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Notice of Exempt
Offering of Securities

### U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

OMB Number: 3235-0076— Expires: February 28, 2009

Estimated average burden hours per response: 4.00

Intentional misstatements or on	nissions of fact constitu	te federal criminal vio	lations. See 18 U.S.C. 1001.
Item 1. Issuer's Identity  Name of Issuer		<u> </u>	Entity Type (Select one)
Waterford Bancorp, Inc.	revious Name(s)	None	Corporation
Jurisdiction of Incorporation/Organization	PROC	FSSED	Limited Partnership
Ohio	MARI	2 2009	Limited Liability Company  General Partnership
			Business Trust
Year of Incorporation/Organization (Select one)	THOMSC	IN REUTERS	Other (Specify)
Over Five Years Ago Within Last Five Years (specify year)	06 Yet to	8e Formed	
(If more than one issuer is filing this notice, check this	box and identify a	dditional issuer(s) by a	uttachina Items 1 and 2 Continuation Page(s).)
Item 2. Principal Place of Business and Co	<del></del>		
Street Address 1		Street Address 2	
3900 N. McCord			Diama Ma
		ZIP/Postal Code	Phone No.
Toledo	[	43617	419-720-3900
tem 3. Related Persons			
Last Name	First Name		Middle Name
Miller	Michael		R.
Street Address 1	2	treet Address 2	
29620 Shelbourne Road			1 (1 a) () de poe levis en presentante do por entre esperante en presentante en presentante en presentante en p
City State/P	rovince/Country 2	IP/Postal Code	
Perrysburg		13551	09003164
Relationship(s): X Executive Officer X Direct	tor Promoter		-
Clarification of Response (if Necessary)			
(Identify addit tem 4. Industry Group (Select one)	ional related persons b	y checking this box 🔀	and attaching Item 3 Continuation Page(s). )
Agriculture	○ Business Se		Construction
Banking and Financial Services	Energy		REITS & Finance
Commercial Banking	Electric		<u> </u>
Insurance	Coal Mir	Conservation	Other Real Estate SEC Mail Proce
Investing Investment Banking	$\overline{\mathcal{L}}$	mental Services	○ Retailing
Pooled Investment Fund	Oil & Ga		Restaurants MAR 0 2 200
If selecting this industry group, also select one fur	0 01 5	•	Technology
type below and answer the question below:	Health Care	<u>.</u>	Computers Washington, Telecommunications
Hedge Fund	Biotechr		Other Technology
Private Equity Fund	Health Ir		•
Venture Capital Fund		s & Physcians	Travel Airlines & Airports
Other Investment Fund	Pharmac		Lodging & Conventions
Is the issuer registered as an investment company under the Investment Company	9	ealth Care	Tourism & Travel Services
Act of 1940? Yes No	○ Manufactur	ring	Other Travel
Other Banking & Financial Services	Real Estate	rcial	Other

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Item 5. Issuer Size (Select one)

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)
O No Revenues	OR No Aggregate Net Asset Value
\$1 - \$1,000,000	\$1 - \$5,000,000
<ul><li>\$1,000,001 - \$5,000,000</li></ul>	\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000
Over \$100,000,000	Over \$100,000,000
O Decline to Disclose	O Decline to Disclose
Not Applicable	Not Applicable
Item 6. Federal Exemptions and Exclusions Cla	aimed (Select all that apply)
	nvestment Company Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1) Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(c)(2) Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(c)(3) Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3(c)(4) Section 3(c)(12)
Rule 505	Section 3(c)(5) Section 3(c)(13)
Rule 506	Section 3(c)(6) Section 3(c)(14)
Securities Act Section 4(6)	Section 3(c)(7)
Item 7. Type of Filing	
New Notice OR    Amendme	nt
Date of First Sale in this Offering: 2/17/09	OR First Sale Yet to Occur
Item 8. Duration of Offering	
Does the issuer intend this offering to last more than	n one year? Yes X No
Item 9. Type(s) of Securities Offered (Select	all that apply)
<b>⊠</b> Equity	Pooled Investment Fund Interests
☐ Debt	☐ Tenant-in-Common Securities
Onting Manager of Other Bishtes Assuits	Mineral Property Securities
Option, Warrant or Other Right to Acquire Another Security	Other (Describe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	
Item 10. Business Combination Transaction	
Is this offering being made in connection with a busi transaction, such as a merger, acquisition or exchange off	
Clarification of Response (if Necessary)	

