

3:13 PM
05/20/20
Accrual Basis

Madison Village
Profit & Loss
January through March 2020

	<u>Jan - Mar 20</u>
Ordinary Income/Expense	
Income	
Homeowners Dues	574.50
Total Income	<u>574.50</u>
Expense	
Insurance Expense	343.60
Licensing	25.00
Property Management Fees	50.00
Total Expense	<u>418.60</u>
Net Ordinary Income	<u>155.90</u>
Net Income	<u><u>155.90</u></u>

Madison Village
Balance Sheet
As of March 31, 2020

	<u>Mar 31, 20</u>
ASSETS	
Current Assets	
Checking/Savings	
Homestreet - Checking	<u>5,742.66</u>
Total Checking/Savings	<u>5,742.66</u>
Accounts Receivable	
Accounts Receivable	<u>366.82</u>
Total Accounts Receivable	<u>366.82</u>
Total Current Assets	<u>6,109.48</u>
TOTAL ASSETS	<u><u>6,109.48</u></u>
LIABILITIES & EQUITY	
Equity	
Prior Years	5,953.58
Net Income	<u>155.90</u>
Total Equity	<u>6,109.48</u>
TOTAL LIABILITIES & EQUITY	<u><u>6,109.48</u></u>

Deposit Detail Report

Deposit Detail for Deposit ID: 221875053

Site ID: 1001

Batch ID: 158750029

Customer Name: KSB Consulting

Worktype: 42 - 42-MER-DR-22:00

Deposit Name: 04212020-mv

Deposit Report: READY FOR APPROVAL

Processing Date: 2020-04-21

Company ID: 325084426-9256RB

Submit Date/Time:

Account Name: Madison Village Ckg

Location ID: 1001

Transaction Detail for Transaction ID: 221875053001

Type: ELECTRONIC

Deposit Account: 5372117993 - Madison Village Ckg

AUX/Serial	RIC	RT	WAUX/FLD4	Account	Check	Amount	Item Type	Item Status
0070640378	011900445			002240014368		\$10.00	TransitDebit	

Transaction Control Information:

Credit Items: 0

Credit Total: \$0.00

Txn Difference: \$10.00

Debit Items: 1

Debit Total: \$10.00

Deposit Control Information:

Deposit Total: \$0.00

Difference: \$10.00

Checks Total: \$10.00

Item Count: 1



B. CODE
S46

CHECK REFERENCE	CHECK DATE
0070640378	04/14/20
CHECK AMOUNT	BLOCK NUMBER
*****\$10.00	000311

PAGE 1 OF 1

PAYEE: MADISON VILLAGE COA

PAYEE ADDRESS:

PO BOX 58C / O KSB CONSULT
SILVER LAKE WI 53170

INSURED A/C NBR

102158740

REMARKS: OVER PAYMENT

ACCOUNT OF: MADISON VILLAGE COA
PO BOX 58C / O KSB CONSULT
SILVER LAKE, WI 53170

*** FOR BILLING INQUIRIES: 1-866-290-2920 ***

TOTAL AMOUNT:

\$10.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

AMC * 000311
ATTN: PAYMENT PROCESSING BC
100 LIBERTY WAY
DOVER, NH 03820



BANK OF AMERICA
HARTFORD, CT

0070640378
51-44/119
002240014368

B. CODE OFFICE NUMBER PAYMENT IDENTIFICATION
S46 0237 102158740

LIBERTY MUTUAL INSURANCE COMPANY

CHECK DATE
04/14/20

\$ *****10.00

VOID IF NOT PRESENTED WITHIN 90
DAYS OF ISSUE DATE OF CHECK

PAY TEN AND 00/100 DOLLARS*****

TO THE ORDER OF
MADISON VILLAGE COA
PO BOX 58C / O KSB CONSULT
SILVER LAKE WI 53170

as 2 per

0070640378 00119004451 002240014368

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.



000180
9450 Seward Road
Fairfield, OH 45014-5456



MADISON VILLAGE COA
PO BOX 3408
EVERETT WA 98213

410000010002000001000180180



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Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BLO (21) 58 30 17 59
Policy Period:
From 02/01/2020 To 02/01/2021
12:01 am Standard Time
at Insured Mailing Location

RESULT OF REINSTATEMENT

Named Insured & Mailing Address

MADISON VILLAGE COA
PO BOX 3408
EVERETT, WA 98213

Agent Mailing Address & Phone No.

(866) 839-5120
HUB INTERNATIONAL NORTHWEST, LLC
PO BOX 3018
BOTHELL, WA 98041-3018

The policy is reinstated effective 02/01/2020.

This Reinstatement results in a change in the charges as follows:

Additional Premium

\$280.00

Total Additional Charges

\$280.00

Note: This is not a bill

Issue Date 03/13/20

Authorized Representative

To report a claim, call your Agent or 1-844-325-2467

DS 70 26 01 08

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MADISON VILLAGE CONDOMINIUM
OWNERS ASSOCIATION
P O BOX 3408
EVERETT, WA 98213

1031

19-8442/3250

11/9/2019

Date

Pay to the
Order of

KSB CONSULTING

\$ 50.00

Fifty and 00/100

Dollars



Security
Features
Details on
Back.

