses **	\$ 686.90

*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
<p style="text-align: center;"><i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</p>	\$ 0.00	

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

Agency Fiscal Year Start Date: 01/01/2022

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:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

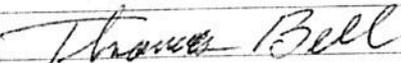
Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	10-25-22
Legal Signatory: (please print):	Thomas Bell	Title:	Director
Phone:	(502) 235-8414	Extension:	NA
Email:	tom.c.bell@twc.com		

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: NOV 23 1998

Person to Contact:

Judy Simonson

Telephone Number:

877-829-5500

Fax Number:

513-684-5936

Federal Identification Number:

61-0844328

Plainview Residents Association Inc.
PO Box 24477
Louisville, KY 40224-0477

Dear Sir or Madam:

We have received your request dated July 24, 1998 for a copy of the exemption application and the letter of determination for Plainview Residents Association, Inc.

You would be permitted to have a copy of the organization's original ruling letter and tax exempt application, but we were unable to locate these documents. However, we can affirm that this organization received exempt status in January, 1974 and is currently exempt under section 501(c)(4) of the Internal Revenue Code.

If you have any questions, please call the person whose name and telephone number appear in the heading of this letter.

Sincerely,



Judy Simonson
Customer Service Representative

CINCINNATI OH 45999-0038

In reply refer to: 0248160116
Feb. 26, 2020 LTR 4168C 0
61-0844328 000000 00

00016209
BODC: TE

PLAINVIEW RESIDENTS ASSOCIATION INC
PO BOX 436926
LOUISVILLE KY 40253



026362

Employer ID number: 61-0844328
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Feb. 14, 2020, about your tax-exempt status.

We issued you a determination letter in January 1974, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(4).

Because you're not an organization described in IRC Section 170(c), donors can't deduct contributions they make to you. You should advise your contributors that their contributions to you aren't deductible.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

CINCINNATI OH 45999-0038

026362.226866.304680.11860 1 AB 0.419 530



 PLAINVIEW RESIDENTS ASSOCIATION INC
PO BOX 436926
LOUISVILLE KY 40253

026362

CUT OUT AND RETURN THE VOUCHER IMMEDIATELY BELOW IF YOU ONLY HAVE AN INQUIRY.
DO NOT USE IF YOU ARE MAKING A PAYMENT.

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.

 The IRS address must appear in the window.

Use for inquiries only

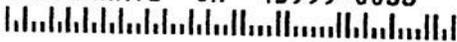
BODCD-TE

0248160116

Letter Number: LTR4168C
Letter Date : 2020-02-26
Tax Period : 000000

INTERNAL REVENUE SERVICE

CINCINNATI OH 45999-0038



610844328

PLAINVIEW RESIDENTS ASSOCIATION INC

PO BOX 436926

LOUISVILLE KY 40253

610844328 UB PLAI 00 2 000000 670 000000000000

 The IRS address must appear in the window.

Use for payments

BODCD-TE

0248160116

Letter Number: LTR4168C
Letter Date : 2020-02-26
Tax Period : 000000

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0102



610844328

PLAINVIEW RESIDENTS ASSOCIATION INC

PO BOX 436926

LOUISVILLE KY 40253

610844328 UB PLAI 00 2 000000 670 000000000000

PLAINVIEW RESIDENTS' ASSOCIATION
Profit & Loss Budget Performance
January through August 2022