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Item 11. Minimum Investment
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Minimum investment accepted from any outside investor \$	50,000
Item 12. Sales Compensation	
Recipient	Recipient CRD Number
	☐ No CRD Number
Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number
Control of the contro	No CRD Number
Street Address 1	Street Address 2
City State/Province	/Country ZIP/Postal Code
States of Solicitation All States	
AL AK AZ AR CA CO	CT DE DC FL GA HI DD
☐ IL ☐ IN ☐ IA ☐ KS ☐ KY ☐ LA ☐	ME
MT	NY
(Identify additional person(s) being paid compensal	ion by checking this box and attaching Item 12 Continuation Page(s).
Item 13. Offering and Sales Amounts	
(a) Total Offering Amount \$ 11,250,000	OR Indefinite
(a) Total One in granount	OR Indefinite
(b) Total 741164114 Gold	
(c) Total Remaining to be Sold (Subtract (a) from (b))	OR Indefinite
Clarification of Response (if Necessary)	
Item 14. Investors	
Check this box X if securities in the offering have been or may be number of such non-accredited investors who already have invested.	sold to persons who do not qualify as accredited investors, and enter the
number of such non-accredited investors who already have investe	o 0
Enter the total number of investors who already have invested in t	he offering: 0
Item 15. Sales Commissions and Finders' Fees Ex	penses
Provide separately the amounts of sales commissions and finders' i	ees expenses, if any. If an amount is not known, provide an estimate and
check the box next to the amount.	
	Sales Commissions \$ 0 Estimate
Clarification of Response (if Necessary)	Finders' Fees \$ 0 Estimate

number.

