

0-234-22

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

Applicant/Program: Highview Business Owners Association Inc / Highview Community
Applicant Requested Amount: \$7,455.35
Appropriation Request Amount: \$7,455.35

Executive Summary of Request
Expenses related to Highview Fall Festival, Highview Holiday Fest and website maintenance.

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

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

23
District #

Jane Paly
Primary Sponsor Signature

7455.35
Amount

7-28-22
Date

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

Approved by: Paul Blankin 8/22/2022
Appropriations Committee Chairman Date
Final Appropriations Amount: \$7,455.35

Approved Committee
Date: 8/17/22

BR

Applicant/Program:

Highview Business Owners Association/Highview Community

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

Council Member Signature and Amount

District 1 _____ \$ _____

District 2 _____ \$ _____

District 3 _____ \$ _____

District 4 _____ \$ _____

District 5 _____ \$ _____

District 6 _____ \$ _____

District 7 _____ \$ _____

District 8 _____ \$ _____

District 9 _____ \$ _____

District 10 _____ \$ _____

District 11 _____ \$ _____

District 12 _____ \$ _____

District 13 _____ \$ _____

District 14 _____ \$ _____

District 15 _____ \$ _____

Applicant/Program:

Highview Business Owners Association/Highview Community

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Highview Business Owners Association *Inc.*

Program Name and Request Amount Highview Community, \$7,455.35

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <i>no</i>

Prepared by: **John Torsky**

Date: **7-28-22**

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant Organization: HIGHVIEW BUSINESS OWNERS ASSOCIATION INC
(as listed on: <http://www.sos.ky.gov/business/records>)

Main Office Street & Mailing Address: PO BOX 91797 LOUISVILLE, KY 40291

Website: HIGHVIEWBUSINESS.ORG

Applicant Contact:	KIMBERLY ROSENBLATT	Title:	PRESIDENT
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Phone:	502-664-4555	Email:	KIMBERLYROSENBLATT@GMAIL.COM
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Financial Contact:	SAME	Title:	SAME
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Phone:	SAME	Email:	SAME
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Organization's Representative who attended NDF Training: KIMBERLY ROSENBLATT

GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

Program Facility Location(s):	HIGHVIEW NEIGHBORHOOD
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Council District(s):	HIGHVIEW/23	Zip Code(s):	40228
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SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: HIGHVIEW COMMUNITY

Total Request: (\$)	7,455.35	Total Metro Award (this program) in previous year: (\$)	7,331.90
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Purpose of Request (check all that apply):

- Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- Programming/services/events for direct benefit to community or qualified individuals
- Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

<ul style="list-style-type: none"> ✓ IRS Exempt Status Determination Letter ✓ Current year projected budget ✓ Current financial statement Most recent IRS Form 990 or 1120-H ✓ Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense 	<ul style="list-style-type: none"> Signed lease if rent costs are being requested ✓ IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable
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Pending letter included

For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	

Has the applicant contacted the BBB Charity Review for participation? Yes No

Has the applicant met the BBB Charity Review Standards? Yes No

Applicant's Initials *KR*

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

THE HIGHVIEW BUSINESS ASSOCIATION HAS BEEN ESTABLISHED IN ORDER TO PROMOTE AND INSURE A HEALTHY, PROSPEROUS COMMUNITY FOR THOSE WHO LIVE, WORK AND WORSHIP IN THE BOUNDED AREA. THE PURPOSE IS TO ACT COHESIVELY FOR THE GOOD OF OUR NEIGHBORHOOD IN CREATING AND MAINTAINING A SAFE, HARMONIOUS AND BALANCED ENVIRONMENT BENEFICIAL TO ALL.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
PRESIDENT-KIMBERLY ROSENBLATT	01/2023
VICE PRESIDENT-CAMILLE ANDERSON-LINTON	01/2023
SECRETARY - RENEE BRYANT	01/2023
ALL BOARD MEMBERS ARE VOLUNTARY. HIGHVIEW BUSINESS OWNERS ASSOCIATION DOES NOT HAVE ANY PAID STAFF	

Describe the Board term limit policy:
 SECTION 3- TERM OF OFFICE
 EACH DIRECTOR SHALL SERVE A ONE YEAR TERM AND UNTIL HIS/HER SUCCESSOR SHALL BE ELECTED AND QUALIFIED. DIRECTORS MAY SERVE AN UNLIMITED NUMBER OF TERMS.

