

March 25, 2016

Executive Director
Kentucky Public Service Commission
211 Sower Boulevard
PO Box 615
Frankfort, KY 40601

RECEIVED

MAR 28 2016

Public Service
Commission

Dear Sirs,

Case No. 2016-00131

Enclosed please find an original and five copies of an Alternate Rate Filing application for Oldham Woods Sanitation, Inc sewer utility. A copy of this filing has also been sent to the Office of the Kentucky Attorney General. Also enclosed are copies of supporting documentation, the notice mailed to customers, and a sworn verification of mailing. Please incorporate by reference in this case the Oldham Woods annual reports which are on file with the Commission. Oldham Woods proposes that the rates become effective on April 30, 2016, and has provided a proposed tariff to that effect within this filing.

We respectfully request permission to deviate from one regulation in filing this application. 807 KAR 5:076, Section 5 (4) (e) states that the customer notice must include "a statement that a person may examine this application at the offices of (utility name) located at (utility address)." Due to the fact that Oldham Woods does not maintain an office that has regular business hours, we request to deviate from that regulation.

With that one exception, Oldham Woods has made every effort to comply fully with the Commission's ARF requirements. If any filing requirements have been inadvertently overlooked, please consider this a request to grant a waiver, on the grounds that all relevant information has been provided to allow this case process to begin.

Finally, please note that Oldham Woods is operating with very little cash, and therefore hopes to avoid incurring legal fees related to this application. We therefore would be greatly appreciative if the Commission and its Staff could provide the assistance and procedural flexibility necessary to accomplish this goal.

Respectfully submitted,



Patience Martin, President
Oldham Woods Sanitation, Inc
PO Box 23226
Anchorage, KY 40223

SUBMIT ORIGINAL AND FIVE ADDITIONAL COPIES, UNLESS FILING ELECTRONICALLY

**APPLICATION FOR RATE ADJUSTMENT
BEFORE THE PUBLIC SERVICE COMMISSION**

For Small Utilities Pursuant to 807 KAR 5:076
(Alternative Rate Filing)

RECEIVED

<p style="font-size: 18pt; text-align: center;">OLOHAM WOODS SANITATION, INC.</p> <p style="text-align: center; font-size: 10pt;">(Name of Utility)</p>	<p style="font-size: 18pt;">MAR 28 2016</p>
<p style="font-size: 18pt; text-align: center;">P O BOX 23226</p> <p style="text-align: center; font-size: 10pt;">(Business Mailing Address - Number and Street, or P.O. Box)</p>	<p style="font-size: 12pt;">PUBLIC SERVICE COMMISSION</p>
<p style="font-size: 18pt; text-align: center;">ANCHORAGE, KY 40223</p> <p style="text-align: center; font-size: 10pt;">(Business Mailing Address - City, State, and Zip)</p>	
<p style="font-size: 18pt; text-align: center;">(502) 245-8654</p> <p style="text-align: center; font-size: 10pt;">(Telephone Number)</p>	

BASIC INFORMATION

NAME, TITLE, ADDRESS, TELEPHONE NUMBER and E-MAIL ADDRESS of the person to whom correspondence or communications concerning this application should be directed:

<p style="font-size: 18pt; text-align: center;">PATIENCE MARTIN</p> <p style="text-align: center; font-size: 10pt;">(Name)</p>
<p style="font-size: 18pt; text-align: center;">P.O. BOX 23226</p> <p style="text-align: center; font-size: 10pt;">(Address - Number and Street or P.O. Box)</p>
<p style="font-size: 18pt; text-align: center;">ANCHORAGE, KY 40223</p> <p style="text-align: center; font-size: 10pt;">(Address - City, State, Zip)</p>
<p style="font-size: 18pt; text-align: center;">(502) 245-8654</p> <p style="text-align: center; font-size: 10pt;">(Telephone Number)</p>
<p style="font-size: 18pt; text-align: center;">georgeclarkemartin@yahoo.com</p> <p style="text-align: center; font-size: 10pt;">(Email Address)</p>

(For each statement below, the Applicant should check either "YES", "NO", or "NOT APPLICABLE" (N/A))

- | | YES | NO | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. a. In its immediate past calendar year of operation, Applicant had \$5,000,000 or less in gross annual revenue. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Applicant operates two or more divisions that provide different types of utility service. In its immediate past calendar year of operation, Applicant had \$5,000,000 or less in gross annual revenue from the division for which a rate adjustment is sought. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. a. Applicant has filed an annual report with the Public Service Commission for the past year. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Applicant has filed an annual report with the Public Service Commission for the two previous years. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Applicant's records are kept separate from other commonly-owned enterprises. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 4. a. Applicant is a corporation that is organized under the laws of the state of KENTUCKY, is authorized to operate in, and is in good standing in the state of Kentucky. - ARTICLES FILED IN CASE NO. 2016-00432
- b. Applicant is a limited liability company that is organized under the laws of the state of _____, is authorized to operate in, and is in good standing in the state of Kentucky.
- c. Applicant is a limited partnership that is organized under the laws of the state of _____, is authorized to operate in, and is in good standing in the state of Kentucky.
- d. Applicant is a sole proprietorship or partnership.
- e. Applicant is a water district organized pursuant to KRS Chapter 74.
- f. Applicant is a water association organized pursuant to KRS Chapter 273.
- 5. a. A paper copy of this application has been mailed to Office of Rate Intervention, Office of Attorney General, 1024 Capital Center Drive, Suite 200, Frankfort, Kentucky 40601-8204.
- b. An electronic copy of this application has been electronically mailed to Office of Rate Intervention, Office of Attorney General at rateintervention@ag.ky.gov.
- 6. a. Applicant has 20 or fewer customers and has mailed written notice of the proposed rate adjustment to each of its customers no later than the date this application was filed with the Public Service Commission. A copy of this notice is attached to this application. (**Attach a copy of customer notice.**)
- b. Applicant has more than 20 customers and has ^{to each of} ~~included~~ ^{mailed} written notice of the proposed rate adjustment with customer bills that were mailed by the date on which the application was filed. A copy of this notice is attached to this application. (**Attach a copy of customer notice.**)
- c. Applicant has more than 20 customers and has made arrangements to publish notice once a week for three (3) consecutive weeks in a prominent manner in a newspaper of general circulation in its service area, the first publication having been made by the date on which this Application was filed. A copy of this notice is attached to this application. (**Attach a copy of customer notice.**)
- 7. Applicant requires a rate adjustment for the reasons set forth in the attachment entitled "Reasons for Application." (**Attach completed "Reasons for Application" Attachment.**)

8. Applicant proposes to charge the rates that are set forth in the attachment entitled "Current and Proposed Rates." **(Attach completed "Current and Proposed Rates" Attachment.)**

9. Applicant proposes to use its annual report for the immediate past year as the test period to determine the reasonableness of its proposed rates. This annual report is for the 12 months ending December 31, 2015.

10. Applicant has reason to believe that some of the revenue and expense items set forth in its most recent annual report have or will change and proposes to adjust the test period amount of these items to reflect these changes. A statement of the test period amount, expected changes, and reasons for each expected change is set forth in the attachment "Statement of Adjusted Operations." **(Attach a completed copy of appropriate "Statement of Adjusted Operations" Attachment and any invoices, letters, contracts, receipts or other documents that support the expected change in costs.)**

11. Based upon test period operations, and considering any known and measurable adjustments, Applicant requires additional revenues of \$ 12,211 and total revenues from service rates of \$ 66,749. The manner in which these amounts were calculated is set forth in "Revenue Requirement Calculation" Attachment. **(Attach a completed "Revenue Requirement Calculation" Attachment.)**

12. As of the **date of the filing of this application**, Applicant had 126 customers.

13. A billing analysis of Applicant's current and proposed rates is attached to this application. **(Attach a completed "Billing Analysis" Attachment.)**

14. Applicant's depreciation schedule of utility plant in service is attached. **(Attach a schedule that shows per account group: the asset's original cost, accumulated depreciation balance as of the end of the test period, the useful lives assigned to each asset and resulting depreciation expense.)**

15. a. Applicant has outstanding evidences of indebtedness, such as mortgage agreements, promissory notes, or bonds.

b. Applicant has attached to this application a copy of each outstanding evidence of indebtedness (e.g., mortgage agreement, promissory note, bond resolution).

c. Applicant has attached an amortization schedule for each outstanding evidence of indebtedness.

- | | YES | NO | N/A |
|---|-------------------------------------|-------------------------------------|---|
| 16. a. Applicant is not required to file state and federal tax returns. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| b. Applicant is required to file state and federal tax returns. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| c. Applicant's most recent state and federal tax returns are attached to this Application. (Attach a copy of returns.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Approximately <u>N/A</u> (Insert dollar amount or percentage of total utility plant) of Applicant's total utility plant was recovered through the sale of real estate lots or other contributions.
- UNKNOWN - RECORDS WERE NOT MAINTAINED SO AS TO KEEP THIS INFORMATION, AND LOT SALES WERE MUCH LOWER THAN 1987 PROJECTIONS | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> - N/A |
| 18. Applicant has attached a completed Statement of Disclosure of Related Party Transactions for each person who 807 KAR 5:076, §4(h) requires to complete such form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

By submitting this application, the Applicant consents to the procedures set forth in 807 KAR 5:076 and waives any right to place its proposed rates into effect earlier than six months from the date on which the application is accepted by the Public Service Commission for filing.

I am authorized by the Applicant to sign and file this application on the Applicant's behalf, have read and completed this application, and to the best of my knowledge all the information contained in this application and its attachments is true and correct.

Signed Patience Martin
Officer of the Company/Authorized Representative
 Title President
 Date 3/25/18

COMMONWEALTH OF KENTUCKY

COUNTY OF Jefferson

Before me appeared Patience Martin, who after being duly sworn, stated that he/she had read and completed this application, that he/she is authorized to sign and file this application on behalf of the Applicant, and that to the best of his/her knowledge all the information contained in this application and its attachments is true and correct.