HomeStreet Bank

Mountlake Terrace Branch 1-800-719-8080

For

Management

MP

⑆325084426⑆ 5372117993⑈

1031

Harland Clarke

GREEN SHEFFIELD™

MADISON VILLAGE CONDOMINIUM
OWNERS ASSOCIATION
P O BOX 3408
EVERETT, WA 98213

1032

19-8442/3250

1/9/2020
Date

Pay to the
Order of

KSB CONSULTING

\$50.00

Fifty and 00/100

Dollars

 Security
Features
Details on
Back.

 HomeStreet Bank

Mountlake Terrace Branch 1-800-719-8080

For

W Bg

NP


⑆325084426⑆ 5372117993⑈

1032

Harland Clarke

GREEN SHEFFIELD

Confirmation: Make Payment

 The following payments were successfully scheduled. You can edit or cancel a payment until the payment begins to process by going to Scheduled Activity.

Pay To	\$ Amount	Send On	Deliver by	Type	Confirmation
Liberty Mutual Insur	53.60	01/24/20	01/30/20	Check # 1	RBOCN4AK

Pay **53.60** from MADISON VILLAGE COA CHECKING, ...7993

008902

Liberty Mutual Insurance
P O Box 188025
Fairfield, OH 45018-8025



MADISON VILLAGE COA
PO BOX 3408
EVERETT WA 98213

****** New Payment Remittance Address ******

Please note our payment remittance address has changed. Please update your records and mail payments to the new address indicated on the remittance stub of your invoice or for added convenience, you may use one of the self-service payment options listed below.

Our intuitive and mobile-friendly screens provide quick and easy access to these online self-service features:

- View your account status, payment history, and billing notices
- Sign up for paperless billing
- Enroll in and manage automatic payments
- Make a one-time payment from our Login Page without creating a profile
- Make online payments or schedule a payment for a future date
- Maintain online bank data for future use
- Set up email notification for billing activity on your account

Go to mybusinessonline.libertymutual.com to create a profile or log in, if you have a profile. Click on View and Pay My Bill to access your account.

400200010002000001008902902



PREMIUM NOTICE

ACCOUNT NUMBER: 102158740

**Agent:** TELEPHONE (866)-839-5120HUB INTERNATIONAL NORTHWEST, L
LC
PO BOX 3018
BOTHELL WA 98041 3018**Account of:**MADISON VILLAGE COA
PO BOX 3408
EVERETT WA 98213**Notice issued to:**MADISON VILLAGE COA
PO BOX 3408
EVERETT WA 98213**Member Companies:**

THE OHIO CASUALTY INSURANCE COMPANY

We value your time. Pay your bill online. mybusinessonline.libertymutual.com**PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION**

Co: 09

Agent: 0802840

Payment Plan: MONTHLY

Invoice Date: 01/14/2020

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BLO58301759 GEN LIABILITY	12/10/2019 12/10/2019	TERRORISM RISK INSURANCE ACT RENEWAL EFF 02/01/2020 SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!* For complete detail of all activity on this account please go to the website listed above.	2.00 278.00 7.00	280.00	46.60 7.00

Payment Due Date: 02/02/2020**Account Balance:** \$

287.00

Minimum Amount Due: \$

53.60

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: MADISON VILLAGE COA

Co: 09

Invoice Date: 01/14/2020

Please allow sufficient mail time for payment to arrive by the due date.

Payment Due Date

02/02/2020

Account Number

102158740

You may pay the minimum amount due or the total account balance.

Account Balance

\$ 287.00

Minimum Amount Due

\$ 53.60

* Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE*** **IMPORTANT:** Please write your account number on your check or money order - never send cash!

* Please notify your agent if you have a change of address.

* To enroll in automatic payments, paperless billing, or make a one-time payment please visit the website above.

Thank you for selecting us to service your insurance needs!**Mail Payments To:**LIBERTY MUTUAL INSURANCE
PO BOX 91013
CHICAGO, IL 60680-1171

91013 200 0090000102158740 000000000 000000000 0000028700 0000005360 4

IMPORTANT ACCOUNT BILL NOTICE

By selecting an installment option, you agree to pay an initial premium payment and to pay the unpaid balance in installment payments as shown on the installment bills issued to you, including any service charge. The balance due on your account may be paid in full at any time in order to avoid any future service charges.

Payment received will first be applied to any policies pending cancellation and then to any previously billed installment amounts. Any remaining payment will then apply to account level service charges and return check charges, then divide proportionately among the policies with a current minimum due, earned premium, and/or expired term balance. Any portion of the installment payment which exceeds the minimum balance will be applied toward future installments or returned to the insured if the entire account is paid in full. If the full minimum due has not been paid by the due date, all policies on the account with a current minimum due will be subject to cancellation. If any policy included in your account is canceled, the unearned premium, if any, will be applied against any unpaid balance on other policies in your account. If there are no unpaid balances, any such unearned premiums will be paid to you.

State law may require the direct return of unearned premium due on a canceled policy within a certain time limit. Notwithstanding such law, any return premium due for a policy on an account may be used to pay the premium due for other policies on an account.