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ride the amount of the gross proceeds of the offer I for payments to any of the persons required ctors or promoters in response to Item 3 above. If nate and check the box next to the amount.	to be named as executive officers, \$ U
Clarification of Response (if Necessary)	
nature and Submission	
lease verify the information you have entere	and review the Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting t	nis notice, each identified issuer is:
Irrevocably appointing each of the the State in which the issuer maintains its pr process, and agreeing that these persons masuch service may be made by registered or against the issuer in any place subject to the activity in connection with the offering of se provisions of: (I) the Securities Act of 1933, the Company Act of 1940, or the Investment Ad State in which the issuer maintains its princing that, if the issuer is claim.	quest, in accordance with applicable law, the Information furnished to offerees. Secretary of the SEC and the Securities Administrator or other legally designated officer of incipal place of business and any State in which this notice is filed, as its agents for service of accept service on its behalf, of any notice, process or pleading, and further agreeing that extified mail, in any Federal or state action, administrative proceeding, or arbitration brough jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any surities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the e Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the investment lisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the all place of business or any State in which this notice is filed.  In a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of
110 Stat. 3416 (Oct. 11, 1996)) imposes on the abi	on 102(a) of the National Securities Markets improvement Act of 1996 ("NSMIA") (Pub. L. No. 104-290, ty of States to require information. As a result, if the securities that are the subject of this Form D are
*This undertaking does not affect any limits Sect 110 Stat. 3416 (Oct. 11, 1996)) imposes on the abi "covered securities" for purposes of NSMIA, whet	ty of States to require information. As a result, if the securities that are the subject of this Form D are er in all instances or due to the nature of the offering that is the subject of this Form D, States cannot ertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do
*This undertaking does not affect any limits Sect 110 Stat. 3416 (Oct. 11, 1996)) imposes on the abi "covered securities" for purposes of NSMIA, whet routinely require offering materials under this un- so under NSMIA's preservation of their anti-fraud	ty of States to require information. As a result, if the securities that are the subject of this Form D are er in all instances or due to the nature of the offering that is the subject of this Form D, States cannot ertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do authority.  Downs the contents to be true, and has duly caused this notice to be signed on its behalf by this box and attach Signature Continuation Pages for signatures of issuers identified
This undertaking does not affect any limits Sect 110 Stat. 3416 (Oct. 11, 1996)) imposes on the abi "covered securities" for purposes of NSMIA, wheti routinely require offering materials under this unso under NSMIA's preservation of their anti-fraud Each identified issuer has read this notice, knundersigned duly authorized person. (Check	ty of States to require information. As a result, if the securities that are the subject of this Form D are er in all instances or due to the nature of the offering that is the subject of this Form D, States cannot ertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do authority.  Downs the contents to be true, and has duly caused this notice to be signed on its behalf by this box and attach Signature Continuation Pages for signatures of issuers identified
*This undertaking does not affect any limits Sect 110 Stat. 3416 (Oct. 11, 1996)) imposes on the abi "covered securities" for purposes of NSMIA, whete routinely require offering materials under this un- so under NSMIA's preservation of their anti-fraud Each identified issuer has read this notice, kn undersigned duly authorized person. (Check in Item 1 above but not represented by signe	ty of States to require information. As a result, if the securities that are the subject of this Form D are er in all instances or due to the nature of the offering that is the subject of this Form D, States cannot ertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do authority.  Downs the contents to be true, and has duly caused this notice to be signed on its behalf by this box and attach Signature Continuation Pages for signatures of issuers identified ripelow.)
*This undertaking does not affect any limits Sect 110 Stat. 3416 (Oct. 11, 1996)) imposes on the abi "covered securities" for purposes of NSMIA, whether the securities of the securities and the securities of th	ty of States to require information. As a result, if the securities that are the subject of this Form D are er in all instances or due to the nature of the offering that is the subject of this Form D, States cannot ertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do authority.  Downs the contents to be true, and has duly caused this notice to be signed on its behalf by this box and attach Signature Continuation Pages for signatures of issuers identified to below.)  Name of Signer
*This undertaking does not affect any limits Sect 110 Stat. 3416 (Oct. 11, 1996)) imposes on the abi "covered securities" for purposes of NSMIA, wheti routinely require offering materials under this unso under NSMIA's preservation of their anti-fraud Each identified issuer has read this notice, knundersigned duly authorized person. (Check in Item 1 above but not represented by signed issuer(s)  Waterford Bancorp, Inc.	ty of States to require information. As a result, if the securities that are the subject of this Form D are er in all instances or due to the nature of the offering that is the subject of this Form D, States cannot ertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do authority.  Down the contents to be true, and has duly caused this notice to be signed on its behalf by this box and attach Signature Continuation Pages for signatures of issuers identified release.  Name of Signer  Michael R. Miller
*This undertaking does not affect any limits Sect 110 Stat. 3416 (Oct. 11, 1996)) imposes on the abi "covered securities" for purposes of NSMIA, wheti routinely require offering materials under this unso under NSMIA's preservation of their anti-fraud Each identified issuer has read this notice, knundersigned duly authorized person. (Check in Item 1 above but not represented by signed issuer(s)  Waterford Bancorp, Inc.	ty of States to require information. As a result, if the securities that are the subject of this Form D are er in all instances or due to the nature of the offering that is the subject of this Form D, States cannot ertaking or otherwise and can require offering materials only to the extent NSMIA permits them to distribution.  Downsthe contents to be true, and has duly caused this notice to be signed on its behalf by this box and attach Signature Continuation Pages for signatures of issuers identified release.  Name of Signer  Michael R. Miller  Title