Anne M. Evans
 Notary Public

My commission expires: Notary Public, State at Large, KY
My commission expires Apr. 7, 2018



LIST OF ATTACHMENTS
(Indicate all documents submitted by checking box)

- Customer Notice of Proposed Rate Adjustment
- "Reasons for Application" Attachment
- Current and Proposed Rates" Attachment
- "Statement of Adjusted Operations" Attachment
- "Revenue Requirements Calculation" Attachment
- Attachment Billing Analysis" Attachment (*FLAT RATE X # OF CUSTOMERS*)
- Depreciation Schedules
- Outstanding Debt Instruments (i.e., Bond Resolutions, Mortgages, Promissory Notes, Amortization Schedules.) - *N/A*
- State Tax Return
- Federal Tax Return
- Statement of Disclosure of Related Party Transactions - ARF Form 3

**STATEMENT OF DISCLOSURE OF
RELATED PARTY TRANSACTIONS**

I swear or affirm to the best of my knowledge and belief the information set forth below represents all present transactions and those transactions occurring within the past twenty-four (24) months between OLDHAM WOODS SANITATION, INC. ("Utility") and related parties that exceed \$25.00 in value. For the purpose of this statement, "related party transactions" include, all transactions and payments in excess of \$25.00, except regular salary, wages and benefits, made directly to or on behalf of: 1) the Utility's current or former employees; 2) current or former members of the Utility's board of commissioners or board of directors; 3) persons who have a 10 percent or greater ownership interest in the Utility; 4) family members* of any current Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or 5) a business enterprise in which any current or former Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or a family member of such person has an ownership interest.

Name of Related Party (Individual or Business)	Type of Service Provided By Related Party	Amount of Compensation
Patience Martin	N/A	0

- Check this box if the Utility has no related party transactions.
- Check box if additional transactions are listed on the supplemental page.
- Check box if any employee of the Utility is a family member of the Utility's chief executive officer, a Utility commissioner, or any person with a 10 percent or greater ownership interest in the Utility. The name of each employee and the official to whom they are related and the nature of the relationship are listed on the supplemental page entitled "Employees Related to Utility Officials."

Patience Martin
(Print Name)

Patience Martin
(Signed)

President
(Position/Office)

* "Family Member" means any person who is the spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, or grandchild of any current Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility; or is a dependent for tax purposes of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or his or her spouse; or who is a member of the household of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility.

COMMONWEALTH OF KENTUCKY

COUNTY OF Jefferson

Subscribed and sworn to before me by Patience Martin
(Name)

this 25th day of MARCH, 20 16.

Anna M. Evans
NOTARY PUBLIC
State-at-Large

Notary Public, State at Large, KY
My commission expires Apr. 7, 2018



**STATEMENT OF DISCLOSURE OF
RELATED PARTY TRANSACTIONS**

I swear or affirm to the best of my knowledge and belief the information set forth below represents all present transactions and those transactions occurring within the past twenty-four (24) months between Oldham Woods Sanitation, Inc. ("Utility") and related parties that exceed \$25.00 in value. For the purpose of this statement, "related party transactions" include, all transactions and payments in excess of \$25.00, except regular salary, wages and benefits, made directly to or on behalf of: 1) the Utility's current or former employees; 2) current or former members of the Utility's board of commissioners or board of directors; 3) persons who have a 10 percent or greater ownership interest in the Utility; 4) family members* of any current Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or 5) a business enterprise in which any current or former Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or a family member of such person has an ownership interest.

Name of Related Party (Individual or Business)	Type of Service Provided By Related Party	Amount of Compensation
VICTORIA MARTIN	N/A	-0-

- Check this box if the Utility has no related party transactions.
- Check box if additional transactions are listed on the supplemental page.
- Check box if any employee of the Utility is a family member of the Utility's chief executive officer, a Utility commissioner, or any person with a 10 percent or greater ownership interest in the Utility. The name of each employee and the official to whom they are related and the nature of the relationship are listed on the supplemental page entitled "Employees Related to Utility Officials."

Victoria Martin
(Print Name)

Chula B. Martin
(Signed)

secretary
(Position/Office)

* "Family Member" means any person who is the spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, or grandchild of any current Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility; or is a dependent for tax purposes of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or his or her spouse; or who is a member of the household of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility.

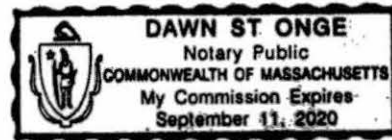
COMMONWEALTH OF ~~MASSACHUSETTS~~ MASSACHUSETTS

COUNTY OF Barnstable

Subscribed and sworn to before me by Victoria Martin
(Name)

this 23 day of MARCH, 2016.

Dawn St Onge
NOTARY PUBLIC
State-at-Large



LIST OF ATTACHMENTS
(Indicate all documents submitted by checking box)

- Customer Notice of Proposed Rate Adjustment
 - "Reasons for Application" Attachment
 - Current and Proposed Rates" Attachment (CUSTOMER NOTICE)
 - "Statement of Adjusted Operations" Attachment
 - "Revenue Requirements Calculation" Attachment
 - Attachment Billing Analysis" Attachment
 - Depreciation Schedules
 - Outstanding Debt Instruments (i.e., Bond Resolutions, Mortgages, Promissory Notes, Amortization Schedules.) - N/A.
 - State Tax Return
 - Federal Tax Return
 - Statement of Disclosure of Related Party Transactions - ARF Form 3
- PRO-FORMA STATEMENT*

Oldham Woods Exhibit Index

1. Reasons For Application and Current/Proposed Rate Attachment (Combined)
2. Pro Forma Income Statement with Explanations
3. Proposed Tariff
4. Customer Notice & Written Statement Verifying Customer Notice Mailed
5. Depreciation Schedule
6. Latest Federal and State Tax Returns

Documentation Supporting Proposed Expense Adjustments:

7. Rate Case Consulting Contract for \$2,700
8. 2015 Listing of Revenue and Expenses
9. Invoices Documenting 2015-16 Nonrecurring Plant Repairs

Also, two copies of a Supplemental Exhibit have been provided – one for the main case file, another for the PSC Staff team leader – showing 2015 invoices from outside vendors.

Oldham Woods – “Reasons For Application” Attachment

Oldham Woods needs a rate increase to properly operate, maintain, and upgrade its sewer plant. Oldham Woods' current monthly rate does not provide the cash flow necessary to meet operating expenses and properly maintain the sewer plant.

Current and Proposed Rate

Oldham Woods currently charges a monthly rate of \$36.07, and is proposing to increase it to \$44.15 – an increase of approximately 22.4%. The revenue impact is as follows:

\$66,749 – Total Proposed Revenue

\$54,538 – Total Current Revenue

\$12,211 – Total Proposed Increase

Oldham Woods 2016 Statement of Adjusted Operations/Revenue Requirement/Billing Analysis

Pro Forma	2015	Adjustments	Ref	Adjusted
Flat Rate Revenue	\$53,095	\$1,443	A	\$54,538
Owner/Manager Fee	0	\$3,600	B	\$3,600
Collection System LME	\$27,324	(\$815)	C	\$26,509
Fuel - Pumping	\$8,622	0		\$8,622
Chemicals	\$1,766	0		\$1,766
Agency Collection Fees	\$3,827	0		\$3,827
Miscellaneous Exp.	\$3,205	(\$1,157)	D	\$2,048
<i>Total O&M Expenses</i>	<i>\$44,744</i>	<i>\$1,628</i>		<i>\$46,372</i>
Depreciation Expense	\$7,951	0		\$7,951
Amortization Expense	0	\$2,947	E	\$2,947
Taxes Other Than Inc.	\$1,315	0		\$1,315
Total Expenses	\$54,010	\$4,575		\$58,585

88% Operating Ratio:

\$58,585 divided by 0.88 = \$66,574 + \$175 (State LLC tax) = \$66,749 - \$54,538 revenue = \$12,211 increase. (22.39% increase). Rate \$44.15

Reference Notes

A. Sales Revenues were increased by \$1,443 to reflect normalized revenues of \$54,538. At the end of 2015, this sewer system had a total of 126 customers paying a \$36.07 monthly rate.

B. Owner/Manager Fees were adjusted to reflect a \$3,600 annual fee normally allowed by the PSC.

C. Collection System Labor, Materials and Expenses was adjusted by \$815 for two items. First, an increase in the monthly routine maintenance fee occurred from \$350 to \$495 during 2015, and the higher rate was charged for 9 months of 2015, so a three-month adjustment of \$435 is appropriate. Second, a nonrecurring labor charge of \$1,250 was removed, and its recovery over a 10-year period has been requested in amortization expense.

D. Miscellaneous Expense of \$3,205 was adjusted by \$1,157 for two items. First, it was reduced by \$1,257 to \$1,200, to reduce CPA fees which were abnormally high in 2015 due to the settlement of several years of back-taxes owed. Second, it was increased by \$100, from \$200 in the test year, to recognize an annual fee of \$300 for preparation and filing of PSC annual reports.

E. Amortization Expense was adjusted for four items totaling \$2,947. First, rate case assistance fees of \$2,700 have been amortized over a three-year period, an annual expense of \$900. Oldham Woods respectfully requests that the Commission Staff perform a field review in this case, and lend all other assistance necessary to avoid additional hourly consulting and legal fees. (Oldham Woods has not included any legal costs for this case, but if a hearing or other formal proceedings are required in this case, Oldham Woods estimates \$9,000 of legal fees. If amortized over three years, these legal costs would increase total expenses to \$61,145; increase the revenue requirement to \$69,658; and increase the proposed monthly rate to \$46.08.)

Second, the nonrecurring labor charge of \$1,250 removed above has been requested in amortization expense over 10 years, an increase of \$125.