PLEASE NOTE: A fee of up to \$25.00 will be charged for each late payment which results in the issuance of a notice of pending cancellation. Issuance of the cancellation notice due to non-payment of a scheduled installment(s), may result in the billing and collection of all or part of any outstanding premiums due for the policy period.

A fee of up to \$25.00 will be charged for any dishonored payments.

****These fees vary by state and may not apply in all states.**

Continuous coverage is dependent upon payments being honored by the financial institution. Any payments not honored by the financial institution may result in cancellation of your policies.

Self-Service options available 24/7 - We have two convenient ways for you to manage your billing account.

- You can go online to mybusinessonline.libertymutual.com to view account status, pay history, see billing notices, and make a payment, enroll in automatic payments to save on installment fees and even sign up for paperless billing. Plus you can access your policy documents and check claim status.
- Or you can obtain an automated status for payments made, bill due dates, amount due and even make a payment by calling our Automated Voice Response system at **1-866-290-2920**.

CLAIMS REPORTING; (800)238-3085, 24 HOURS A DAY



Secretary of State

Tim Wynn

Washington Secretary of State
Corporations and Charities Division
801 Capitol Way South
PO Box 40234
Olympia, WA 98504-0234
(360) 725-0377
corps@sos.wa.gov

01/01/2020

43794

MADISON VILLAGE CONDOMINIUM OWNERS ASSOCIATION
KSB CONSULTING
PO BOX 3408
EVERETT WA 98213

ANNUAL REPORT DUE DATE NOTICE

Dear Sir/Madam,

UBI #: 602 899 529

Entity Name: MADISON VILLAGE CONDOMINIUM OWNERS ASSOCIATION

The above listed entity's annual report is due on 02/29/2020. To remain in active status, please submit an annual report by the due date above.

Failure to file the necessary report will result in delinquent status and may result in administrative dissolution or termination of your registration.

You can file online using the Washington Secretary of State, Corporations and Charities Filing System (CCFS) using the following website <https://www.sos.wa.gov/corps>.

Sincerely,

Washington Secretary of State
Corporations and Charities Division
corps@sos.wa.gov

Note: If your documents were recently submitted, please disregard this notice. If you have any questions concerning this matter please contact our office at the address or phone number shown above.

MADISON VILLAGE CONDOMINIUM
OWNERS ASSOCIATION

P O BOX 3408
EVERETT, WA 98213

1033

19-8442/3250

2/1/2020
Date

Pay to the
Order of

KSB CONSULTING

\$ 25.00

Twenty Five and 00/100

Dollars



Security
Features
Details on
Back

HomeStreet Bank

Mountlake Terrace Branch 1-800-719-8080

For

License

[Signature] MP

⑆325084426⑆ 5372117993⑈ 1033

GREEN SHEFFIELD™

Confirmation: Make Payment

- ☒ The following payments were successfully scheduled. You can edit or cancel a payment until the payment begins to process by going to Scheduled Activity.

Pay To	\$ Amount	Send On	Deliver by	Type	Confirmation
Liberty Mutual Insur ...8740	290.00	02/21/20	02/27/20	Check #2	MBRCUF89

Pay **290.00** from MADISON VILLAGE COA CHECKING, ...7993

**NOTICE OF CANCELLATION
STATE OF WASHINGTON**



CANCELLATION WILL TAKE EFFECT AT 12:01 A.M. ON 02/25/2020 Date of Notice: 02/11/2020

Policy No.: BLO58301759 **Issued at:** DOVER, NH

Agent No: 0802840

Agent: TELEPHONE (866) 839-5120

HUB INTERNATIONAL NORTHWEST, L
LC
PO BOX 3018
BOTHELL, WA 98041-3018

Account of:

MADISON VILLAGE COA
PO BOX 3408
EVERETT, WA 98213

Notice Issued To:

MADISON VILLAGE COA
PO BOX 3408
EVERETT, WA 98213

Company Name:

LIBERTY MUTUAL INSURANCE
PO BOX 188025
FAIRFIELD, OH 45018-8025

For Payment/Billing Inquiries: 1-866-290-2920
mybusinessonline.libertymutual.com

Line of Business: GENERAL LIABILITY

Cancellation

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with the law, this insurance will cease at and from the hour and date mentioned above.

Reason(s) for cancellation: Nonpayment of premium

NOTE: To keep this policy in force, payment must be received for the minimum amount due on this notice by the effective date of the cancellation. Upon receipt of the required amount due by the effective date of the cancellation, a reinstatement notice will be sent to you to confirm that the policy remains in force. No further notice will be sent if the required amount is not received by the effective date of the cancellation. This notice does not include any prior bill service fees.

If this is a renewal of an existing policy and we do not receive payment of the premium due for your renewal policy, we assume that your intent is to not renew the policy. As a result, your renewal policy will not take effect, and all liability ceased at 12:01 am standard time of 02/01/2020, the date the existing policy expired.

If payment is received subsequent to the issuance of this cancellation notice and is justifiably dishonored by the financial institution, this policy will terminate on the date and time shown on this cancellation notice.

Premium Adjustment

Premium adjustment will be made as soon as practicable after the cancellation becomes effective.