Three Highest Paid Staff Names	Annual Salary

Applicant's Initials *KR*

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

HIGHVIEW FALL FESTIVAL IS SCHEDULED FOR SATURDAY OCTOBER 8, 2022. THIS EVENT IS FREE TO THE COMMUNITY. THERE WILL BE A PARADE, CAR SHOW, MUSIC, BOUNCE HOUSES, AND CHILDRENS ACTIVITIES.

HIGHVIEW HOLIDAY FEST IS SCHEDULED FOR FRIDAY DECEMBER 2, 2022. THIS EVENT IS FREE TO THE COMMUNITY. THERE WILL BE CHILDRENS ACTIVITIES, HORSE CARRIAGE RIDES, REFRESHMENTS, AND SANTA CLAUS.

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

\$2,671.35-FALL FESTIVAL (VARIOUS EQUIPMENT, RENTAL, SUPPLIES)
\$4,390.00-HOLIDAYFEST (HORSE CARRIAGE, REFRESHMENTS & SUPPLIES)
\$394.00-WEBSITE ANNUAL MAINTENANCE

TOTAL-\$7,455.35

KR

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

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

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

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

KR

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

BRINGING THE COMMUNITY TOGETHER TO HELP PROMOTE LOCAL BUSINESSES.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

PARTNERSHIP WITH THE FERN CREEK HIGHVIEW UNITED MINISTRIES, HIGHVIEW FIRE DEPARTMENT, AND LOCAL POLICE AGENCIES.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	7455.35	0	7455.35
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	7455.35		7455.35
% of Program Budget	100 %	%	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Column 2 Expenses ***	

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

***Must equal or exceed total in column 2.

RR

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

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

Agency Fiscal Year Start Date: July 1

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

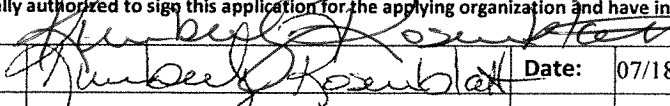
Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	07/18/2022
Legal Signatory: (please print):	KIMBERLY ROSENBLATT	Title:	PRESIDENT
Phone:	502-664-4555	Extension:	
Email:	KIMBERLYROSENBLATT@GMAIL.COM		



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Highview Business Owners Assn.

Grantee Representative Name: Kimberly Rosenblatt

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:



I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.
Client Assistance, Community Events/Festivals and Other Expenses
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?
who, what, when and where
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

Kimberly Rosenblatt
Grantee Representative Signature

7/18/22
Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov
Mailing Address: Louisville Metro Government
ATTN: NDF Coordinator
611 West Jefferson St.
Louisville, KY 40202

Fax: 502-574-3219

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 19 2011.

HIGHVIEW BUSINESS OWNERS
ASSOCIATION INC
PO BOX 91767
LOUISVILLE, KY 40291

Employer Identification Number:
[REDACTED]
DIN:
17053263319021
Contact Person: JOAN C KISER ID# 31217
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Form 990 Required:
Yes
Effective Date of Exemption:
June 26, 2006
Contribution Deductibility:
No
Addendum Applies:
No

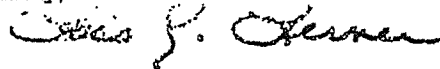
Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(6) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), for some helpful information about your responsibilities as an exempt organization.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,



Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-NC

Letter 948 (DO/CG)

Highview Business Association 2022 Budget

- PO Box Rental: \$134
- Web Maintenance: \$394
- Secretary of State: \$15
- Holiday Refreshments/Supplies: \$1,050
- Holiday Fest Carriage Rides: \$3340
- Fall Festival: \$2671.35
- Halloween Festival: \$500
- Marketing/Printing: \$500



FEDERAL CREDIT UNION

9115 Smyrna Parkway Louisville, KY 40229

Account Statement

800-292-2905 | www.LNFCU.com

Member Number XXXXXX8200

Statement For 04/01/2022 - 06/30/2022

Page 1 of 1

RETURN SERVICE REQUESTED

574102 19302 1/2 UNQ 07-01-22 CLT
000019301 1



HIGHVIEW BUSINESS OWNERS ASSOCIATION INC
7812 APPLEVIEW LN
LOUISVILLE KY 40228-1772

Save big on your next auto loan with no payment for 90 days, up to \$600.00 cash back and competitive rates and terms. Visit www.LNFCU.com to apply!