Third, Oldham Woods has made several costly repairs totaling \$7,407.60 to its lagoon and lagoon aerators in early 2016, as follows:

Date	Amount	Vendor	Description
1/5/16	\$1,045.85	Camden Environmental	Labor to remove and replace aerators
1/18/16	\$1,362.41	Quality Electric	Repaired aerator
1/22/16	\$1,376.69	Camden Environmental	Labor to install aerator and remove another
2/3/16	\$1,233.60	Quality Electric	Repaired 2 nd aerator
2/17/16	\$689.05	Camden Environmental	Reinstall aerator
Quote	\$1,700.00	Blueline Outdoor	Bank repair, fill dirt and riprap
Total	\$7,407.60		

Oldham Woods requests that these total charges of \$7,407.60 be amortized and recovered over 5 years in rates, an annual expense of \$1,481.52 (rounded to \$1,482).

Fourth, Oldham Woods is required to pay a \$2,200 KPDES fee every five years, which when amortized is an annual expense of \$440.

FOR Oldham Woods Subdivision
Community, Town or City

P.S.C. KY. NO. 1 _____

_____ SHEET NO. 1 _____

Oldham Woods Sanitation, Inc.
(Name of Utility)

CANCELLING P.S.C. KY. NO. _____

_____ SHEET NO. 1 _____

CONTENTS

Schedule of Rates

All Users \$44.15 per month

DATE OF ISSUE March 25, 2016 Month / Date / Year

DATE EFFECTIVE April 30, 2016 Month / Date / Year

ISSUED BY *Patricia Minter* (Signature of Officer)

TITLE President

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION
IN CASE NO. _____ DATED _____

NOTICE

Oldham Woods Sanitation, Inc is filing an application with the Public Service Commission by no later than March 28, 2016, proposing to increase its monthly sewer rate from \$36.07 to \$44.15. Oldham Woods has not had an increase since 2011, and needs additional revenue to keep the plant running smoothly and efficiently within its budget. The proposed effective date of the change is April 30, 2016.

<u>MONTHLY USAGE</u>	<u>MONTHLY BILL AT CURRENT RATE</u>	<u>MONTHLY BILL AT PROPOSED RATE</u>	<u>DOLLAR INCREASE</u>	<u>PERCENT INCREASE</u>
ALL USAGE	\$36.07	\$44.15	\$8.08	22.4%

Because Oldham Woods Sanitation, Inc bills at a flat rate, the increase on the average customer will be an \$8.08 increase and a 22.4% increase in the bill. The rates contained in this notice are the rates proposed by Oldham Woods Sanitation, Inc. However, the Public Service Commission may order rates to be charged that differ from the proposed rates contained in this notice.

A person may submit a timely written request for intervention to the Public Service Commission, PO Box 615, Frankfort, Kentucky 40602, establishing the grounds for the request, including the status and interest of the party, and Information in the notice. If the Commission does not receive a written request for intervention within thirty (30) days of initial publication or mailing of this notice, the Commission may take final action on the application.

The application and all documents filed with the Public Service Commission may be examined at the Commission's offices located at 211 Sower Boulevard, Frankfort, KY Monday through Friday from 8:00 am to 4:30 pm, or may be viewed and downloaded at the Public Service Commission's Web site at <http://psc.ky.gov/>.

Comments regarding the application may be submitted to the Public Service Commission through the Commission's Web site or by mail to Public Service Commission, PO Box 615, Frankfort, KY 40602.

Thank you for being our customer.

Oldham Woods Sanitation, Inc

Written Statement of Verification

I, Patience Martin, being President of Oldham Woods Sanitation, Inc., do hereby verify that the attached notice of proposed rate increase was mailed to Oldham Woods' sewer customers on March 25, 2016.

Patience Martin Patience Mark
Name

3/25/16
Date

Subscribed and sworn to before me by Patience Martin, President of Oldham Woods Sanitation, Inc. on this March 25, 2016

My Commission Expires Notary Public, State at Large, KY
My commission expires Apr. 7, 2018



Anne M. Evans
Notary Public
In and for said County and State
County of : Jefferson
State of : Kentucky

Oldham Woods 2015 Depreciation Schedule

Plant Item	In-Service Date	Original Cost	Life (yrs.)	Accum. Deprec. 12/31/14	Annual Expense	Accum. Deprec. 12/31/15
Land	1991	\$10,000				
Collection Sewers	1991	\$140,000	31.5	\$106,900	\$4,445	\$111,345
Collection Sewers	1999	\$30,648	31.5	\$15,827	\$972	\$16,799
<i>Total Collection Sewers</i>		\$170,648		\$122,727	\$5,417	\$128,144
Aerator	2008	\$7,500	5	\$7,500	0	\$7,500
Aerator	2010	\$5,560	5	\$5,560	0	\$5,560
		\$13,060		\$13,060		\$13,060
Access Road	2012	\$6,000	5	\$3,600	\$1,200	\$4,800
	2014	\$7,800	10	\$780	\$780	\$1,560
		\$13,800		\$4,380	\$1,980	\$6,360
Gate	2014	\$975	5	\$195	\$195	\$390
Flowmeter	2015	\$3,586	10	0	\$359	\$359
Totals		\$212,069		\$140,362	\$7,951	\$148,313

Check if:
 Consolidated return (attach Form 851)
 Life/nonlife consolidated return
 Personal holding co. (attach Sch. PH)
 Personal service corp. (see instructions)
 Schedule M-3 attached

**TYPE
OR
PRINT**

Name
OLDHAM WOODS SANITATION, INC

Number, street, and room or suite no. If a P.O. box, see instructions.

P.O. BOX 23282

City or town, state, or province, country and ZIP or foreign postal code

ANCHORAGE KY 40223

B Employer identification number

[REDACTED]

C Date incorporated

10/15/1987

D Total assets (see instructions)

\$ **72,214**

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

1a Gross receipts or sales	1a	51,688	1c	51,688
1b Returns and allowances	1b			
c Balance. Subtract line 1b from line 1a				51,688
2 Cost of goods sold (attach Form 1125-A)			2	
3 Gross profit. Subtract line 2 from line 1c			3	51,688
4 Dividends (Schedule C, line 19)			4	
5 Interest			5	
6 Gross rents			6	
7 Gross royalties			7	
8 Capital gain net income (attach Schedule D (Form 1120))			8	
9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			9	
10 Other income (see instructions—attach statement)			10	
11 Total income. Add lines 3 through 10			11	51,688
12 Compensation of officers (see instructions—attach Form 1125-E)			12	
13 Salaries and wages (less employment credits)			13	
14 Repairs and maintenance			14	14,838
15 Bad debts			15	
16 Rents			16	
17 Taxes and licenses			17	1,175
18 Interest			18	
19 Charitable contributions			19	
20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			20	8,704
21 Depletion			21	
22 Advertising			22	
23 Pension, profit-sharing, etc., plans			23	
24 Employee benefit programs			24	
25 Domestic production activities deduction (attach Form 8903)			25	
26 Other deductions (attach statement)		SEE STMT 1	26	20,946
27 Total deductions. Add lines 12 through 26			27	45,663
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11			28	6,025
29a Net operating loss deduction (see instructions)	29a	6,025		
b Special deductions (Schedule C, line 20)	29b			
c Add lines 29a and 29b			29c	6,025
30 Taxable income. Subtract line 29c from line 28 (see instructions)			30	0
31 Total tax (Schedule J, Part I, line 11)			31	0
32 Total payments and refundable credits (Schedule J, Part II, line 21)			32	
33 Estimated tax penalty (see instructions). Check if Form 2220 is attached			33	
34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed			34	
35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid			35	
36 Enter amount from line 35 you want: Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>			36	

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

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

Signature of officer **PATIENCE MARTIN** Date _____ Title **PRESIDENT**

Print/Type preparer's name **NATHAN LINDEMAYER CPA** Preparer's signature **NATHAN LINDEMAYER CPA** Date **09/14/15** Check self-employed PTIN [REDACTED]
 Firm's name **LINDEMAYER CPA, LLC** Firm's EIN [REDACTED]
 Firm's address **PO BOX 10 CRESTWOOD, KY 40014-0010** Phone no. **502-241-5205**

Schedule C Dividends and Special Deductions (see instructions)

	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
Dividends from wholly owned foreign subsidiaries		100	
Total. Add lines 1 through 8. See instructions for limitation			
Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
Dividends from affiliated group members		100	
Dividends from certain FSCs		100	
Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
Foreign dividend gross-up			
IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
Other dividends			
Deduction for dividends paid on certain preferred stock of public utilities			
Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)

Part I—Tax Computation

Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))			
Income tax. Check if a qualified personal service corporation (see instructions)		2	0
Alternative minimum tax (attach Form 4626)		3	
Add lines 2 and 3		4	0
Foreign tax credit (attach Form 1118)	5a		
Credit from Form 8834 (see instructions)	5b		
General business credit (attach Form 3800)	5c		
Credit for prior year minimum tax (attach Form 8827)	5d		
Bond credits from Form 8912	5e		
Total credits. Add lines 5a through 5e		6	
Subtract line 6 from line 4		7	
Personal holding company tax (attach Schedule PH (Form 1120))		8	
Recapture of investment credit (attach Form 4255)	9a		
Recapture of low-income housing credit (attach Form 8611)	9b		
Interest due under the look-back method—completed long-term contracts (attach Form 8697)	9c		
Interest due under the look-back method—income forecast method (attach Form 8866)	9d		
Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
Other (see instructions—attach statement)	9f		
Total. Add lines 9a through 9f		10	
Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	0

Part II—Payments and Refundable Credits

2013 overpayment credited to 2014		12	
2014 estimated tax payments		13	
2014 refund applied for on Form 4466		14	()
Combine lines 12, 13, and 14		15	
Tax deposited with Form 7004		16	
Withholding (see instructions)		17	
Total payments. Add lines 15, 16, and 17		18	
Refundable credits from:			
Form 2439	19a		
Form 4136	19b		
Form 8827, line 8c	19c		
Other (attach statement—see instructions)	19d		
Total credits. Add lines 19a through 19d		20	
Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32		21	

Schedule K Other Information (see instructions)

Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
See the instructions and enter the: Business activity code no. ▶ 221300		
Business activity ▶ SANITATION PLANT		
Product or service ▶ SEWAGE PROCESSING		
Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		X
If "Yes," enter name and EIN of the parent corporation ▶		
At the end of the tax year: Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)		X

Schedule K Other Information continued (see instructions)

At the end of the tax year, did the corporation:

Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions.