See the "Important Notices" section on reverse side for additional information that may be applicable.

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: MADISON VILLAGE COA

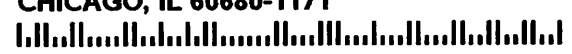
Date of Notice: 02/11/2020

Payment Due Date	Policy Number	Account Number	Policy Balance	Minimum Amount Due
02/25/2020	BLO58301759	102158740	\$290.00	\$79.94

Coverage Provided By: **THE OHIO CASUALTY INSURANCE COMPANY**

Thank you for selecting us to service your insurance needs!

LIBERTY MUTUAL INSURANCE
PO BOX 91013
CHICAGO, IL 60680-1171



IMPORTANT NOTICES

Automobile Insurance Plan Information (this information applies only with respect to the termination of automobile insurance): If this cancellation or nonrenewal pertains to an automobile insurance policy, other than one issued through the Washington Automobile Insurance Plan, you are possibly eligible for automobile insurance through another insurer or under the Washington Automobile Insurance Plan. Please contact your agent for more information.

Replacement of Property (Fire) Insurance: If this cancellation or nonrenewal pertains to a policy providing fire, extended coverage and vandalism and malicious mischief insurance and you wish to replace your insurance, you should make an effort to obtain insurance through another company in the normal market. If you have difficulty in procuring replacement coverage in the normal market, you possibly may obtain fire, extended coverage and vandalism and malicious mischief insurance through the Washington FAIR Plan. For further information, please contact your agent. Insurance through the FAIR Plan is available only in King County and the cities of Pasco and Tacoma.

If you have any questions concerning this cancellation, please contact the following person:

Arlene Concepcion - Assistant Manager, P.O. Box 85834, San Diego, CA 92186-5834 1-866-290-2920.



Authorized Representative

003074

LIBERTY MUTUAL INSURANCE
PO BOX 188025
FAIRFIELD OH 45018-8025



MADISON VILLAGE COA
PO BOX 3408
EVERETT WA 98213

****** New Payment Remittance Address ******

Please note our payment remittance address has changed. Please update your records and mail payments to the new address indicated on the remittance stub of your invoice or for added convenience, you may use one of the self-service payment options listed below.

Please make a payment immediately to avoid a lapse in coverage.

Our intuitive and mobile-friendly screens provide quick and easy to access to these online self-service features:

- View your account status, payment history, and billing notices
- Sign up for paperless billing
- Enroll in and manage automatic payments
- Make a one-time payment from our Login Page without creating a profile
- Make online payments or schedule a payment for a future date
- Maintain online bank data for future use
- Set up email notification for billing activity on your account

Go to mybusinessonline.libertymutual.com to create a profile or log in, if you have a profile. Click View and Pay My Bill to access your account.

4002000100020000001003074074





000237
9450 Seward Road
Fairfield, OH 45014-6456



MADISON VILLAGE COA
PO Box 58
C / O Ksb Consult
Silver Lake WI 53170

4100000100040000001000237237



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Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BLO (21) 58 30 17 59
Policy Period:
From 02/01/2020 To 02/01/2021
Endorsement Period:
From 02/01/2020 to 02/01/2021
12:01 am Standard Time
at Insured Mailing Location

Policy Change Endorsement

Named Insured & Mailing Address

MADISON VILLAGE COA
PO Box 58
C / O Ksb Consult
Silver Lake, WI 53170

Agent Mailing Address & Phone No.

(866) 839-5120
HUB INTERNATIONAL NORTHWEST, LLC
PO BOX 3018
BOTHELL, WA 98041-3018

CHANGES TO POLICY - TRANSACTION # 4

This Policy Change Endorsement Results In A Change In The Charges As Follows:

No Change in Premium

Description of Change(s)

Insured's mailing address is amended to read:

Po Box 58, C / o KSB Consult, Silver Lake, WI
53170

See The Revised Declarations and Declarations Schedule

Issue Date 03/17/20

Authorized Representative

To report a claim, call your Agent or 1-844-325-2467

DS 70 27 01 08



Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BLO (21) 58 30 17 59
Policy Period:
From 02/01/2020 To 02/01/2021
Endorsement Period:
From 02/01/2020 to 02/01/2021
12:01 am Standard Time
at Insured Mailing Location

Policy Change Endorsement

Named Insured

MADISON VILLAGE COA

Agent

(866) 839-5120
HUB INTERNATIONAL NORTHWEST, LLC

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
CG 00 01 04 13	Commercial General Liability Coverage Form - Occurrence
CG 01 81 05 08	Washington Changes
CG 01 97 12 07	Washington Changes - Employment-Related Practices Exclusion
CG 20 17 10 93	Additional Insured -Townhouse Association
CG 21 06 05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception
CG 21 70 01 15	Cap on Losses from Certified Acts of Terrorism
CG 21 76 01 15	Exclusion of Punitive Damages Related to a Certified Act of Terrorism
CG 24 26 04 13	Amendment of Insured Contract Definition
CG 26 77 12 04	Washington - Fungi or Bacteria Exclusion
CG 32 21 01 15	Washington Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)
CG 84 99 08 09	Non-Cumulation Liability Limits Same Occurrence
CG 88 10 04 13	Commercial General Liability Extension
CG 88 60 12 08	Each Location General Aggregate Limit
CG 88 77 12 08	Medical Expense At Your Request Endorsement
CG 89 27 10 09	Washington Exclusion - Asbestos
CG 91 86 11 14	Employment Practices Liability Insurance Washington