Your Account Balances as of 06/30		Dividend YTD
1	Regular Savings	\$5.00 \$0.00
2	Basic Business Checking	2,525.33 0.00
Account Balance Total		\$2,530.33 \$0.00
Total Dividends Paid Year-To-Date		\$0.00

Need a Loan?
Call 800-292-2905 or apply online
www.LNFCU.com

REGULAR SAVINGS ID 1

Dividends Paid in 2022 \$0.00

Beginning Balance	\$5.00
0 Total Deposits for	0.00
0 Total Withdrawals for	0.00
Ending Balance	\$5.00

Fees Paid

Description	Current	YTD	Description	Current	YTD
Acct-1 Total Return Item Fees	\$0.00	\$0.00	Acct-1 Total Overdraft Fees	\$0.00	\$0.00
Acct-1 Refunded Return Item Fees	\$0.00	\$0.00	Acct-1 Refunded Overdraft Fees	\$0.00	\$0.00

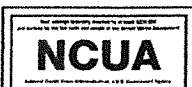
BASIC BUSINESS CHECKING ID 2

Dividends Paid in 2022 \$0.00

Beginning Balance	\$2,525.33
0 Total Deposits for	0.00
0 Total Withdrawals for	0.00
Ending Balance	\$2,525.33

Fees Paid

Description	Current	YTD	Description	Current	YTD
Acct-2 Total Return Item Fees	\$0.00	\$0.00	Acct-2 Total Overdraft Fees	\$0.00	\$0.00
Acct-2 Refunded Return Item Fees	\$0.00	\$0.00	Acct-2 Refunded Overdraft Fees	\$0.00	\$0.00



Thank you for your membership.





Confirmation

[Home](#) | [Security Profile](#) | [Logout](#)

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** HIGHVIEW BUSINESS OWNERS ASSOCIATION INC
- **EIN:** 453062755
- **Tax Year:** 2021
- **Tax Year Start Date:** 07-01-2021
- **Tax Year End Date:** 06-30-2022
- **Submission ID:** 10065520222085766625
- **Filing Status Date:** 07-27-2022
- **Filing Status:** Pending

Note: [Print](#) a copy of this filing for your records. Once you leave this page, you will not be able to do so.

MANAGE FORM 990-N SUBMISSIONS

Multi-page document. Select page: 1 2 3 4

0641559.09 AMcRay
Trey Grayson NAOI
Secretary of State
Received and Filed
06/26/2006 11:33:35 AM
Fee Receipt: \$8.00

ARTICLES OF INCORPORATION
OF
HIGHVIEW BUSINESS OWNERS ASSOCIATION

The undersigned, desiring to organize a non-stock, non-profit corporation under the laws of the Commonwealth of Kentucky, specifically the Kentucky Non-profit Corporation Act, hereby certifies:

ARTICLE I

Name

The name of the Corporation is the Highview Business Owners Association. *INC*

ARTICLE II

Duration

The period of duration of the Corporation shall be perpetual.

ARTICLE III

Purposes

The Highview Business Owners Association has been established in order to promote and insure a healthy, prosperous community for those who live, work and worship in the bounded area. The purpose is to act cohesively for the good of our neighborhood in creating and maintaining a safe, harmonious, and balanced environment beneficial to all.

To further define this purpose, the following guidelines are set forth:

- I. To recognize the Highview Business Owners Association ^{*INC*} as a distinctive neighborhood of businesses, residents, churches, and social service organizations.
- II. To facilitate communication and understanding between area members, defining common problems and developing strategies to solve these problems.
- III. To insure that property values and neighborhood aesthetics of the area are maintained, promoting safety, crime prevention, and economic development.
- IV. To serve as a liaison with government agencies as issues arise affecting our business community.

ARTICLE IV

Powers

No part of the net earnings of the Corporation shall inure to the benefit of any member, director, officer or employee of the Corporation. No member, director, officer, or employee of the Corporation shall receive or be lawfully entitled to receive any pecuniary benefit of any kind, except reasonable compensation for services in effecting one or more purposes of the Corporation. The Corporation shall not participate in, or

Multi-page document. Select page: 1 2 3 4

Multi-page document. Select page: [1](#) [2](#) [3](#) [4](#)

intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office.

ARTICLE V
Membership

Section 1: Class Members: The Chamber shall have two classes of members, voting and non-voting.

Section 2: Election of Members: Membership shall be open to those persons, entities, and associations described in Article V of the Articles of Incorporation and shall be open to any individual, corporation, or other entity which pays the annual dues as set forth in the Bylaws of the Corporation.