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### **Item 3 Continuation Page**

Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name	
White	Michael		W.	
Street Address 1	<u> </u>	Street Address 2	J	
4303 Todd Drive				
City	State/Province/Country	ZIP/Postal Code		
Sylvania	ОН	43560		
Relationship(s): X Executive Officer	r 💢 Director 🔲 Promoter			
Clarification of Response (if Necessary)				
<del>-</del> '				
Last Name	First Name		Middle Name	
Boyer	Lawrence		] [c.	
Street Address 1		Street Address 2		
5224 Saddlecreek				
City	State/Province/Country	ZIP/Postal Code		
Toledo	ОН	43623		
Relationship(s): X Executive Officer	r  Director  Promoter			
Clarification of Response (if Necessary)			<del></del>	$\neg$
Clarification of Nesponse (if Necessary)	<u> </u>			
				_
Last Name	First Name		Middle Name	
Last Name Beyer	First Name Deborah		Middle Name G.	
		Street Address 2	7	
Beyer	Deborah		7	
Beyer Street Address 1	Deborah  State/Province/Country	Street Address 2 ZIP/Postal Code	7	
Beyer Street Address 1 6929 Heather Cove Place	Deborah		7	
Beyer Street Address 1 6929 Heather Cove Place City	Deborah  State/Province/Country  OH	ZIP/Postal Code	7	
Beyer Street Address 1 6929 Heather Cove Place City Maumee	Deborah  State/Province/Country  OH	ZIP/Postal Code	7	
Beyer  Street Address 1  6929 Heather Cove Place  City  Maumee  Relationship(s): X Executive Officer	Deborah  State/Province/Country  OH	ZIP/Postal Code	7	
Beyer  Street Address 1  6929 Heather Cove Place  City  Maumee  Relationship(s):   Executive Officer  Clarification of Response (if Necessary)	Deborah  State/Province/Country  OH  Director Promoter	ZIP/Postal Code	G.	
Beyer Street Address 1 6929 Heather Cove Place City Maumee Relationship(s): X Executive Officer Clarification of Response (if Necessary) Last Name	State/Province/Country  OH  Director Promoter  First Name	ZIP/Postal Code	G.  Middle Name	
Beyer  Street Address 1  6929 Heather Cove Place  City  Maumee  Relationship(s):   Executive Officer  Clarification of Response (if Necessary)	Deborah  State/Province/Country  OH  Director Promoter	ZIP/Postal Code	G.	
Beyer Street Address 1 6929 Heather Cove Place City Maumee Relationship(s): X Executive Officer Clarification of Response (if Necessary) Last Name Burkhart III Street Address 1	State/Province/Country  OH  Director Promoter  First Name	ZIP/Postal Code 43537	G.  Middle Name	
Beyer  Street Address 1  6929 Heather Cove Place  City  Maumee  Relationship(s): X Executive Officer  Clarification of Response (if Necessary)  Last Name  Burkhart III	State/Province/Country  OH  Director Promoter  First Name	ZIP/Postal Code 43537	G.  Middle Name	
Beyer Street Address 1 6929 Heather Cove Place City Maumee Relationship(s): X Executive Officer Clarification of Response (if Necessary)  Last Name Burkhart III Street Address 1 7832 Windsor Wood Court	State/Province/Country  OH  Director Promoter  First Name  Rinold	ZIP/Postal Code 43537  Street Address 2	G.  Middle Name	
Beyer Street Address 1 6929 Heather Cove Place City Maumee Relationship(s): X Executive Officer Clarification of Response (if Necessary)  Last Name Burkhart III Street Address 1 7832 Windsor Wood Court City	State/Province/Country  OH  First Name  Rinold  State/Province/Country  OH	ZIP/Postal Code 43537  Street Address 2  ZIP/Postal Code 43537	G.  Middle Name	
Beyer  Street Address 1  6929 Heather Cove Place  City  Maumee  Relationship(s): X Executive Officer  Clarification of Response (if Necessary)  Last Name  Burkhart III  Street Address 1  7832 Windsor Wood Court  City  Maumee  Relationship(s): Executive Officer	State/Province/Country  OH  First Name  Rinold  State/Province/Country  OH	ZIP/Postal Code 43537  Street Address 2  ZIP/Postal Code 43537	G.  Middle Name	
Beyer Street Address 1 6929 Heather Cove Place City Maumee Relationship(s): X Executive Officer Clarification of Response (if Necessary) Last Name Burkhart III Street Address 1 7832 Windsor Wood Court City Maumee	State/Province/Country  OH  First Name  Rinold  State/Province/Country  OH	ZIP/Postal Code 43537  Street Address 2  ZIP/Postal Code 43537	G.  Middle Name	