	<u>Jan - Aug 22</u>	<u>YTD Budget</u>	<u>Annual Budget</u>
Ordinary Income/Expense			
Income			
Income			
Assessments	285,795.44	296,588.00	296,588.00
Mailbox Logo	35.00	0.00	0.00
Late Fees	6,370.37	0.00	0.00
Total Income	<u>292,200.81</u>	<u>296,588.00</u>	<u>296,588.00</u>
Total Income	292,200.81	296,588.00	296,588.00
Expense			
Salary	11,736.00	11,736.00	17,604.00
Rent	9,400.00	9,400.00	14,100.00
Professional Services			
Accounting	110.00	470.00	870.00
Legal Services	7,216.65	10,000.00	15,000.00
Security Services	600.00	400.00	600.00
Total Professional Services	<u>7,926.65</u>	<u>10,870.00</u>	<u>16,470.00</u>
Dues and Subscriptions			
Lockbox Fee	1,200.00	1,200.00	1,800.00
P.O. BOX 436926	322.00	234.00	234.00
Total Dues and Subscriptions	<u>1,522.00</u>	<u>1,434.00</u>	<u>2,034.00</u>
Grounds Maintenance			
Christmas Decor	2,756.00	2,000.00	3,000.00
General Maintenance	20,195.33	16,672.00	25,008.00
Contract Landscaping			
Bramer Contract	40,211.52	40,680.00	61,020.00
ProTurf Contract	38,739.40	33,808.00	50,712.00
Total Contract Landscaping	<u>78,950.92</u>	<u>74,488.00</u>	<u>111,732.00</u>
Non-Contract Landscaping			
Irrigation Maintenance	6,230.46	3,253.00	5,210.30
Flowers	14,493.37	15,520.79	16,270.79
Mulch	4,905.91	10,000.00	15,000.00
Tree Removal	9,610.00	3,336.00	5,004.00
Tree Replacement	0.00	0.00	0.00
Total Non-Contract Landscaping	<u>35,239.74</u>	<u>32,109.79</u>	<u>41,485.09</u>
Total Grounds Maintenance	<u>137,141.99</u>	<u>125,269.79</u>	<u>181,225.09</u>
Insurance			
Dir & Officers Liability	0.00	3,200.00	4,800.00
Workers Comp	(37.14)	200.00	300.00
Total Insurance	<u>(37.14)</u>	<u>3,400.00</u>	<u>5,100.00</u>
Utilities			
Telephone	399.92	536.00	804.00
LGE Electric	2,630.98	2,672.00	4,008.00
Water	12,784.38	12,672.00	19,008.00
Total Utilities	<u>15,815.28</u>	<u>15,880.00</u>	<u>23,820.00</u>

09/12/22
Cash Basis

PLAINVIEW RESIDENTS' ASSOCIATION
Profit & Loss Budget Performance
January through August 2022

	<u>Jan - Aug 22</u>	<u>YTD Budget</u>	<u>Annual Budget</u>
Business Filing	0.00	15.00	15.00
Bank Fee	(0.04)		
Office Supplies	1,048.14	1,600.00	2,400.00
Postage/Printing	4,747.65	4,672.00	7,008.00
Other	0.00	0.00	0.00
Payroll Taxes			
FICA Expense	897.76	864.00	1,296.00
SUTA Expense	63.00	67.20	100.80
FUTA Expense	33.50	28.00	42.00
Total Payroll Taxes	<u>994.26</u>	<u>959.20</u>	<u>1,438.80</u>
Total Expense	<u>190,294.79</u>	<u>185,235.99</u>	<u>271,214.89</u>
Net Ordinary Income	101,906.02	111,352.01	25,373.11
Other Income/Expense			
Other Income			
Interest Income	0.00	0.00	0.00
Total Other Income	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Net Other Income	0.00	0.00	0.00
Net Income	<u>101,906.02</u>	<u>111,352.01</u>	<u>25,373.11</u>