Yes No X

If "Yes," complete (i) through (iv) below.

Table with 4 columns: (i) Name of Corporation, (ii) Employer Identification Number (if any), (iii) Country of Incorporation, (iv) Percentage Owned in Voting Stock

Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions.

Yes No X

If "Yes," complete (i) through (iv) below.

Table with 4 columns: (i) Name of Entity, (ii) Employer Identification Number (if any), (iii) Country of Organization, (iv) Maximum Percentage Owned in Profit, Loss, or Capital

During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)

Yes No X

If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.

If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock?

Yes No X

For rules of attribution, see section 318. If "Yes," enter:

(i) Percentage owned and (ii) Owner's country

(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached

Check this box if the corporation issued publicly offered debt instruments with original issue discount

Input box

If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0

Enter the number of shareholders at the end of the tax year (if 100 or fewer) 2

If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here

Input box

If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) \$ 130,345

Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?

Yes No X

If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$

Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)?

Yes No X

If "Yes," complete and attach Schedule UTP.

Did the corporation make any payments in 2014 that would require it to file Form(s) 1099?

Yes No X

If "Yes," did or will the corporation file required Forms 1099?

During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?

Yes No X

During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?

Yes No X

Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?

Yes No X

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
Cash		1,978		2,554
Trade notes and accounts receivable			1,539	
Less allowance for bad debts				1,539
Inventories				
U.S. government obligations				
Tax-exempt securities (see instructions)				
Other current assets (att. stmt.)				
Loans to shareholders				
Mortgage and real estate loans				
Other investments (attach stmt.)				
Buildings and other depreciable assets	189,708		198,483	
Less accumulated depreciation	131,658	58,050	140,362	58,121
Depletable assets				
Less accumulated depletion				
Land (net of any amortization)		10,000		10,000
Intangible assets (amortizable only)				
Less accumulated amortization				
Other assets (attach stmt.)				
Total assets		70,028		72,214
Liabilities and Shareholders' Equity				
Accounts payable		439		
Mortgages, notes, bonds payable in less than 1 year				
Other current liabilities (att. stmt.)				
Loans from shareholders		52,568		49,168
Mortgages, notes, bonds payable in 1 year or more				
Other liabilities (attach statement)				
Capital stock: a Preferred stock				
b Common stock				
Additional paid-in capital		150,000		150,000
Retained earnings—Appropriated (att. stmt.)				
Retained earnings—Unappropriated		-132,979		-126,954
Adjustments to SH equity (att. stmt.)				
Less cost of treasury stock				
Total liabilities and shareholders' equity		70,028		72,214

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3 (see instructions).

Net income (loss) per books	6,025	7	Income recorded on books this year not included on this return (itemize):	
Federal income tax per books			Tax-exempt interest \$	
Excess of capital losses over capital gains				
Income subject to tax not recorded on books this year (itemize):				
Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
Depreciation \$		a	Depreciation \$	
Charitable contributions \$		b	Charitable contributions \$	
Travel and entertainment \$				
Add lines 1 through 5	6,025	9	Add lines 7 and 8	
		10	Income (page 1, line 28)—line 6 less line 9	6,025

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

Balance at beginning of year	-132,979	5	Distributions: a Cash	
Net income (loss) per books	6,025		b Stock	
Other increases (itemize):			c Property	
		6	Other decreases (itemize):	
STMT 2		7	Add lines 5 and 6	
Add lines 1, 2, and 3	-126,954	8	Balance at end of year (line 4 less line 7)	-126,954

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Information about Form 8879-C and its instructions is at www.irs.gov/form8879c.

Name of corporation

WILDHAM WOODS SANITATION, INC

Employer identification number

[REDACTED]

Part I Tax Return Information (Whole dollars only)

Total income (Form 1120, line 11)	1	51,688
Taxable income (Form 1120, line 30)	2	0
Total tax (Form 1120, line 31)	3	0
Amount owed (Form 1120, line 34)	4	
Overpayment (Form 1120, line 35)	5	

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2014 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's 2014 electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to forward the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and I authorize the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LINDEMEYER CPA, LLC to enter my PIN [REDACTED] as my signature on the corporation's 2014 electronically filed income tax return.

ERO firm name do not enter all zeros

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2014 electronically filed income tax return.

Officer's signature ▶ PATIENCE MARTIN Date ▶ 09/15/15 Title ▶ PRESIDENT

Part III Certification and Authentication

Officer's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED]
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Officer's signature ▶ NATHAN LINDEMEYER CPA Date ▶ 09/15/15

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

FYE: 12/31/2014

Form 1120, Page 1, Line 17 - Taxes and Licenses

<u>Description</u>	<u>Amount</u>
KY STATE OTHER TAX	\$ 175
PROPERTY	908
UTILITY ASSESSMENT	92
TOTAL	\$ <u>1,175</u>

Form 1120, Page 5, Schedule L, Line 2a - Trade Notes and Accounts Receivable

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCOUNTS RECEIVABLE	\$	\$ 1,539
TOTAL	\$ 0	\$ <u>1,539</u>

Form 1120, Page 5, Schedule L, Line 19 - Loans from Shareholders

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
LOANS FROM SHAREHOLDERS	\$ 52,568	\$ 49,168
TOTAL	\$ <u>52,568</u>	\$ <u>49,168</u>

Form 1120, Page 5, Schedule L, Line 23 - Additional Paid-In Capital

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ADDITIONAL PAID IN CAPITAL	\$ 150,000	\$ 150,000
TOTAL	\$ <u>150,000</u>	\$ <u>150,000</u>

Name(s) shown on return

OLDHAM WOODS SANITATION, INC

Identifying number

Business or activity to which this form relates

REGULAR DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Maximum amount (see instructions)	1	500,000
Total cost of section 179 property placed in service (see instructions)	2	
Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost

Listed property. Enter the amount from line 29	7	
Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
Tentative deduction. Enter the smaller of line 5 or line 8	9	
Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
Property subject to section 168(f)(1) election	15	
Other depreciation (including ACRS)	16	6,944

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

MACRS deductions for assets placed in service in tax years beginning before 2014	17	882
If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
3-year property						
5-year property						
7-year property						
10-year property		8,775	10.0	HY	200DB	878
15-year property						
20-year property						
25-year property			25 yrs.		S/L	
Residential rental property			27.5 yrs.	MM	S/L	
Nonresidential real property			27.5 yrs.	MM	S/L	
Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
12-year			12 yrs.		S/L	
40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

Listed property. Enter amount from line 28	21	
Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	8,704
For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Paperwork Reduction Act Notice, see separate instructions.

FYE: 12/31/2014

Statement 1 - Form 1120, Page 1, Line 26 - Other Deductions

<u>Description</u>	<u>Amount</u>
COLLECTIONS FEE	\$ 3,726
FUEL	9,064
MANAGEMENT FEE	4,200
OFFICE EXPENSES	3,738
FEEES	218
TOTAL	<u>\$ 20,946</u>

Statement 2 - Form 1120, Page 5, Schedule M-2, Line 3 - Other Increases

<u>Description</u>	<u>Amount</u>
ADJUSTMENT TO RETAINED EARNIN	\$
TOTAL	<u>\$ 0</u>

Year Ending: December 31, 2014

OLDHAM WOODS SANITATION, INC
P.O. BOX 23282
ANCHORAGE, KY 40223

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

**FEDERAL ASSET REPORT
Form 1120, Page 1**

FYE: 12/31/2014

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
0-year GDS Property:									
6	UTILITY PLANT IMPROVEMENTS	1/01/14	8,775			8,775	10 HY 200DB	0	878
			<u>8,775</u>			<u>8,775</u>		<u>0</u>	<u>878</u>
Prior MACRS:									
3	DISPOSAL EQUIPMENT	2/01/95	7,500			7,500	15 HY 150DB	7,500	0
4	DISPOSAL EQUIPMENT	1/01/10	5,560		X	4,204	15 HY 150DB	1,356	420
5	DISPOSAL EQUIPMENT	1/01/12	6,000		X	4,620	15 HY 150DB	1,380	462
			<u>19,060</u>			<u>16,324</u>		<u>10,236</u>	<u>882</u>
Other Depreciation:									
1	LAND	2/01/95	10,000			10,000	0 -- Land	0	0
2	UTILITY PLANT	2/01/95	170,648			170,648	25 MO S/L	121,422	6,944
	Total Other Depreciation		<u>180,648</u>			<u>180,648</u>		<u>121,422</u>	<u>6,944</u>
	Total ACRS and Other Depreciation		<u>180,648</u>			<u>180,648</u>		<u>121,422</u>	<u>6,944</u>
	Grand Totals		208,483			205,747		131,658	8,704
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>208,483</u>			<u>205,747</u>		<u>131,658</u>	<u>8,704</u>

Department of Revenue



2014

See instructions.