Issue Date 03/17/20

Authorized Representative

To report a claim, call your Agent or 1-844-325-2467

DS 70 27 01 08



Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BLO (21) 58 30 17 59
Policy Period:
From 02/01/2020 To 02/01/2021
Endorsement Period:
From 02/01/2020 to 02/01/2021
12:01 am Standard Time
at Insured Mailing Location

Policy Change Endorsement

Named Insured

MADISON VILLAGE COA

Agent

(866) 839-5120
HUB INTERNATIONAL NORTHWEST, LLC

POLICY FORMS AND ENDORSEMENTS - CONTINUED

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
IL 01 23 11 13	Washington Changes - Defense Costs
IL 01 46 08 10	Washington Common Policy Conditions
IL 01 98 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)

Issue Date 03/17/20

Authorized Representative

To report a claim, call your Agent or 1-844-325-2467

DS 70 27 01 08

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Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BLO (21) 58 30 17 59
Policy Period:
From 02/01/2020 To 02/01/2021
12:01 am Standard Time
at Insured Mailing Location

Commercial General Liability Declarations -Revised

Basis: Occurrence

Named Insured	Agent
MADISON VILLAGE COA	(866) 839-5120 HUB INTERNATIONAL NORTHWEST, LLC

SUMMARY OF LIMITS AND CHARGES

Commercial General Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	1,000,000
	Damage To Premises Rented To You Limit (Any One Premises)	1,000,000
	Medical Expense Limit (Any One Person)	15,000
	Personal and Advertising Injury Limit	1,000,000
	General Aggregate Limit (Other than Products - Completed Operations)	2,000,000
	Products - Completed Operations Aggregate Limit	2,000,000

Explanation of Charges	DESCRIPTION	PREMIUM
	General Liability Schedule Totals	278.00
	Certified Acts of Terrorism Coverage	2.00

Total Advance Charges: \$280.00
Note: This is not a bill

To report a claim, call your Agent or 1-844-325-2467



Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BLO (21) 58 30 17 59
Policy Period:
From 02/01/2020 To 02/01/2021
12:01 am Standard Time
at Insured Mailing Location

Commercial General Liability Declarations Schedule -Revised

Named Insured**Agent**

MADISON VILLAGE COA

(866) 839-5120
HUB INTERNATIONAL NORTHWEST, LLC

SUMMARY OF CLASSIFICATIONS - BY LOCATION

0001 1505 147th Pl SW, Lynnwood, WA 98087-5971

Insured: MADISON VILLAGE COA

CLASSIFICATION - 68500

Townhouse Associations (association risk only)
Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER EACH	PREMIUM
Premise/Operations	6 Number of Units	21.301	\$128.00
<i>Total:</i>			<i>Included</i>

CLASSIFICATION - 48727

Streets, Roads, Highways Or Bridges - Existence And
Maintenance Hazard Only
Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER EACH	PREMIUM
Premise/Operations	1 Number of Miles	150.431	\$150.00
<i>Total:</i>			<i>Included</i>

Commercial General Liability Schedule Total

\$278.00

To report a claim, call your Agent or 1-844-325-2467



Activity - Deposit Accounts

Report created: 04/07/2020 03:41:51 PM (ET)
 Account: 325084426 • *7993 • Checking • MADISON VILLAGE COA CHECKING • Available \$5,821.26
 Date range: 8/1/2019 to 10/31/2019
 Transaction types: All transactions
 Detail option: Includes transaction detail

325084426 • *7993 • Checking • MADISON VILLAGE COA CHECKING • Available \$5,821.26

Post Date	Reference	Additional Reference	Description	Debit	Credit	Calculated Balance
10/07/2019	52504809		REMOTE CAPTURE DEPOSIT		\$85.90	\$5,355.56
10/04/2019	52555337		REMOTE CAPTURE DEPOSIT		\$195.80	\$5,269.66
10/04/2019	52555513		REMOTE CAPTURE DEPOSIT		\$97.90	\$5,073.86
10/04/2019	52555411		REMOTE CAPTURE DEPOSIT		\$97.90	\$4,975.96
08/22/2019	52549366		REMOTE CAPTURE DEPOSIT		\$97.90	\$4,878.06
08/13/2019	52584023		REMOTE CAPTURE DEPOSIT		\$97.50	\$4,780.16
10/31/2019	Totals			\$0.00	\$672.90	



Activity - Deposit Accounts

Report created: 04/07/2020 03:42:40 PM (ET)
Account: 325084426 • *7993 • Checking • MADISON VILLAGE COA CHECKING • Available \$5,821.26
Date range: 10/31/2019 to 12/31/2019
Transaction types: All transactions
Detail option: Includes transaction detail

325084426 • *7993 • Checking • MADISON VILLAGE COA CHECKING • Available \$5,821.26