2020 Exempt Org. Return
prepared for:

PLAINVIEW RESIDENTS ASSOCIATION INC
PO BOX 436926
LOUISVILLE, KY 40253

STUEDLE SPEARS & CO PSC
2821 S HURSTBOURNE PKWY, STE 1
LOUISVILLE, KY 40220

CLIENT 5202

**STUEDLE SPEARS & CO PSC
2821 S HURSTBOURNE PKWY, STE 1
LOUISVILLE, KY 40220
(502) 491-5253**

November 12, 2021

PLAINVIEW RESIDENTS ASSOCIATION INC
PO BOX 436926
LOUISVILLE, KY 40253

Dear Client:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

BRIAN COBB

CLIENT 5202

PLAINVIEW RESIDENTS ASSOCIATION INC

61-0844328

11/12/21

10:06 AM

	2020	2019	DIFF
REVENUE			
PROGRAM SERVICE REVENUE.....	306,698	303,843	2,855
INVESTMENT INCOME.....	913	747	166
OTHER REVENUE.....	65	35	30
TOTAL REVENUE.....	307,676	304,625	3,051
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS...	18,084	17,902	182
OTHER EXPENSES.....	245,397	269,383	-23,986
TOTAL EXPENSES.....	263,481	287,285	-23,804
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	44,195	17,340	26,855
TOTAL ASSETS AT END OF YEAR.....	152,297	172,486	-20,189
TOTAL LIABILITIES AT END OF YEAR.....	482	64,866	-64,384
NET ASSETS/FUND BALANCES AT END OF YEAR.	151,815	107,620	44,195

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	PLAINVIEW RESIDENTS ASSOCIATION INC	61-0844328
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	
	PO BOX 436926	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
LOUISVILLE, KY 40253		

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► ASSOCIATION -----

Telephone No. ► (502) 244-8240 Fax No. ► -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- calendar year 20 20 or
 - tax year beginning _____, 20____, and ending _____, 20____.
- 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20	
B Check if applicable:	C
<input type="checkbox"/> Address change	PLAINVIEW RESIDENTS ASSOCIATION INC PO BOX 436926 LOUISVILLE, KY 40253
<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	D Employer identification number 61-0844328
	E Telephone number (502) 244-8240
	G Gross receipts \$ 307,676.
I Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no.) 4947(a)(1) or 527	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: N/A	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
K Form of organization: Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	H(c) Group exemption number ▶
L Year of formation:	M State of legal domicile:

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: SERVE NEIGHBORHOOD RESIDENTS	
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 0
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 1
	6	Total number of volunteers (estimate if necessary)	6 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year Current Year
	9	Program service revenue (Part VIII, line 2g)	303,843. 306,698.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	747. 913.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35. 65.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	304,625. 307,676.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,902. 18,084.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
16b		Total fundraising expenses (Part IX, column (D), line 25)	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	269,383. 245,397.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	287,285. 263,481.	
19	Revenue less expenses. Subtract line 18 from line 12	17,340. 44,195.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year End of Year
	21	Total liabilities (Part X, line 26)	172,486. 152,297.
	22	Net assets or fund balances. Subtract line 21 from line 20	64,866. 482.
			107,620. 151,815.

Part II Signature Block				
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		
	BARBARA RITCHIE	PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01532860
	BRIAN COBB	BRIAN COBB		
	Firm's name ▶ STUEDLE SPEARS & CO PSC	Firm's EIN ▶ 61-1130735		
	Firm's address ▶ 2821 S HURSTBOURNE PKWY, STE 1 LOUISVILLE, KY 40220	Phone no. (502) 491-5253		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SERVE NEIGHBORHOOD RESIDENTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 211,674. including grants of \$) (Revenue \$)

MAINTAIN GRASS, LANDSCAPING, DEBRIS REMOVAL, IRRIGATION, DRAINAGE, AND LIGHTING IN COMMON AREAS IN LARGE SUBDIVISION

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 211,674.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.		X
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.		X
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O		
4a	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)?		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7e			
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If 'Yes,' complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 5; 1b Enter the number of voting members included on line 1a...; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?...; 6 Did the organization have members or stockholders?...; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?...; 8b Each committee with authority to act on behalf of the governing body?...; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?...; 10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?...; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?...; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O; 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?...; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done...; 13 Did the organization have a written whistleblower policy?...; 14 Did the organization have a written document retention and destruction policy?...; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official...; 15b Other officers or key employees of the organization...; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?...; 16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records ASSOCIATION PO BOX 436926 LOUISVILLE KY 40253 (502) 244-8240