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Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name
Gianino	Salvatore		F.
Street Address 1		Street Address 2	
1118 Woburn Green			
City	State/Province/Country	ZIP/Postal Code	
Bloomfield Hills	MI	48302	
Relationship(s): Executive Officer	Director Promoter		
Clarification of Response (if Necessary)			
			<del></del>
Last Name	First Name		Middle Name
Hylant	Patrick		R.
Street Address 1		Street Address 2	
6174 Lower Shore Drive			
City	State/Province/Country	ZIP/Postal Code	
Harbor Springs	Mf	49740	
Relationship(s): Executive Officer	Director Promoter		
<u> </u>			
Clarification of Response (if Necessary)			
Clarification of Response (if Necessary)		1.416	
Last Name	First Name		Middle Name
Last Name Ridenour	First Name  Mark	Street Address 7	Middle Name
Last Name Ridenour Street Address 1		Street Address 2	
Last Name Ridenour Street Address 1 5343 River Oaks Court	Mark		
Last Name Ridenour Street Address 1 5343 River Oaks Court City	Mark State/Province/Country	ZIP/Postal Code	
Last Name Ridenour Street Address 1 5343 River Oaks Court	Mark State/Province/Country OH		
Last Name Ridenour Street Address 1 5343 River Oaks Court City	Mark State/Province/Country OH	ZIP/Postal Code	
Last Name Ridenour Street Address 1 5343 River Oaks Court City Sylvania	Mark State/Province/Country OH	ZIP/Postal Code	
Last Name Ridenour Street Address 1  5343 River Oaks Court City  Sylvania  Relationship(s): Executive Officer	Mark State/Province/Country OH	ZIP/Postal Code	
Last Name Ridenour Street Address 1  5343 River Oaks Court City  Sylvania  Relationship(s): Executive Officer	Mark State/Province/Country OH	ZIP/Postal Code	
Last Name Ridenour Street Address 1  5343 River Oaks Court City  Sylvania  Relationship(s): Executive Officer Clarification of Response (if Necessary)	Mark  State/Province/Country  OH  Director Promoter	ZIP/Postal Code	E. Middle Name
Last Name  Ridenour  Street Address 1  5343 River Oaks Court  City  Sylvania  Relationship(s): Executive Officer  Clarification of Response (if Necessary)	State/Province/Country  OH  Director Promoter  First Name	ZIP/Postal Code	E
Last Name Ridenour Street Address 1  5343 River Oaks Court City Sylvania Relationship(s): Executive Officer Clarification of Response (if Necessary)  Last Name Stockwell	State/Province/Country  OH  Director Promoter  First Name	ZIP/Postal Code 43560	E. Middle Name
Last Name Ridenour Street Address 1 5343 River Oaks Court City Sylvania Relationship(s): Executive Officer Clarification of Response (if Necessary)  Last Name Stockwell Street Address 1	State/Province/Country  OH  Director Promoter  First Name	ZIP/Postal Code 43560	E. Middle Name
Last Name Ridenour Street Address 1  5343 River Oaks Court City  Sylvania  Relationship(s): Executive Officer Clarification of Response (if Necessary)  Last Name  Stockwell  Street Address 1  4049 Lancelot Road	State/Province/Country  OH  Director Promoter  First Name  Marc	ZIP/Postal Code 43560  Street Address 2	E. Middle Name
Last Name Ridenour Street Address 1  5343 River Oaks Court City Sylvania Relationship(s): Executive Officer Clarification of Response (if Necessary)  Last Name Stockwell Street Address 1  4049 Lancelot Road City	State/Province/Country  OH  Director Promoter  First Name  Marc  State/Province/Country  OH	ZIP/Postal Code 43560  Street Address 2  ZIP/Postal Code	E. Middle Name
Last Name Ridenour Street Address 1 5343 River Oaks Court City Sylvania Relationship(s): Executive Officer Clarification of Response (if Necessary)  Last Name Stockwell Street Address 1 4049 Lancelot Road City Toledo	State/Province/Country  OH  Director Promoter  First Name  Marc  State/Province/Country  OH	ZIP/Postal Code 43560  Street Address 2  ZIP/Postal Code	E. Middle Name