Section 3: Termination of Membership: The Board of Directors by affirmative vote of two-thirds (2/3) of all of the members of the Board, may suspend or expel a member for cause after an appropriate written notice, and may, by a majority vote of those present at any regularly constituted meeting, terminate the membership of any member who becomes ineligible for membership, or suspend or expel any member who is in default in the payment of dues for the period fixed by prior Board resolution.

Section 4: Resignation: Any member may resign by filing a written resignation with the Secretary, but such resignation will not relieve the member so resigning from the obligation to pay any dues, assessments, or other charges theretofore accrued and not paid.

Section 5: Reinstatement: Upon written request or submission of an application signed by a former member and filed with the Secretary, the Board of Directors may, by the affirmative vote of two-thirds (2/3) of the members of the Board, reinstate a former member to membership upon such terms as the Board of Directors may deem appropriate.

Section 6: Transfer of Membership: Membership in this Association is not transferable or assignable.

Section 7: Voting Rights: Voting rights of members shall be in accordance with the Bylaws of the Corporation.

ARTICLE VI
Directors

The Board of Directors shall consist of five (5) members. The initial Board shall consist of the following organizing members:

President: Kim Faulkner
Vice-President: Sherri Richter
Secretary: David Watkins
Treasurer: Janice Lawrence

The initial members shall serve until the first annual meeting of the Corporation, at which time officers and directors will be elected in accordance with the Bylaws and Articles of the Corporation.

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ARTICLE VII
Bylaws and Amendments

Bylaws for the Corporation shall be adopted, and may be amended or repealed by the Board of Directors. Amendment to the Articles of Incorporation shall require the affirmative vote of two-thirds (2/3) of the members of the Corporation voting at a regular meeting or a special meeting called for that purpose.

ARTICLE VIII
Registered Office and Agent

The registered and principal office is 7309 Fegenbush Lane, Louisville, KY 40228.

The registered agent is Kim Faulkner.

ARTICLE IX
Dissolution

The Corporation may be dissolved by the affirmative vote of two-thirds (2/3) of the members of the Board of Directors, then in office, taken at a special meeting of the Board of Directors called for that purpose, or upon the written consent of all the members of the Board of Directors. Upon the dissolution or other termination of the Corporation, no part of the property of the Corporation, nor any of the proceeds thereof, shall be distributed to, or inure to the benefit of any of the members, officers, or directors of the Corporation, but all such property and proceeds shall, subject to the discharge of valid obligations of the Corporation and to applicable provisions of law, be distributed, as directed by the Board of Directors, to or among any one or more domestic non-profit corporations, societies or organizations engaged in activities substantially similar to those of the dissolving Corporation, pursuant to a plan of distribution adopted as provided by state statute.

ARTICLE X
No Personal Liability

No member, director, officer, employee or agent of the Corporation shall be personally liable for the debts or liabilities of the Corporation.

ARTICLE XI
Incorporator

The name address of the incorporator is Kim Faulkner, 7309 Fegenbush Lane, Louisville, KY, 40228.

IN WITNESS WHEREOF, for the purposes of forming the Highview Business Owners Association, under the laws of the Commonwealth of Kentucky, the undersigned,

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constituting the incorporator of the Highview Business Owners Association has executed these Articles of Incorporation this 12th day of June, 2006.

Kim H. Faulkner
Kim Faulkner, President

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

Subscribed and sworn to before me this 12 th day of June, 2006, by

My Commission expires: 8/6/08

Margaret D. Nichols
Notary-Public, State at Large, KY

The foregoing instrument was prepared by:

David D. Watkins Jr.
David D. Watkins Jr., Secretary

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Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above HIGHVIEW BUSINESS OWNERS ASSOCIATION INC</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. PO BOX 91797</p> <p>6 City, state, and ZIP code LOUISVILLE, KY 40291</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

Social security number									
or									
Employer identification number									
4	5	-	3	0	6	2	7	5	5

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶	Date ▶ <u>7/18/2022</u>
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General Instructions

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

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

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

NARM

0641559
Michael G. Adams
KY Secretary of State
Received and Filed
7/18/2022 3:29:28 PM
Fee receipt: \$15.00

Michael G. Adams
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

Amendment Annual Report
Online Filing

ARA

Company: HIGHVIEW BUSINESS OWNERS ASSOCIATION INC
Company ID: 0641559
State of origin: Kentucky
Formation date: 6/26/2006 12:00:00 AM
Date filed: 7/18/2022 3:29:28 PM
Fee: \$15.00