<i>Post Date</i>	<i>Reference</i>	<i>Additional Reference</i>	<i>Description</i>	<i>Debit</i>	<i>Credit</i>	<i>Calculated Balance</i>
12/09/2019	52578540		REMOTE CAPTURE DEPOSIT		\$391.60	\$5,697.16
11/13/2019	52595181	1031	CHECK PAID	\$50.00		\$5,305.56
12/31/2019	Totals			\$50.00	\$391.60	



Operations Support
33405 8th Ave S, Ste 250
Federal Way, WA 98003

Return Service Requested

Page 1 of 1

00003328-0006655-0001-0001-TIMR8006430131207916

MADISON VILLAGE CONDOMINIUM OWNERS ASSOC
C/O KSB CONSULTING LLC
PO BOX 347
EAST TROY WI 53120-0347

Last statement: December 31, 2019
This statement: January 31, 2020
Total days in statement period: 31

5372117993
(0)

Direct inquiries to:
800 719-8080

HomeStreet Bank
601 Union St, Suite 2000
Seattle WA 98101

Business Basics Checking

Account number	5372117993	Beginning balance	\$5,697.16
Low balance	\$5,697.16	Total additions	293.70
Average balance	\$5,936.43	Total subtractions	50.00
		Ending balance	\$5,940.86

CHECKS

Number	Date	Amount	Number	Date	Amount
1032	01-10	50.00			

CREDITS

Date	Description	Store/Location #	Additions
01-03	Remote Capture Dep		293.70

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
12-31	5,697.16	01-03	5,990.86	01-10	5,940.86

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total NSF Returned Item Fees	\$0.00	\$0.00

Thank you for banking with HomeStreet Bank

ACCOUNT BALANCE

ENTER ENDING CHECKING ACCOUNT BALANCE FROM THE FRONT OF THIS STATEMENT

\$ _____

+ _____

ADD CHECKING DEPOSIT MADE BUT NOT SHOWN BY BANK

+ _____

+ _____

SUBTOTAL

\$ _____

ENTER TOTAL OUTSTANDING CHECKS AND OTHER WITHDRAWALS

- _____

ACCOUNT BALANCE

\$ _____

LIST CHECKS AND OTHER WITHDRAWALS MADE BUT NOT SHOWN ON STATEMENT

CHECK NUMBER OR DATE OF TRANSACTION

AMOUNT

ENTER HERE

THESE SHOULD EQUAL

TOTAL

REGISTER BALANCE

ENTER YOUR CHECKBOOK BALANCE

\$ _____

ADD DEPOSITS SHOWN BY BANK BUT NOT SHOWN IN YOUR REGISTER (POST IN YOUR REGISTER)

+ _____

+ _____

ADD ANY INTEREST PAID THIS PERIOD (POST IN YOUR REGISTER)

+ _____

SUBTOTAL

\$ _____

SUBTRACT CHECKS AND WITHDRAWALS SHOWN BY BANK BUT NOT SHOWN IN YOUR REGISTER. (POST IN REGISTER)

- _____

- _____

SUBTRACT WITHHOLDING, IF ANY. (POST IN YOUR REGISTER)

- _____

SUBTRACT TOTAL SERVICES CHARGES AND FEES FROM FRONT OF THIS STATEMENT (POST IN YOUR REGISTER)

- _____

REGISTER BALANCE

\$ _____

IF THE ACCOUNT BALANCE DOES NOT BALANCE TO YOUR REGISTER BALANCE.

1. Compare dollar amount of cancelled checks shown on your statement to your register.
2. Compare the dollar amount of your deposits shown on your statement to your register. If there is a difference, refer to your deposit receipts.
3. Be sure you subtracted all bank service charges and fees from your check register.
4. Be sure you recorded all cash machine and other transactions in your register.
5. For interest-earning checking account customers, be sure you added interest paid this period or subtracted withholding (if any).
6. Check all additions and subtractions in your check register.
7. If your account is still out of balance, notify your branch right away.

Call 800-719-8080 toll free (TTY/TDD 855-584-0256)
or visit homestreet.com

HomeStreetBank, Operations Support,
33405 8th Ave S, Ste 250, Federal Way, WA 98003

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PLEASE EXAMINE YOUR STATEMENT AND REPORT ANY IRREGULARITIES TO US. THIS STATEMENT WILL BE CONSIDERED CORRECT FOR ALL PURPOSES UNLESS YOU NOTIFY US.

(CONSUMERS ONLY) IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS:

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 1-800-719-8080 or Write to us at the address on the bottom of your statement as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

(1) Tell us your name and account number (if any).

(2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (20 business days for new accounts*), we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

*An account is considered new if the electronic transfer occurs within 30 days after the first deposit is made.