KENTUCKY CORPORATION
INCOME TAX AND LLET RETURN

Reporting period beginning 01/01/2014 and ending 12/31/2014

Check applicable box(es): LLET Receipts Method <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Gross Profits <input checked="" type="checkbox"/> \$175 minimum Nonfiling Status Code Enter Code _____ Income Tax Return <input checked="" type="checkbox"/> Separate <input type="checkbox"/> Mandatory NEXUS Nonfiling Status Code Enter Code _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">D Federal Identification Number <u>[REDACTED]</u></td> <td colspan="2">Taxable Year Ending <u>12/14</u> Mo. Yr.</td> </tr> <tr> <td colspan="3">Name of Corporation OLDHAM WOODS SANITATION, INC</td> <td>Kentucky Secretary of State Organization Number</td> </tr> <tr> <td colspan="3">Number and Street P.O. BOX 23282</td> <td>State and Date of Incorporation</td> </tr> <tr> <td>City ANCHORAGE</td> <td>State KY</td> <td>ZIP Code 40223</td> <td>Telephone Number KY 10/15/1987</td> </tr> <tr> <td colspan="2">E Name of Common Parent</td> <td>KY Corp./LLET Acct. No.</td> <td>Principal Business Activity in KY SANITATION PLAN</td> </tr> <tr> <td colspan="3"> F Check if applicable: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (Complete Part IV) <input type="checkbox"/> Short-period return (Complete Part IV) <input type="checkbox"/> Change of name <input type="checkbox"/> Change of address <input type="checkbox"/> Change of accounting period </td> <td>NAICS Code Number (Relating to Kentucky Activity) (See www.census.gov) 221300</td> </tr> <tr> <td colspan="3"> G Check if applicable: <input type="checkbox"/> Amended return <input type="checkbox"/> Amended return-RAR Provide explanation of changes in Part V - Explanation of Amended Return Changes. </td> <td></td> </tr> </table>	D Federal Identification Number <u>[REDACTED]</u>		Taxable Year Ending <u>12/14</u> Mo. Yr.		Name of Corporation OLDHAM WOODS SANITATION, INC			Kentucky Secretary of State Organization Number	Number and Street P.O. BOX 23282			State and Date of Incorporation	City ANCHORAGE	State KY	ZIP Code 40223	Telephone Number KY 10/15/1987	E Name of Common Parent		KY Corp./LLET Acct. No.	Principal Business Activity in KY SANITATION PLAN	F Check if applicable: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (Complete Part IV) <input type="checkbox"/> Short-period return (Complete Part IV) <input type="checkbox"/> Change of name <input type="checkbox"/> Change of address <input type="checkbox"/> Change of accounting period			NAICS Code Number (Relating to Kentucky Activity) (See www.census.gov) 221300	G Check if applicable: <input type="checkbox"/> Amended return <input type="checkbox"/> Amended return-RAR Provide explanation of changes in Part V - Explanation of Amended Return Changes.			
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PART I - LLET COMPUTATION

PART II - INCOME TAX COMPUTATION

Schedule LLET, Section D, line 1	1		175	00	1. Income tax (see instructions)	1	00
Tax credit recapture	2			00	2. Tax credit recapture	2	00
Total (add lines 1 and 2)	3		175	00	3. Tax installment on LIFO recapture	3	00
Nonrefundable LLET credit from					4. Total (add lines 1 through 3)	4	00
Kentucky Schedule(s) K-1	4			00	5. Nonrefundable LLET credit from the Corporation LLET Credit Worksheet(s) (see instructions)	5	00
Nonrefundable tax credits (attach Schedule TCS)	5			00	6. Nonrefundable LLET credit (Part I, line 6 less \$175)	6	00
LLET liability (greater of line 3 less lines 4 and 5 or \$175 minimum)	6		175	00	7. Nonrefundable tax credits (attach Schedule TCS)	7	00
Withholding tax (Form PTE-WH)	7			00	8. Net income tax liability (line 4 less lines 5 through 7, but not less than zero)	8	0 00
Estimated tax payments	8			00	9. Estimated tax payments	9	00
Certified rehabilitation tax credit	9			00	<input type="checkbox"/> Check if Form 2220-K attached		
Film industry tax credit	10			00	10. Extension payment	10	00
Extension payment	11			00	11. Prior year's tax credit	11	00
Prior year's tax credit	12			00	12. LLET overpayment from Part I, line 18	12	0 00
Income tax overpayment from Part II, line 17	13		0	00	13. Corp. income tax paid on original return	13	00
LLET paid on original return	14			00	14. Corporation income tax overpayment on original return	14	00
LLET overpayment on original return	15			00	15. Income tax due (lines 8 and 14 less lines 9 through 13)	15	0 00
LLET due (lines 6 and 15 less lines 7 through 14)	16		175	00	16. Income tax overpayment (lines 9 through 13 less lines 8 and 14)	16	00
LLET overpayment (lines 7 through 14 less lines 6 and 15)	17			00	17. Credited to 2014 LLET	17	00
Credited to 2014 income tax	18			00	18. Credited to 2014 interest	18	00
Credited to 2014 interest	19			00	19. Credited to 2014 penalty	19	00
Credited to 2014 penalty	20			00	20. Credited to 2015 corporation income tax	20	00
Credited to 2015 LLET	21			00	21. Amount to be refunded	21	00
Amount to be refunded	22			00			

TAX PAYMENT SUMMARY (Round to nearest dollar)

OFFICIAL USE ONLY

NET	INCOME		
NET due	1. Income tax due		
Part I, Line 16) \$ <u>175.00</u>	(Part II, Line 15) \$ <u>0.00</u>		
Interest \$ <u>4.00</u>	2. Interest \$ <u>.00</u>		
Penalty \$ <u>.00</u>	3. Penalty \$ <u>.00</u>		
Subtotal \$ <u>179.00</u>	4. Subtotal \$ <u>.00</u>		
TOTAL PAYMENT (Add Subtotals)	TOTAL PAYMENT (Add Subtotals)	TOTAL PAYMENT (Add Subtotals)	TOTAL PAYMENT (Add Subtotals)
	\$ <u>179.00</u>		

Federal Form 1120, all pages and any supporting schedules must be attached.

Make check payable to:
Kentucky State Treasurer

Mail return with payment to:
Kentucky Dept. of Revenue
Frankfort, Kentucky 40620

Commonwealth of Kentucky
DEPARTMENT OF REVENUE



OLDHAM WOODS SANITATION, INC

PART III - TAXABLE INCOME COMPUTATION

Federal taxable income (Form 1120, line 28)	1	6,025	00	14. Federal work opportunity credit	14		00
ADDITIONS:				15. Depreciation adjustment STMT 2	15	8,762	00
Interest income (state and local obligations)	2		00	16. Other (attach Schedule O-720)	16		00
State taxes based on net/gross income	3		00	17. Revenue Agent Report (RAR)	17		00
Depreciation adjustment STMT 1	4	8,704	00	18. Net income (line 11 less lines 12 through 17)	18	5,967	00
Deductions attributable to nontaxable income	5		00	19. Current net operating loss adjustment (mandatory nexus only)	19		00
Related party expenses (attach Schedule RPC)	6		00	20. Kentucky net income (add lines 18 and 19)	20	5,967	00
Dividend paid deduction (REIT)	7		00	21. Taxable net income (attach Schedule A if applicable)	21	5,967	00
Domestic production activities deduction	8		00	22. Net operating loss deduction (NOLD) SEE WORKSHEET	22	5,967	00
Other (attach Schedule O-720)	9		00	23. Taxable net income after NOLD (line 21 less line 22)	23		00
Revenue Agent Report (RAR)	10		00	24. Kentucky domestic production activities deduction (KDPAD)	24		00
Total (add lines 1 through 10)	11	14,729	00	25. Taxable net income after KDPAD (line 23 less line 24)	25		00
DEDUCTIONS:							
Interest income (U.S. obligations)	12		00				
Dividend income	13		00				

PART IV - EXPLANATION OF FINAL RETURN AND/OR SHORT-PERIOD RETURN

- Ceased operations in Kentucky
- Change of ownership
- Successor to previous business
- Change in filing status
- Merger
- Other _____

PART V - EXPLANATION OF AMENDED RETURN CHANGES

OFFICER INFORMATION (Failure to Provide Requested Information May Result in a Penalty)

Attach a schedule listing the name, home address and Social Security number of the vice president, secretary and treasurer.

Has the attached officer information changed from the last return filed? Yes No

President's Name PATIENCE MARTIN

President's Home Address _____

President's Social Security Number [REDACTED]

PO BOX 23282

Date Became President _____

ANCHORAGE KY 40223

I, the undersigned, declare under the penalties of perjury, that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of principal officer or chief accounting officer

Date

**PRESIDENT
LINDEMEYER CPA, LLC**

Name of person or firm preparing return

SSN, PTIN or FEIN

May the DOR discuss this return with the preparer?

Yes No

Email Address:

NATHAN@LINDEMEYERCPA.COM

Telephone No.: **502-241-5205**



SCHEDULE Q — KENTUCKY CORPORATION/LLET QUESTIONNAIRE

IMPORTANT: Questions 4 – 15 must be completed by all corporations. This is the corporation's initial return or if the corporation did not file a return under the same name and same federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. Failure to do so may result in a request for a delinquent return.

Indicate whether: (a) new business; (b) successor to previously existing business which was organized as:

(1) corporation; (2) partnership; (3) sole proprietorship; or (4) other _____

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

List the following Kentucky account numbers. Enter N/A for any number not applicable.

Employer Withholding _____

Sales and Use Tax Permit _____

Consumer Use Tax _____

Unemployment Insurance _____

Coal Severance and/or Processing Tax _____

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

The corporation's books are in care of: (name and address)

COMPANY

COMPANY ADDRESS

ANCHORAGE KY 40223

Are disregarded entities included in this return?

Yes No. If yes, list name, address and federal I.D. number of each entity. _____

(a) Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes No. If yes, list name and federal I.D. number of the pass-through entity(ies).

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

Are related party costs as defined in KRS 141.205(1)(I) included in this return? Yes No. If yes, attach Schedule RPC, Related Party Costs Disclosure Statement, and enter any related party cost additions on Part III, Line 6.