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA RITCHIE PRESIDENT	1 0	X		X			0.	0.	0.	
(2) DORA MCKNIGHT TREASURER	1 0	X		X			0.	0.	0.	
(3) BOB AUSLANDER VICE PRESIDENT	1 0	X		X			0.	0.	0.	
(4) TOM BELL DIRECTOR	1 0	X					0.	0.	0.	
(5) CATHY BOWLING DIRECTOR	1 0	X					0.	0.	0.	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1 b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	1 b Membership dues					
	1 c Fundraising events					
	1 d Related organizations					
	1 e Government grants (contributions)					
	1 f All other contributions, gifts, grants, and similar amounts not included above					
	1 g Noncash contributions included in lines 1a-1f					
	1 h Total. Add lines 1a-1f					
Program Service Revenue	Business Code					
	2 a MEMBERSHIP DUES & ASSESSMENTS		306,698.	306,698.		
	b -----					
	c -----					
	d -----					
	e -----					
	g Total. Add lines 2a-2f		306,698.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		913.	913.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
	6 b Less: rental expenses					
	6 c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	7 b Less: cost or other basis and sales expenses					
	7 c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
	8 b Less: direct expenses					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19						
9 b Less: direct expenses						
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances						
10 b Less: cost of goods sold						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11 a MAILBOX LOGO REVENUES		65.		65.	
	b INSURANCE CLAIM					
	c METRO REFUND					
	d All other revenue					
e Total. Add lines 11a-11d		65.				
12 Total revenue. See instructions		307,676.	307,611.	0.	65.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	16,596.	0.	16,596.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	1,488.		1,488.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.	16,983.		16,983.	
c Accounting.	870.		870.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion.				
13 Office expenses.	2,350.	2,350.		
14 Information technology.				
15 Royalties.				
16 Occupancy.	14,100.		14,100.	
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	4,804.	4,804.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u> GROUNDS MAINTENANCE </u>	153,990.	153,990.		
b <u> UTILITIES </u>	24,215.	24,215.		
c <u> MISC MAINTENANCE </u>	17,296.	17,296.		
d <u> POSTAGE AND SHIPPING </u>	5,429.	5,429.		
e All other expenses.	5,360.	3,590.	1,770.	
25 Total functional expenses. Add lines 1 through 24e.	263,481.	211,674.	51,807.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash – non-interest-bearing.....	111,039.	1	48,983.
	2	Savings and temporary cash investments.....	60,599.	2	61,512.
	3	Pledges and grants receivable, net.....		3	
	4	Accounts receivable, net.....	848.	4	41,801.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).....		6	
	7	Notes and loans receivable, net.....		7	
	8	Inventories for sale or use.....		8	
	9	Prepaid expenses and deferred charges.....		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....		10a	
	b	Less: accumulated depreciation.....		10b	10c
	11	Investments – publicly traded securities.....		11	
	12	Investments – other securities. See Part IV, line 11.....		12	
	13	Investments – program-related. See Part IV, line 11.....		13	
	14	Intangible assets.....		14	
	15	Other assets. See Part IV, line 11.....		15	1.
16	Total assets. Add lines 1 through 15 (must equal line 33).....	172,486.	16	152,297.	
Liabilities	17	Accounts payable and accrued expenses.....	441.	17	482.
	18	Grants payable.....		18	
	19	Deferred revenue.....	64,424.	19	
	20	Tax-exempt bond liabilities.....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		22	
	23	Secured mortgages and notes payable to unrelated third parties.....		23	
	24	Unsecured notes and loans payable to unrelated third parties.....		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....	1.	25	
	26	Total liabilities. Add lines 17 through 25.....	64,866.	26	482.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions.....	107,620.	27	151,815.
	28	Net assets with donor restrictions.....		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds.....		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund.....		30	
	31	Retained earnings, endowment, accumulated income, or other funds.....		31	
	32	Total net assets or fund balances.	107,620.	32	151,815.
33	Total liabilities and net assets/fund balances.	172,486.	33	152,297.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	307,676.
2	Total expenses (must equal Part IX, column (A), line 25)	2	263,481.
3	Revenue less expenses. Subtract line 2 from line 1	3	44,195.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	107,620.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	151,815.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other SEE SCH. O