[HomeStreet] Bank

Operations Support
33405 8th Ave S, Ste 250
Federal Way, WA 98003

Return Service Requested

00015431-0057935-0001-0002-TIMR8006430228201243

MADISON VILLAGE CONDOMINIUM OWNERS ASSOC
C/O KSB CONSULTING LLC
PO BOX 58
SILVER LAKE WI 53170

Page 1 of 2

Last statement: January 31, 2020
This statement: February 29, 2020
Total days in statement period: 29

5372117993
(0)

Direct inquiries to:
800 719-8080

HomeStreet Bank
601 Union St, Suite 2000
Seattle WA 98101

OUR POLICY IS TO MAKE FUNDS FROM YOUR CASH, WIRE TRANSFERS AND ELECTRONIC DIRECT DEPOSITS AVAILABLE TO YOU ON THE DAY WE RECEIVE YOUR DEPOSIT. FUNDS FROM CHECKS ARE AVAILABLE TO YOU ON THE FIRST BUSINESS DAY AFTER WE RECEIVE THE DEPOSIT. IN SOME CASES, WE WILL NOT MAKE ALL OF THE FUNDS THAT YOU DEPOSIT BY CHECK AVAILABLE TO YOU UNTIL THE SECOND BUSINESS DAY AFTER THE DAY OF YOUR DEPOSIT.

Business Basics Checking

Account number	5372117993	Beginning balance	\$5,940.86
Low balance	\$5,915.86	Total additions	97.50
Average balance	\$5,958.79	Total subtractions	25.00
		Ending balance	\$6,013.36

CHECKS

Number	Date	Amount	Number	Date	Amount
1033	02-04	25.00			

CREDITS

Date	Description	Store/Location #	Additions
02-18	Remote Capture Dep		97.50

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
01-31	5,940.86	02-04	5,915.86	02-18	6,013.36



ACCOUNT BALANCE	
ENTER ENDING CHECKING ACCOUNT BALANCE FROM THE FRONT OF THIS STATEMENT	\$ _____
	+ _____
ADD CHECKING DEPOSIT MADE BUT NOT SHOWN BY BANK	+ _____
	+ _____

SUBTOTAL	\$ _____
ENTER TOTAL OUTSTANDING CHECKS AND OTHER WITHDRAWALS	- _____

ACCOUNT BALANCE	\$ _____

REGISTER BALANCE		
ENTER YOUR CHECKBOOK BALANCE	\$	_____
ADD DEPOSITS SHOWN BY BANK BUT NOT SHOWN IN YOUR REGISTER (POST IN YOUR REGISTER)	+	_____
	+	_____
ADD ANY INTEREST PAID THIS PERIOD (POST IN YOUR REGISTER)	+	_____

SUBTOTAL	\$	_____
SUBTRACT CHECKS AND WITHDRAWALS SHOWN BY BANK BUT NOT SHOWN IN YOUR REGISTER. (POST IN REGISTER)	-	_____
	-	_____
SUBTRACT WITHHOLDING, IF ANY. (POST IN YOUR REGISTER)	-	_____
SUBTRACT TOTAL SERVICES CHARGES AND FEES FROM FRONT OF THIS STATEMENT (POST IN YOUR REGISTER)	-	_____

REGISTER BALANCE	\$	_____

[illegible]

THESE
SHOULD
EQUAL

00015431-0057935-0001-0002-TIMB8006430228201243(00015431)-000057937

[HomeStreet] Bank[®]

Operations Support
33405 8th Ave S, Ste 250
Federal Way, WA 98003

Return Service Requested

00008400-0033597-0001-0002-TIMR8006430331205869

MADISON VILLAGE CONDOMINIUM OWNERS ASSOC
C/O KSB CONSULTING LLC
PO BOX 58
SILVER LAKE WI 53170-0058

Page 1 of 2

Last statement: February 29, 2020
This statement: March 31, 2020
Total days in statement period: 31

5372117993
(0)

Direct inquiries to:
800 719-8080

HomeStreet Bank
601 Union St, Suite 2000
Seattle WA 98101

OUR POLICY IS TO MAKE FUNDS FROM YOUR CASH, WIRE TRANSFERS AND ELECTRONIC DIRECT DEPOSITS AVAILABLE TO YOU ON THE DAY WE RECEIVE YOUR DEPOSIT. FUNDS FROM CHECKS ARE AVAILABLE TO YOU ON THE FIRST BUSINESS DAY AFTER WE RECEIVE THE DEPOSIT. IN SOME CASES, WE WILL NOT MAKE ALL OF THE FUNDS THAT YOU DEPOSIT BY CHECK AVAILABLE TO YOU UNTIL THE SECOND BUSINESS DAY AFTER THE DAY OF YOUR DEPOSIT.

Business Basics Checking

Account number	5372117993	Beginning balance	\$6,013.36
Low balance	\$5,723.36	Total additions	97.90
Average balance	\$5,810.71	Total subtractions	290.00
		Ending balance	\$5,821.26

CHECKS

Number	Date	Amount	Number	Date	Amount
2	03-10	290.00			

CREDITS

Date	Description	Store/Location #	Additions
03-31	Remote Capture Dep		97.90

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
02-29	6,013.36	03-10	5,723.36	03-31	5,821.26



ACCOUNT BALANCE	
ENTER ENDING CHECKING ACCOUNT BALANCE FROM THE FRONT OF THIS STATEMENT	\$ _____
	+ _____
ADD CHECKING DEPOSIT MADE BUT NOT SHOWN BY BANK	+ _____
	+ _____