8. Did the corporation at any time during the taxable year do business in Kentucky and own 80 percent or more of the voting stock of another corporation doing business in Kentucky?

Yes No. If yes, list name, address and federal I.D. number of each entity. _____

9. Was 80 percent or more of the corporation's voting stock owned by any corporation doing business in Kentucky at any time of the year? Yes No. If yes, list name, address and federal I.D. number of each entity. _____

10. The federal tax return attached to this Kentucky tax return is:

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

11. Is the entity filing this Kentucky tax return or any entity included in the tax return organized as a limited cooperative association as provided by KRS Chapter 272A? Yes No. If yes, and this is a nexus consolidated return, enter each limited cooperative association's name, address and federal I.D. number included in the return: _____

12. Is the entity filing this Kentucky tax return or any entity included in this tax return organized as a statutory trust or a series statutory trust as provided by KRS Chapter 386A? Yes No

If yes, is the entity filing this Kentucky tax return or any entity included in this tax return a series within a statutory trust?

Yes No

If yes, for each series within a statutory trust, enter the name, address and federal I.D. number of the statutory trust registered with the Kentucky Secretary of State: _____

13. Was this return prepared on: (a) cash basis, (b) accrual basis, (c) other _____

14. Did the corporation file a Kentucky tangible personal property tax return for January 1, 2015? Yes No

If yes, list name and federal I.D. number of entity(ies) filing return(s): _____

15. Is the corporation currently under audit by the Internal Revenue Service? Yes No

If yes, enter years under audit _____

If the Internal Revenue Service has made final and unappealable adjustments to the corporation's taxable income which have not been reported to the department, check here and file an amended return. See 2014 Kentucky Corporation Income Tax and LLET Return instructions for information regarding amended returns. Attach a copy of the final determination to each amended return.

**Kentucky Corporation or Pass-through Entity Tax Return
Declaration For Electronic Filing**

> See instructions.

FOR YOUR RECORDS ONLY

Name of Entity OLDHAM WOODS SANITATION, INC	Federal Identification Number ██████████	Kentucky Corporation/LLET Account Number ██████████
Address (Number, Street and Room or Suite No.) P.O. BOX 23282	City, State and ZIP Code ANCHORAGE KY 40223	

PART I - Please check the appropriate box indicating which tax return is being electronically filed: 720 720S 725 765 765-GP

Section A - Tax return information for form 720		LLET		Corporate Income	
1. Kentucky taxable income	Part III, line 25	1	\$0 00		00
2. Total tax liability	Part I, line 6 and/or Part II, line 8	2	175 00		00
3. Interest	Total of Interest in Tax Payment Summary	3	4 00		00
4. Penalty	Total of Penalty in Tax Payment Summary	4	00		00
5. Subtotal	Add lines 2 through 4	5	179 00		00
6. Tax due	Total Payment in Tax Payment Summary	6	179 00		00
Section B - Tax return information for form 720S		LLET		Corporate Income	
1. Kentucky ordinary income (loss)	Part III, line 10	1	\$0 00		00
2. Total tax liability	Part I, line 6 and/or Part II, line 9	2	00		00
3. Interest	Total of Interest in Tax Payment Summary	3	00		00
4. Penalty	Total of Penalty in Tax Payment Summary	4	00		00
5. Subtotal	Add lines 2 through 4	5	00		00
6. Tax due	Total Payment in Tax Payment Summary	6	00		00
Section C - Tax return information for form 725		LLET		Income	
1. Total net distributive income	Part I, line 11	1	\$0 00		00
2. Total tax liability	Part II, line 12	2	00		\$0 00
3. Interest	Total of Interest in Tax Payment Summary	3	00		\$0 00
4. Penalty	Total of Penalty in Tax Payment Summary	4	00		\$0 00
5. Subtotal	Add lines 2 through 4	5	00		\$0 00
6. Tax due	Total Payment in Tax Payment Summary	6	00		\$0 00
Section D - Tax return information for form 765		LLET		Income	
1. Kentucky ordinary income (loss)	Part I, line 10	1	\$0 00		00
2. Total tax liability	Part II, line 12	2	00		\$0 00
3. Interest	Total of Interest in Tax Payment Summary	3	00		\$0 00
4. Penalty	Total of Penalty in Tax Payment Summary	4	00		\$0 00
5. Subtotal	Add lines 2 through 4	5	00		\$0 00
6. Tax due	Total Payment in Tax Payment Summary	6	00		\$0 00
Section E - Tax return information for form 765-GP		LLET		Income	
1. Federal ordinary income (loss)	Part I, line 1	1	\$0 00		00
2. Kentucky ordinary income (loss)	Part I, line 11	2	\$0 00		00

DO NOT MAIL PAYMENT WITH FORM

PART II - Direct Debit of Tax Amount Due (See Instructions)

1. Routing transit number (RTN) The first two numbers of the RTN must be 01 through 12 or 21 through 32.

2. Depositor account number (DAN)

3. Type of account: Savings Checking

4. Debit amount

5. In order to comply with electronic banking regulations, please answer the following question.

a. Direct Debit--Will these funds come from an account located outside of the United States? Yes No

PART III - Declaration of Authorized Representative of Entity (Sign only after Parts I and II are completed.)

I authorize the Kentucky Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated above for payment of the state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If this is a balance due return, I understand that if the Department of Revenue does not receive the full and timely payment of the tax liability, the entity will remain liable for the tax liability and all applicable interest and penalties.

I, the undersigned, declare under the penalties of perjury, that I am an officer of the above corporation, partner or member of the above limited liability pass-through entity, or partner of the above general partnership and that I have examined a copy of the corporation's, limited liability pass-through entity's, or general partnership's electronic tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the Form 720, 720S, 725, 765 or 765-GP electronic tax return.

Signature of Authorized Representative _____ Date 09/15/15

Type or Print the Name and Title of the Authorized Representative Signing this Document PATIENCE MARTIN PRESIDENT

PART IV - Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer

I, the undersigned, declare that I have reviewed the above tax return and that the entries on Part I above are correct and complete. If I am only the ERO, I am not responsible for reviewing the tax return and only declare that this tax return accurately reflects the data on the tax return. The corporate officer of the above corporation, partner or member of the above limited liability pass-through entity, or partner of the above general partnership will have signed this form before I submit the tax return. I will give the corporate officer of the above corporation, partner or member of the above limited liability pass-through entity, or partner of the above general partnership all forms, including accompanying schedules and statements, filed with the Kentucky Department of Revenue. If I am also the paid preparer, I declare under the penalties of perjury that I have examined this tax return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Check if also a paid preparer.

Check if self-employed.

ERO's signature NATHAN LINDEMEYER CPA Date 09/15/15 I.D. Number of ERO [REDACTED]

Firm's name (or your name if self-employed) LINDEMEYER CPA, LLC FEIN [REDACTED]

Address PO BOX 10
CRESTWOOD KY ZIP Code 40014-0010

I, the undersigned, declare under the penalties of perjury that I have examined this tax return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Preparer's signature _____ Date _____ I.D. Number of Preparer _____

Firm's name (or your name if self-employed) _____ FEIN _____

Address _____ ZIP Code _____

Commonwealth of Kentucky
 DEPARTMENT OF REVENUE

LIMITED LIABILITY ENTITY TAX
KRS 141.0401

- > See instructions.
- > Attach to Form 720, 720S, 725 or 765.

Member of a Combined Group
 Reason Code

Name of Corporation or Limited Liability Pass-through Entity	Federal Identification Number	Kentucky Corporation/LLET Account Number
OLDHAM WOODS SANITATION, INC	[REDACTED]	010724

Check this box and complete Schedule LLET-C, Limited Liability Entity Tax—Continuation Sheet, if the corporation or limited liability pass-through entity filing this tax return is a partner or member of a limited liability pass-through entity or general partnership (organized or formed as a general partnership after January 1, 2006) doing business in Kentucky. Enter the total amounts from Schedule LLET-C in Section A of this schedule.

Section A – Computation of Gross Receipts and Gross Profits

	Column A Kentucky	Column B Total
1. Gross receipts	51,688 00	51,688 00
2. Returns and allowances	00	00
3. Gross receipts after returns and allowances (line 1 less line 2 or amount from Schedule LLET-C)	51,688 00	51,688 00
4. Cost of goods sold (attach Schedule COGS)	00	00
5. Gross profits (line 3 less line 4 or amount from Schedule LLET-C)	51,688 00	51,688 00

Section B – Computation of Gross Receipts LLET

1. If gross receipts from all sources (Column B, line 3) are \$3,000,000 or less, STOP and enter \$175 on Section D, line 1		
2. If gross receipts from all sources (Column B, line 3) are greater than \$3,000,000 but less than \$6,000,000, enter the following: (Column A, line 3 x 0.00095) – [\$2,850 x (\$6,000,000 – Column A, line 3) / \$3,000,000] but in no case shall the result be less than zero		00
3. If gross receipts from all sources (Column B, line 3) are \$6,000,000 or greater, enter the following: Column A, line 3 x 0.00095		00
4. Enter the amount from line 2 or line 3	0	00

Section C – Computation of Gross Profits LLET

1. If gross profits from all sources (Column B, line 5) are \$3,000,000 or less, STOP and enter \$175 on Section D, line 1		
2. If gross profits from all sources (Column B, line 5) are greater than \$3,000,000 but less than \$6,000,000, enter the following: (Column A, line 5 x 0.0075) – [\$22,500 x (\$6,000,000 – Column A, line 5) / \$3,000,000] but in no case shall the result be less than zero		00
3. If gross profits from all sources (Column B, line 5) are \$6,000,000 or greater, enter the following: Column A, line 5 x 0.0075		00
4. Enter the amount from line 2 or line 3	0	00

Section D – Computation of LLET

1. Enter the lesser of Section B, line 4 or Section C, line 4, or a minimum of \$175 on this line and on Form 720 or 720S, Part I, line 1; or Form 725 or 765, Part II, line 1	175	00
--	-----	----

STOP

Mark the applicable Receipts Method box on Form 720, 720S, 725 or 765, page 1, Item B.