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. SEE SCHEDULE O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b		X
2c		
3a		X
3b		

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **PLAINVIEW RESIDENTS ASSOCIATION INC** Employer identification number: **61-0844328**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TRB & ASSOCIATES	KEY EMPLOYEE		OFFICE SPACE RENTAL		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

PLAINVIEW RESIDENTS ASSOCIATION INC

Employer identification number

61-0844328

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XII, LINE 1 - OTHER ACCOUNTING METHOD

MODIFIED CASH

FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

AUDIT NOT REQUIRED

SECRETARY OF STATE

RECEIVED
JUL 31 1972

1556- \$4.00
Commonwealth of Kentucky

ARTICLES OF INCORPORATION

PLAINVIEW RESIDENTS' ASSOCIATION, INC.

1. Name. The Corporation's name shall be PLAINVIEW RESIDENTS' ASSOCIATION, INC.
2. Duration. The Corporation's duration shall be perpetual.
3. Definitions. As used in these Articles of Incorporation the following terms shall have the following meanings:

(a) "Plainview Corporation" shall mean Plainview Farms Development Corporation, and shall include any person, corporation or association to which it may expressly assign its rights, or any of them, from time to time under these Articles of Incorporation.

(b) "Plainview Subdivision" shall mean the property owned by Plainview Corporation described in three deeds, which are recorded in the Jefferson County, Kentucky, County Court Clerk's office on December 23, 1971, in Deed Book 4482, at pages 58, 79 and 102.

(c) "Declaration of Restrictions" shall mean any Declaration of Restrictions, as amended from time to time, affecting any portion of Plainview Subdivision.

(d) "Residential Unit" shall mean each single family residential lot, condominium apartment or similar property, the owner of which is a member of the Corporation pursuant to any Declaration of Restrictions.

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

(a) To promote the social welfare and serve the common good and general welfare of the members of the Corporation and to construct, operate, maintain and repair any common structure, facility, way or ground, whether owned by the Corporation or not, within Plainview Subdivision.

(b) Notwithstanding the generality of the foregoing, the Corporation shall not (1) devote more than an insubstantial part of its activities to attempting to influence legislation by propaganda

Tax Exempt Status?

or otherwise, or (2) directly or indirectly participate in, intervene in (including the publishing or distributing of statements), any political campaign on behalf or in opposition to any candidate for public office.

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

(a) Exercise and enforce any right or privilege assigned to it under any Declaration of Restrictions; and

(b) Assess, levy and collect assessments against each Residential Unit and against members of the Corporation as provided in any Declaration of Restrictions.

6. Internal Affairs. Provisions for the regulation of the internal affairs of the Corporation, including provisions for the distribution of assets on dissolution or final liquidation, are:

(a) The membership of the Corporation shall consist of the members designated from time to time in Declarations of Restrictions and such members shall be classified as follows:

(1) Class A membership shall consist of all members other than Plainview Corporation.

(2) Class B membership shall consist of Plainview Corporation.

(b) Each member shall have one vote in respect of each Residential Unit owned by such member, but the right of Class A member to vote may be exercised only in accordance with subparagraph 6(c).

(c) Class A members shall not be entitled to exercise any vote until the earlier of

(1) December 31, 1979, or

(2) Such time as in the sole determination of Plainview Corporation it owns less than ten per cent of all single family residential lots, condominium apartments and similar property shown on the "Master Plan of Plainview Farm" (approved as the preliminary subdivision plan by the Louisville and Jefferson County Planning Commission in docket number 10-50-66) as that Master Plan may be amended at the time the determination is made.

(d) Nothing in these Articles of Incorporation shall limit the right of Plainview Corporation to alter in any way said master plan - preliminary subdivision plan at any time and from time to time.