SUBTOTAL	\$ _____
ENTER TOTAL OUTSTANDING CHECKS AND OTHER WITHDRAWALS	- _____

ACCOUNT BALANCE	\$ _____

REGISTER BALANCE	
ENTER YOUR CHECKBOOK BALANCE	\$ _____
ADD DEPOSITS SHOWN BY BANK BUT NOT SHOWN IN YOUR REGISTER (POST IN YOUR REGISTER)	+ _____
	+ _____
ADD ANY INTEREST PAID THIS PERIOD (POST IN YOUR REGISTER)	+ _____

SUBTOTAL	\$ _____
SUBTRACT CHECKS AND WITHDRAWALS SHOWN BY BANK BUT NOT SHOWN IN YOUR REGISTER. (POST IN REGISTER)	- _____
	- _____
SUBTRACT WITHHOLDING, IF ANY. (POST IN YOUR REGISTER)	- _____
SUBTRACT TOTAL SERVICES CHARGES AND FEES FROM FRONT OF THIS STATEMENT (POST IN YOUR REGISTER)	- _____

REGISTER BALANCE	\$ _____

[illegible]

THESE
SHOULD
EQUAL

1. Compare dollar amount of cancelled checks shown on your statement to your register.
2. Compare the dollar amount of your deposits shown on your statement to your register. If there is a difference, refer to your deposit receipts.
3. Be sure you subtracted all bank service charges and fees from your check register.
4. Be sure you recorded all cash machine and other transactions in your register.
5. For interest-earning checking account customers, be sure you added interest paid this period or subtracted withholding (if any).
6. Check all additions and subtractions in your check register.
7. If your account is still out of balance, notify your branch right away.

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*An account is considered new if the electronic transfer occurs within 30 days after the first deposit is made.

**U.S. Income Tax Return
for Homeowners Associations**► Go to www.irs.gov/Form1120H for instructions and the latest information.

OMB No. 1545-0123

2019

For calendar year 2019 or tax year beginning Jan , 2019, and ending Dec , 20 19

TYPE OR PRINT	Name Madison Village Condominium	Employer identification number 27-1911755
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O AK Elite Management PO Box 128	Date association formed 2/13/2009
	City or town, state or province, country, and ZIP or foreign postal code Rochester WI 53167	

Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return

A Check type of homeowners association: <input checked="" type="checkbox"/> Condominium management association <input type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association	
B Total exempt function income. Must meet 60% gross income test. See instructions	B 2349.60
C Total expenditures made for purposes described in 90% expenditure test. See instructions	C 572.00
D Association's total expenditures for the tax year. See instructions	D 1777.60
E Tax-exempt interest received or accrued during the tax year	E

Gross Income (excluding exempt function income)

1 Dividends	1	
2 Taxable interest	2	0.00
3 Gross rents	3	
4 Gross royalties	4	
5 Capital gain net income (attach Schedule D (Form 1120))	5	
6 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
7 Other income (excluding exempt function income) (attach statement)	7	
8 Gross income (excluding exempt function income). Add lines 1 through 7	8	0.00

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

9 Salaries and wages	9	
10 Repairs and maintenance	10	
11 Rents	11	
12 Taxes and licenses	12	
13 Interest	13	0.00
14 Depreciation (attach Form 4562)	14	
15 Other deductions (attach statement)	15	
16 Total deductions. Add lines 9 through 15	16	0.00
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	
18 Specific deduction of \$100	18	\$100

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	0.00
20 Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20	0.00
21 Tax credits (see instructions)	21	
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	0.00
23a 2018 overpayment credited to 2019 23a		
b 2019 estimated tax payments 23b		
c Total ► 23c		
d Tax deposited with Form 7004 23d		
e Credit for tax paid on undistributed capital gains (attach Form 2439) 23e		
f Credit for federal tax paid on fuels (attach Form 4136) 23f		
g Add lines 23c through 23f 23g		
24 Amount owed. Subtract line 23g from line 22. See instructions	24	0.00
25 Overpayment. Subtract line 22 from line 23g	25	
26 Enter amount of line 25 you want: Credited to 2020 estimated tax ► Refunded ► 26		

**Sign
Here**

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

Signature of officer _____	Date _____	Manager _____	Title _____
----------------------------	------------	---------------	-------------

May the IRS discuss this return with the preparer shown below?
See instructions. ☒ Yes ☐ No**Paid
Preparer
Use Only**

Print/Type preparer's name Kim Stratton (Bergesen)	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ► AK Elite Management			Firm's EIN ► 26-0609394	
Firm's address ► PO Box 128 Rochester WI 53167			Phone no. 425-344-5998	

8:54 AM
05/08/20
Accrual Basis

Madison Village
Profit & Loss
January through December 2019

	<u>Jan - Dec 19</u>
Ordinary Income/Expense	
Income	
Homeowners Dues	2,349.60
Total Income	<u>2,349.60</u>
Expense	
Insurance Expense	274.00
Landscaping and Groundskeeping	48.00
Licensing	25.00
Property Management Fees	200.00
Taxes	25.00
Total Expense	<u>572.00</u>
Net Ordinary Income	<u>1,777.60</u>
Net Income	<u><u>1,777.60</u></u>