NET OPERATING LOSS SCHEDULE

KRS 141.011, KRS 141.200(11); Regulation 103 KAR 16:250

Name of Corporation OLDHAM WOODS SANITATION, INC	Federal Identification Number ██████████	Kentucky Corporation/LLET Account Number ██████████
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Part I – MANDATORY NEXUS CONSOLIDATED RETURN

Section A – Current Net Operating Loss Adjustment		Includible Corporations			
		A		B	C
Name	Kentucky Corporation/LLET Account Number	Prior Year's NOL Carryforward	Kentucky Net Income		Kentucky Net Losses (Enter as a Positive)
Parent		00	00		00
Subsidiaries		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
		00	00		00
Totals (add Columns A, B and C)		00	00		00

Limitation—Income (Column B, line 3 multiplied by 50%)	4		00
Complete line 5 only if Column C, line 3 is greater than line 4.			
Disallowed loss, Column C, line 3, less line 4. Enter here and on Form 720, Part III, line 19 (see instructions)	5		00
Complete line 6 only if line 4 is greater than Column C, line 3.			
Additional NOLD. Enter as a negative amount here and on Form 720, Part III, line 19 (see instructions)	6		00

Section B – Current Year Loss Disallowed and NOL Carryforward

Current year loss disallowed from Part I, Section A, line 5	1		00
Prior year NOL carryforward from Part I, Section A, Column A, line 3	2		00
Prior year NOL carryforward used this year from Part I, Section A, line 6	3		00
Total NOL carryforward to 2015 (line 1 plus line 2 less line 3)	4		00

Part II – SEPARATE ENTITY RETURN

L Carryforward

Carryforward from prior year (2013 Schedule NOL, Part II, line 4)	1	127,934	00
Current year NOL from Form 720, Part III, line 21 as a positive amount	2		00
NOLD from Form 720, Part III, line 22	3	5,967	00
Total NOL carryforward to 2015 (line 1 plus line 2 less line 3)	4	121,967	00

Name(s) shown on return

OLDHAM WOODS SANITATION, INC

Identifying number

Business or activity to which this form relates

REGULAR DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Maximum amount (see instructions)	1	25,000
Total cost of section 179 property placed in service (see instructions)	2	
Threshold cost of section 179 property before reduction in limitation (see instructions)	3	200,000
Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost

Listed property. Enter the amount from line 29	7	
Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
Tentative deduction. Enter the smaller of line 5 or line 8	9	
Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
Property subject to section 168(f)(1) election	15	
Other depreciation (including ACRS)	16	6,944

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

MACRS deductions for assets placed in service in tax years beginning before 2014	17	940
If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
3-year property						
5-year property						
7-year property						
10-year property		8,775	10.0	HY	200DB	878
15-year property						
20-year property						
25-year property			25 yrs.		S/L	
Residential rental property			27.5 yrs.	MM	S/L	
Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

Class life	Recovery period	Convention	Method
12-year	12 yrs.		S/L
40-year	40 yrs.	MM	S/L

Part IV Summary (See instructions.)

Listed property. Enter amount from line 28	21	
Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	8,762
For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Paperwork Reduction Act Notice, see separate instructions.

Statement 1 - Form 720, Page 2, Part III, Line 4 - Depreciation Adjustment

<u>Description</u>	<u>Amount</u>
TOTAL FEDERAL DEPRECIATION	\$ <u>8,704</u>
TOTAL	\$ <u><u>8,704</u></u>

Statement 2 - Form 720, Page 2, Part III, Line 15 - Depreciation Adjustment

<u>Description</u>	<u>Amount</u>
TOTAL KENTUCKY DEPRECIATION	\$ <u>8,762</u>
TOTAL	\$ <u><u>8,762</u></u>

Taxable period beginning 01/01/14, and ending 12/31/14

Name

Kentucky Account Number

Federal Identification Number

OLDHAM WOODS SANITATION, INC

Preceding Taxable Year	Income/(Loss)	Prior Year		Current Year	Next Year
		NOL Utilized (Income Offset)	Carryovers	Carryover NOL Utilized	Carryover
17th 12/31/97					
16th 12/31/98					
15th 12/31/99					
14th 12/31/00	-34,670	18,347	16,323	5,967	10,356
13th 12/31/01	-7,892		7,892		7,892
12th 12/31/02					
11th 12/31/03	-5,476		5,476		5,476
10th 12/31/04	-10,802		10,802		10,802
9th 12/31/05	-9,371		9,371		9,371
8th 12/31/06	-28,901		28,901		28,901
7th 12/31/07	-24,472		24,472		24,472
6th 12/31/08	-9,423		9,423		9,423
5th 12/31/09					
4th 12/31/10	-10,811		10,811		10,811
3rd 12/31/11	-4,463		4,463		4,463
2nd 12/31/12					
1st 12/31/13					
Net Operating Loss Carryover Available To Current Year			127,934		
Current Year	5,967			5,967	0
Net Operating Loss Carryover Available To Next Year					121,967

Consulting Contract

This agreement is made this 24th day of MARCH, 2016, by and between Kentucky Small Utility Consulting, LLC, 8105 Parkshire Court, Louisville, KY 40220 (hereinafter referred to as the "Contractor"), and Oldham Woods Sanitation, Inc., whose address is P.O. Box 23226, Anchorage, KY 40223 (hereinafter referred to as "Utility") for consulting services.

- (1) Contractor shall render the services, for the compensation set forth in Attachment "A" (hereinafter referred to as the "Services). The Services may be changed only by the prior written agreement of the Contractor and the Utility and if changed the time of performance shall be adjusted accordingly. Invoices shall be paid by Utility without setoff or deduction, upon receipt. Contractor has the option of suspending or terminating its performance for non-payment.
- (2) The party with complete authority to act under this contract for Contractor is Jack Kaninberg. The party with complete authority to act under this contract for Utility is Patience Martin.
- (3) The Utility shall provide Contractor to full and adequate access to all the information needed by Contractor to fulfill the services set out in Attachment A. Utility shall give prompt attention to all documentation and requests for information and action by Contractor, so as to not delay Contractor's work. When applicable, Contractor shall have access to Utility's private property to complete its work.
- (4) The Contractor shall furnish the necessary qualified personnel to complete the Services and Contractor represent that is has access to the experience and capability necessary to and agrees to perform the Services with reasonable skill and diligence. This undertaking does not imply and guarantee a perfect project and in the event of failure, Contractor will only be liable to its failure to exercise diligence, reasonable care and professional skill. Contractor's fee under this agreement shall be the only measure of damages. There are no other representations or warranties expressed or implied and Utility agrees to hold Contractor harmless and indemnify from any claims not related to liability from the negligence or willful misconduct of Contractor.
- (5) All documents (hard copy or electronic) prepared by Contractor in connection with this project are the sole property of Contractor and payment to Contractor under Attachment A shall be a condition precedent to use of any documentation of Contractor. Contractor cannot guarantee or be liable for the integrity of any electronic information.
- (6) Any default in performance caused by a natural catastrophe or civil unrest (force majeure) shall not constitute a default of the Contract.

- (7) This contract shall be interpreted under the laws of the Commonwealth of Kentucky and choice of venue shall be Jefferson County. If there is a dispute, good faith mediation is required as a condition precedent of either party filing any complaint in any court.
- (8) Neither Contractor nor Utility may assign any part of this contract without written authority of the other party.
- (9) Contractor agrees to keep all of Utility's information confidential and at all times allow the Utility access and information to make sure its information is being protected.
- (10) This Contract and Attachment A, is the entire agreement between the parties and it supersedes any and all other oral or prior agreement between them. The Contract may be amended only by a written amendment, signed by both parties.
- (11) If any portion of this Contract is deemed unenforceable, it shall not affect the remaining portions. The consideration for this Contract is the mutual agreement contained herein, which each party by its signature agree is sufficient.

THE PARTIES EXPRESSLY ACKNOWLEDGE THAT THIS AGREEMENT CONTAINS LIMITATION OF LIABILITY PROVISIONS RESTRICTING RIGHT FOR RECOVERY OF DAMAGES.

CONTRACTOR:

Jack Kaninberg
Jack Kaninberg

UTILITY:

Patience Martin
Patience Martin

BY: _____

TITLE: President

CONSULTING CONTRACT
ATTACHMENT "A"

This Attachment details the Services, contract time, price, forming part of the Contract:

(1) Services: Contractor shall perform the following services:

TASK A -- SCOPE OF SERVICES – A review using 2015 Public Service Commission (“PSC”) Income Statement numbers as the test period, in order to make appropriate pro forma adjustments for material, known, and measurable revenue and expense changes, and arrive at a recommended revenue increase that meets with the Utility’s approval.

TASK B – SCOPE OF SERVICES – Upon the Utility’s approval of a proposed revenue increase, Contractor will prepare the rate increase application and the necessary supporting documentation to justify it, and will forward it to the utility for its review, approval, and submittal to the PSC.

TASK C – SCOPE OF SERVICES – Between the submittal of the rate application and a PSC Final Order on the rate application and proposed revenue increase, Contractor will remain available to advise the utility in responding to requests for information and otherwise supporting the application.

However, Contractor is not responsible for responding to PSC or other data requests in the case unless the Utility and the Contractor so agree after the issuance of any data requests. If the Utility and the Contractor agree to make the Contractor responsible, in full or in part, for any data requests, the Utility agrees to pay the Contractor an hourly rate of \$50 per hour for work responding to data requests.