Principal Office

6614 MOORHAVEN DR
LOUISVILLE, KY 40228

Registered Agent Name/Address

KIMBERLY ROSENBLATT
6614 MOORHAVEN DR
LOUISVILLE, KY 40228

Current Officers

President	Kimberly Rosenblatt	6614 Moorhaven Dr, Louisville, KY 40228
Secretary	Renee Bryant	9300 Beulah Church Rd, Louisville, KY 40291
Vice President	Camille Anderson	7525 Outer Loop, Louisville, KY 40228

Directors

Director	Renee Bryant	9300 Beulah Church Rd, Louisville, KY 40291 402
Director	Camille Anderson	7525 Outer Loop, Louisville, KY 40228
Director	Kimberly Rosenblatt	6614 Moorhaven Dr, Louisville, KY 40228

Signatures

Signature	Kimberly Rosenblatt
Title	President



Kentucky Secretary of State

Michael G. Adams

HIGHVIEW BUSINESS OWNERS ASSOCIATION INC

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

General Information

Organization Number	0641559
Name	HIGHVIEW BUSINESS OWNERS ASSOCIATION INC
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	6/26/2006
Organization Date	6/26/2006
Last Annual Report	5/16/2022
Principal Office	6614 MOORHAVEN DR

Registered Agent

LOUISVILLE, KY 40228
KIMBERLY ROSENBLATT
6614 MOORHAVEN DR

LOUISVILLE, KY 40228

Current Officers

President

Kimberly Rosenblatt

Vice President	Camille Anderson
Secretary	Renee Bryant
Director	Renee Bryant
Director	Camille Anderson
Director	Kimberly Rosenblatt

Individuals / Entities listed at time of formation

Director	KIM FAULKNER
Director	SHERRI RICHTER
Director	DAVID WATKINS
Director	JANICE LAWRENCE
Incorporator	KIM FAULKNER

Images available online

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

Annual Report Amendment	7/18/2022	1 page	PDF
Registered Agent name/address change	5/16/2022 8:42:17 PM	1 page	PDF
Principal Office Address Change	5/16/2022 8:42:17 PM	1 page	PDF
Annual Report	5/16/2022	1 page	PDF
Annual Report	2/11/2021	1 page	PDF
Registered Agent name/address change	12/30/2020 10:51:23 AM	1 page	PDF
Principal Office Address Change	12/30/2020 10:46:08 AM	1 page	PDF
Annual Report Amendment	12/30/2020	1 page	PDF
Annual Report	6/5/2020	1 page	PDF
Annual Report	5/25/2019	1 page	PDF
Annual Report	4/26/2018	1 page	PDF
Annual Report	6/2/2017	1 page	PDF
Annual Report Amendment	9/20/2016	1 page	PDF
Registered Agent name/address change	8/11/2016 10:29:02 AM	1 page	PDF
Principal Office Address Change	8/11/2016 10:23:53 AM	1 page	PDF
Annual Report	3/18/2016	1 page	PDF
Annual Report	4/24/2015	1 page	PDF
Annual Report	4/3/2014	1 page	PDF
Annual Report	1/11/2013	1 page	PDF
Annual Report	6/11/2012	1 page	PDF
Annual Report	6/27/2011	1 page	PDF
Annual Report Return	4/13/2011	2 pages	tiff PDF
Annual Report	6/7/2010	1 page	tiff PDF
Principal Office Address Change	8/19/2009 3:09:46 PM	1 page	PDF
Registered Agent name/address change	8/5/2009 12:52:18 PM	1 page	PDF
Annual Report	7/17/2009	1 page	PDF
Reinstatement	11/6/2008	3 pages	tiff PDF
Administrative Dissolution	12/1/2007	1 page	PDF
Articles of Incorporation	6/26/2006	4 pages	tiff PDF

FREE KIDS ZONE!

HIGHVIEW
Community

Festival



PARADE & CAR SHOW

PRESENTED BY THE HIGHVIEW BUSINESS ASSOCIATION

OCTOBER 8th, 2022

11AM-4PM ~ VALUMARKET OUTER LOOP PLAZA

DON'T LET THIS OPPORTUNITY TO INTERACT WITH THE HIGHVIEW COMMUNITY PASS YOU BY!

If your church, school, club, group or business wishes to participate or have a booth at the festival contact Kim Rosenblatt at 502-664-4555 or email kimberlyrosenblatt@gmail.com. We will forward information to you along with a sign up sheet. The festival will have many informational booths, craft booths and area businesses represented along with great food and games and amusement for children. Be part of this annual event and take advantage of the audience of adults and children of Highview and surrounding areas!