(e) No part of the Corporation's net earnings shall inure to the benefit of any individual or any shareholder of the Corporation.

(f) Upon the dissolution or final liquidation of the Corporation any remaining assets of the Corporation shall be distributed to one or more organizations, designated by the Board of Directors at that time, to be used in such manner as in the judgment of the Board of Directors will best accomplish the general purposes of the Corporation. Each of such organizations shall be exempt from federal tax under § 501(c)(3), § 501(c)(4) or § 501(c)(7) of the Internal Revenue Code of 1954, as amended, or under corresponding legislation if the Internal Revenue Code of 1954 is not then in effect.

7. Office and Agent. The address of the Corporation's initial Registered Office shall be P. O. Box 7781, 607 Hurstbourne Lane, Louisville, Kentucky, 40207, and the name of its initial Registered Agent at such address shall be A. Thomas Sturgeon, Jr.

8. Board of Directors. The number of directors constituting the Corporation's initial Board of Directors shall be three, and the names and addresses of the persons who are to serve as the initial directors are:

<u>Name</u>	<u>Address</u>
Samuel G. Miller	P. O. Box 7781, 607 Hurstbourne Lane, Louisville, Kentucky 40207
Richard D. Thurman	P. O. Box 7781, 607 Hurstbourne Lane, Louisville, Kentucky 40207
A. Thomas Sturgeon, Jr.	P. O. Box 7781, 607 Hurstbourne Lane, Louisville, Kentucky 40207

9. Incorporator. The name and address of the sole incorporator is A. Thomas Sturgeon, Jr., P. O. Box 7781, 607 Hurstbourne Lane, Louisville, Kentucky 40207.

IN WITNESS WHEREOF, the incorporator has signed triplicate

originals of these Articles of Incorporation on July 21, 1972,
1972.

A. Thomas Sturgeon
A. Thomas Sturgeon, Jr.

STATE OF KENTUCKY)
COUNTY OF JEFFERSON) SS.

The foregoing instrument was acknowledged before me by
A. Thomas Sturgeon, Jr., on July 21, 1972.

My commission expires: October 31 1972

Mark B. Davis, Jr.
Notary Public, Jefferson County,
Kentucky

This instrument prepared by
Mark B. Davis, Jr.
BROWN, TODD & HEYBURN
1600 Citizens Plaza
Louisville, Kentucky 40202

ORIGINAL COPY
FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

JUL 31 1972

Mark B. Davis, Jr.

Thelma P. Stovace
SECRETARY OF STATE
or Thelma P. Stovace
ASSOCIATE SECRETARY OF STATE

Bramer Bros. Landscaping, Inc.
 6244 Old LaGrange Rd. Suite # 8
 Crestwood, KY 40014

Estimate

Date	Estimate #
7/8/2022	8129

Price will be honored for 90 days from estimate date

Name / Address
Plainview Residents' Association P.O. Box 436926 Louisville, KY 40253