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#### **Item 3 Continuation Page**

Last Name	First Name	Middle Name	
Swigart	Stephen	H.	
Street Address 1		Street Address 2	
2550 Edgehill			
City	State/Province/Country	ZIP/Postal Code	
Ottawa Hills	ОН	43615	
Relationship(s): Executive	Officer Director Promoter		
Clarification of Response (if Neces	ssary)		
Last Name	First Name	Middle Name	
Street Address 1		Street Address 2	
City	State/Province/Country	ZIP/Postal Code	
Relationship(s): Executive	Officer Director Promoter		
Clarification of Response (if Neces	ssary)		
•	··	***************************************	
Lact Namo	First Name	Middle Name	
Last Name	First Name	Middle Name	
	First Name		
Last Name Street Address 1	First Name	Middle Name Street Address 2	
Street Address 1		Street Address 2	
	First Name  State/Province/Country		
Street Address 1	State/Province/Country	Street Address 2	
Street Address 1  City  Relationship(s): Executive	State/Province/Country  Officer Director Promoter	Street Address 2	
Street Address 1	State/Province/Country  Officer Director Promoter	Street Address 2	
Street Address 1  City  Relationship(s): Executive	State/Province/Country  Officer Director Promoter	Street Address 2	
Street Address 1  City  Relationship(s): Executive	State/Province/Country  Officer Director Promoter	Street Address 2	
Street Address 1  City  Relationship(s): Executive  Clarification of Response (if Neces	State/Province/Country  Officer Director Promoter (ssary)	Street Address 2  ZIP/Postal Code  Middle Name	
Street Address 1  City  Relationship(s): Executive  Clarification of Response (if Neces	State/Province/Country  Officer Director Promoter (ssary)	Street Address 2  ZIP/Postal Code	
Street Address 1  City  Relationship(s): Executive  Clarification of Response (if Neces  Last Name	State/Province/Country  Officer Director Promoter (sary)  First Name	Street Address 2  ZIP/Postal Code  Middle Name  Street Address 2	
Street Address 1  City  Relationship(s): Executive  Clarification of Response (if Neces	State/Province/Country  Officer Director Promoter (ssary)	Street Address 2  ZIP/Postal Code  Middle Name	
Street Address 1  City  Relationship(s): Executive  Clarification of Response (if Neces  Last Name	State/Province/Country  Officer Director Promoter (sary)  First Name	Street Address 2  ZIP/Postal Code  Middle Name  Street Address 2	
Street Address 1  City  Relationship(s): Executive  Clarification of Response (if Neces  Last Name	State/Province/Country  Officer Director Promoter sary)  First Name  State/Province/Country	Street Address 2  ZIP/Postal Code  Middle Name  Street Address 2	