Contractor is not responsible for providing testimony in this case. However, if the Utility and the Contractor agree to make the Contractor responsible, in full or in part, for any testimony, the Utility agrees to pay the Contractor an hourly rate of \$100 per hour for testimony and any preparation related thereto.

(2) Contract time

(a) Commencement date: February 1, 2016

(b) Estimated Completion Date: December 31, 2016

(3) Contract Payment - \$2,700 in total, unless the Utility and the Contractor agree to additional hourly charges as described under Task C above. The \$2,700 total will be due and payable over three payments as follows:

TASK A – \$900 due when the rate increase application has been agreed to and signed by the Utility, at which time it will be finalized and mailed to the PSC.

TASK B – An additional \$900 of Total Contract Amount, due one month after the Commission has deemed the case officially filed.

TASK C – A final payment of \$900 due upon completion of the rate case.

HAVE SEEN AND AGREED:

CONTRACTOR:



Jack Kaninberg

UTILITY:



Patience Martin

BY: _____

TITLE: President

	Water Co. Checks	Customers	Gross	Water Co. Fee	OW credit card	Maintenance - Camden	Brenntag Chemicals	KU	Murphy's Excavation
2015 January	4049.87	121.00	4364.47	-314.60	-260.00	-1979.00		-907.99	
2015 February	4083.34	122.00	4400.54	-317.20	-300.00	-3843.04	-557.81	-836.00	
2015 March	4016.40	120.00	4328.40	-312.00	-300.00	-1602.38		-918.91	
2015 April	4016.40	120.00	4328.40	-312.00	-300.00	-1818.20		-851.91	
2015 May	4016.40	120.00	4328.40	-312.00	-300.00	-2048.20	-468.29	-730.19	
2015 June	4083.34	122.00	4400.54	-317.20	-300.00	-2444.00		-668.19	
2015 July	4083.34	122.00	4400.54	-317.20	-110.00	-2223.20		-633.60	
2015 August	4183.75	125.00	4508.75	-325.00	-120.00	-2314.00		-598.23	
2015 September	4116.81	123.00	4436.61	-319.80	-120.00	-2396.70	-372.41	-626.48	
2015 October	4116.81	123.00	4436.61	-319.80	-120.00	-2434.00		-577.53	
2015 November	4284.16	128.00	4616.96	-332.80	-120.00	-1878.20	-367.11	-605.01	
2015 December	4217.22	126.00	4544.82	-327.60	0.00	-1878.20		-668.19	
	49267.84		53095.04	-3827.20	-2350.00	-26859.12	-1765.62	-8622.23	

Improvements/repairs

Camden - Gravel -464.80

River City Controls Flow Meter
Split pmt -1560.75
-1560.75

-3586.30

Miscellaneous

-35.00 Sec/State Annual Fee
-194.00 PO box rent
-218.98 Office supplies
-200.00 2014 report prep
-1315.13 Prop. Tax
-2457.00 CPA fees
-100.00 Bank transfer fee

-4520.11

Total expenses

-26859.12 Maint
-1765.62 Chemicals
-3586.30 Imp/rep
-8622.23 KU
-4520.11 Misc
-2350.00 CC
-7368.83 Ky Revenue

-55072.21

CES

INVOICE

Camden Environmental Service Co., Inc.

INVOICE #10516-01
DATE: JANUARY 5, 2016

P.O. Box 137
Crestwood, Kentucky 40014

502-241-4809
502-241-7943 Fax

TO Oldham Woods Sanitation Inc.
P.O. Box 23282
Louisville, KY 40223

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Larry Smither	Oldham Woods WWTP	Net 10	

DATE	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Plant operations for the month of January.	495.00	495.00
	KPDES permit testing during the month of December. (5 series)	305.80	1529.00
	Clean the gate at the creek.		100.00
12/22/15	<p>Went to Henry County to pick up the borrowed boat. Took it to the treatment plant and pulled the #2 aerator out of the #1 lagoon. Later took it to Quality Electric for repair. Also, pulled the #1 aerator to the side, tied it off and placed it back in service. This was necessary because the mooring post in the middle of the lagoon had collapsed. Had a difficult time getting the aerators loose from the post. (Note: Will not use this post any more. Will moor the aerators in a different fashion that will make them easier to get in and out.) Returned the boat to its owner.</p> <p style="text-align: right;">Labor - 9.5 Hours</p> <p style="text-align: right;">Mileage - 213</p>	<p>100.00/hr. (2 men)</p> <p>.45</p>	<p>950.00</p> <p>95.85</p> <p style="text-align: right;"><u>1,045.85</u></p>

A service charge of 1-1/2% per month (A.P.R. 18%) will be charged on all past due accounts. Minimum charge \$1.00. Reasonable collection and attorneys fees will be assessed to all accounts placed for collection.

SUBTOTAL	
SALES TAX	
TOTAL	\$3,169.85

Quality Electric Motor Service, Inc.

8020 Vine Crest Ave. #1
Louisville, KY 40222
(502) 426-3396
FAX (502) 426-5920

REMIT TO:
8020 VINE CREST AVENUE #1
LOUISVILLE, KENTUCKY 40222

TO
OLDHAM WOODS SANITATION
P O BOX 23282
LOUISVILLE KY 40223

INVOICE NO	89968
DATE	1/18/16
CUST ORDER NO	(SMITHER)

TERMS **NET 30 DAYS**

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	OTTERBINE AERATOR CONCEPT #2 3 HP SER E-1112-1024 DISASSEMBLED CHECKED OUT RECONDITIONED UNIT CHANGED OIL ASSEMBLED MOTOR ASSY INSTALLED BULKHEAD CONNECTOR SPLICED & PATCHED CORD INSTALLED CORD GRIP		
	PARTS & MATERIAL		648 50
	LABOR		675 00
	TAX		38 91
			<u>1,362 41</u>

BT: ST 1/21

ORIGINAL

Thank You!

CES

Camden Environmental Service Co., Inc.

INVOICE #12216-01
DATE: JANUARY 22, 2016

P.O. Box 137
Crestwood, Kentucky 40014

502-241-4809
502-241-7943 Fax

TO Oldham Woods Sanitation Inc.
P.O. Box 23282
Louisville, KY 40223

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Larry Smither	Oldham Woods WWTP	Net 10	

DATE	DESCRIPTION	UNIT PRICE	LINE TOTAL
1/12/16	Picked up the necessary heat wrap and materials from suppliers. Took them to the plant and wrapped the discharge piping from both of the disinfection system chemical feed pumps. Trying to keep them from freezing.		
	Parts		59.25
	Labor - 3 Hours	50.00	150.00
	Mileage - 44	.55	24.20

Went to Quality Electric, picked up the repaired aerator. Went to Kyiana Wire and Rope, picked up the new stainless steel cable that had been ordered. Took every thing to the plant, installed the repaired aerator in the #1 lagoon using the new mooring cable. Was going to place the #1 aerator back in its proper location but found that the power cable on this aerator was damaged. Pulled it out of the lagoon and took it to Quality Electric for a repair estimate.

Stainless steel cable and clips		354.89
Labor - 9.25 Hours	100.00/hr for 2 men	925.00
Mileage - 176	.55	96.80

1,376.69

A service charge of 1-1/2% per month (A.P.R. 18%) will be charged on all past due accounts. Minimum charge \$1.00. Reasonable collection and attorneys fees will be assessed to all accounts placed for collection.

SUBTOTAL	
SALES TAX	24.85
TOTAL	\$1,634.99

Quality Electric Motor Service, Inc.

8020 Vine Crest Ave. #1
Louisville, KY 40222
(502) 426-3396
FAX (502) 426-5920

REMIT TO:
8020 VINE CREST AVENUE #1
LOUISVILLE, KENTUCKY 40222

TO OLDHAM WOODS SANITATION
P O BOX ~~23282~~ 23226
LOUISVILLE KY 40223

INVOICE NO	90046
DATE	2/3/16
CUST ORDER NO	(LARRY SMITHER)

TERMS: **NET 30 DAYS**

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	OTTERBINE MOD CONCEPT 2 SER E-1112-10206 3 HP CLEANED & CHECKED OUT UNIT REPLACED BULK HEAT CONNECTOR, 100 FT CORD SPLICED CORD ASSEMBLED TESTED		
	PARTS & MATERIAL		810 00
	LABOR		375 00
	TAX		48 60
			<u>1,233 60</u>

ORIGINAL

Thank You!

CES

INVOICE

Camden Environmental Service Co., Inc.

INVOICE #21716-01
DATE: FEBRUARY 17, 2016

P.O. Box 137
Crestwood, Kentucky 40014

502-241-4809
502-241-7943 Fax

TO Oldham Woods Sanitation Inc.
P.O. Box 23282
Louisville, KY 40223

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Larry Smither	Oldham Woods WWTP	Net 10	

DATE	DESCRIPTION	UNIT PRICE	LINE TOTAL
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2/10/16	Went to Quality Electric, picked up the repaired #1 aerator. Installed the repaired aerator in the #1 lagoon using the new mooring cable. (Cable previously invoiced) Also moved the #2 aerator to a different location in the #1 loagoon.		
	Labor - 6.5 Hours	100.00/hr for 2 men	650.00
	Mileage - 71	.55	39.05

Note: All three aerator are now in service. All plant equipment in operation.

A service charge of 1-1/2% per month (A.P.R. 18%) will be charged on all past due accounts. Minimum charge \$1.00. Reasonable collection and attorneys fees will be assessed to all accounts placed for collection.

SUBTOTAL	
SALES TAX	
TOTAL	\$689.05

*****BlueLine Outdoor LLC*****
Quote

Quote: Oldham Woods bank repair/fill dirt and riprap

Dirt/fabric cover- \$800

Riprap Rock \$500

Labor: two men and skidsteer \$400

Total: \$1700

Contact: 502-991-2136

Email: bluelineoutdoorservice@yahoo.com