Rep	Project

Qty	Description	Cost	Total
	Tree Installation		
1	Armstrong Maple (2") in median on Timberwood Circle & Willow Ridge Dr. Labor to remove sod from where tree is to be planted, create a circular mulch ring after tree is planted, spade-edge & apply Plainview supplied mulch.	390.00 130.00	390.00T 130.00T
1	Brackens Brown Magnolia (30 gal) in median @ 10320 Timberwood Circle Labor to remove sod from where tree is to be planted, create a circular mulch ring after tree is planted, spade-edge & apply Plainview supplied mulch.	615.00 130.00	615.00T 130.00T
1	Slender Silhouette Sweetgum (2") in median @ 10226 Timberwood Circle Labor to remove sod from where tree is to be planted, create a circular mulch ring after tree is planted, spade-edge & apply Plainview supplied mulch.	435.00 130.00	435.00T 130.00T
1	Ruby Falls Redbud (2") in median @ 10207 Timberwood Circle Labor to remove sod from where tree is to be planted, create a circular mulch ring after tree is planted, spade-edge & apply Plainview supplied mulch.	390.00 130.00	390.00T 130.00T
1	Royal Raindrop Crabapple (2") in median @ 10200 Timberwood Circle Labor to remove sod from where tree is to be planted, create a circular mulch ring after tree is planted, spade-edge & apply Plainview supplied mulch.	390.00 130.00	390.00T 130.00T
3	Norway Spruce (7') in median @ 311 Cambridge Station Rd, 9908 Shelbyville Rd, 9914 Shelbyville Rd. Labor to remove sod from where tree is to be planted, create a circular mulch ring after tree is planted, spade-edge & apply Plainview supplied mulch.	420.00 390.00	1,260.00T 390.00T
1	Burgundy Flush Sweetgum (2") in median @ 109 Cambridge Station Rd. Labor to remove sod from where tree is to be planted, create a circular mulch ring after tree is planted, spade-edge & apply Plainview supplied mulch.	435.00 130.00	435.00T 130.00T
	Trucking Freight to pick up trees @ nursery & transport to job site	280.00	280.00T
	Sales Tax	6.00%	321.90

Accepted By _____

Total	\$5,686.90
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Presented By **Denny Bramer**

It is the property owner's/managing agent's responsibility to mark all privately installed underground utilities in the area work will be performed. Underground utilities include, but are not limited to; electrical dog fences, landscape lighting, and irrigation (heads, wiring, and piping). Bramer Bros. Landscaping, Inc. is not responsible for repairing any damage to privately installed utilities that are not marked. In the event that our crews are delayed due to a repair on these utilities, there will be an extra charge for down time and/or trip charge.

We will replace one time, at no charge, hardy nursery stock planted by us which fails to survive one year from date of planting (sod excluded), provided the account is paid in full when due. Cost of labor is extra. Purchaser obligates himself to give responsible care of material planted. Warranty is void for plants destroyed by drought, freeze, climatic conditions, natural or un-natural disasters, questionable maintenance, transplants from original location, post disease or insect infestation or un-natural use.

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. PLAINVIEW RESIDENTS' ASSOCIATION, LLC.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
<input checked="" type="checkbox"/> Other (see instructions) ▶ HOME OWNERS ASSOCIATION EXEMPT ORGANIZATION 501(C)4	
5 Address (number, street, and apt. or suite no.) See instructions. P.O. Box 436926	Requester's name and address (optional)
6 City, state, and ZIP code LOUISVILLE, KY 40253	
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
61 - 0844328	

Part II Certification

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

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

Sign Here	Signature of U.S. person ▶ Thomas Bell	Date ▶ 10/25/22
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General Instructions

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

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

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, later.*



Kentucky Secretary of State

Michael G. Adams

PLAINVIEW RESIDENTS' ASSOCIATION, INC.

File Annual Report	File Certificate of Assumed Name (DBA)	
Change Address or Registered Agent	File Dissolution	
Printable Forms	Subscribe to changes made to this entity	Certificates

General Information

Organization Number	0041677
Name	PLAINVIEW RESIDENTS' ASSOCIATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	7/31/1972
Organization Date	7/31/1972
Last Annual Report	5/26/2022
Principal Office	P.O. BOX 436926 LOUISVILLE, KY 40253
Registered Agent	MADONNA R. BURKE 601 PLAINVIEW TERRACE DR. LOUISVILLE, KY 40223

Current Officers

President	BARBARA RITCHIE
Vice President	BOB AUSLANDER
Director	TOM BELL
Director	CATHY BOWLING
Director	DORA McKNIGHT

Show Individuals / Entities listed at time Of formation

Director
Director
Director
Incorporator

SAMUEL G MILLER
RICHARD D THURMAN
A THOMAS STURGEON JR
A THOMAS STURGEON JR

Show Images

Show Assumed Names

Show Activities

Contact Site Map

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Kentucky Unbridled Spirit