

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

Applicant/Program: Highview Business Owners Association/Highview Community
Applicant Requested Amount: \$7,331.90
Appropriation Request Amount: \$7,331.90

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 #

Jim Pal
Primary Sponsor Signature

\$ 7,331.90
Amount

8-19-21
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:

Appropriations Committee Chairman

Date

Final Appropriations Amount: _____

8h

Applicant/Program:

Highview Business Owner's Association Inc/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 Owner's Association Inc/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 Owner's Association Inc

Program Name and Request Amount Highview Community \$7,331.90

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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"/>
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> No <input checked="" type="checkbox"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/>

Prepared by: John Torsky

Date: 8-19-21

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: HIGHVIEW BUSINESS OWNERS ASSOCIATION INC <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: PO BOX 91797 LOUISVILLE, KY 40291			
Website: HIGHVIEWBUSINESS.ORG			
Applicant Contact:	KIMBERLY ROSENBLATT	Title:	PRESIDENT
Phone:	502-664-4555	Email:	KIMBERLYROSENBLATT@GMAIL.COM
Financial Contact:	SAME	Title:	SAME
Phone:	SAME	Email:	SAME
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		
Council District(s):	23	Highview	Zip Code(s): 40228
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: HIGHVIEW COMMUNITY			
Total Request: (\$)	7,331.90	Total Metro Award (this program) in previous year: (\$)	8,909.18
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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	01/2021
VICE PRESIDENT-CAMILLE ANDERSON-LINTON	01/2021
SECRETARY - RENEE BRYANT	01/2021
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 *KOR*

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 2, 2021. THIS EVENT IS FREE TO THE COMMUNITY. THERE WILL BE A CAR SHOW, MUSIC, BOUNCE HOUSES, AND CHILDRENS ACTIVITIES.

HIGHVIEW HOLIDAY FEST IS SCHEDULED FOR FRIDAY DECEMBER 3, 2021. 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):

~~\$2,997.90~~ FALL FESTIVAL (VARIOUS EQUIPMENT, RENTAL, SUPPLIES)
\$3,340.00-HORSE CARRIAGE RENTAL FOR HOLIDAYFEST
\$600.00-REFRESHMENTS FOR THE HOLIDAYFEST (DRINKS, CHILI, HOT DOGS, COOKIES)
\$394.00-WEBSITE ANNUAL MAINTENANCE

TOTAL-\$7,331.90

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.

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)	7,331.90	0	7,331.90
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	7,331.90		7,331.90
	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 of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
DIGITALBG (DOUG LANDERS)	394	0	394
LOUISVILLE HORSE TRAMS	3,340	0	3,340
VALUMARKET	600	0	600
WASTENOW	238.9	0	238.9
RUMPKE	159	0	159
LOUISVILLE INFLATIBLES	1,500	0	1,500
COPY PALACE	600	0	600
VISTA PRINT	500	0	500
Total	7,331.40	0	7,331.40

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.

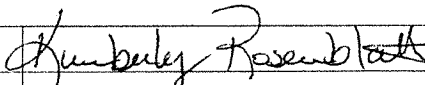
Standard Certifications

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:	08/10/2021
Legal Signatory: (please print):	KIMBERLY ROSENBLATT	Title:	PRESIDENT
Phone:	502-664-4555	Extension:	
Email:	KIMBERLYROSENBLATT@GMAIL.com		

From: [Torsky, John N](#)
To: [Bell, LaTonya J.](#); [Harward, Sonya](#)
Subject: FW: HBA Board Members
Date: Wednesday, September 1, 2021 11:48:30 AM

Ms. Harward,

Please add this email to the NDF packet for the Highview Business Association.

Thank you,
John Torsky

From: Kimberly Rosenblatt <kimberlyrosenblatt@gmail.com>
Sent: Wednesday, September 1, 2021 11:32 AM
To: Torsky, John N <John.Torsky@louisvilleky.gov>
Subject: RE: HBA Board Members

CAUTION: This email came from outside of Louisville Metro. Do not click links or open attachments unless you recognize the sender and know the content is safe

Typically they are 1 year terms but due to covid we just started so they will go to 12/31/22.

Kimberly Rosenblatt
Realtor, EXP Realty
(502)664-4555
www.LovelyLouisvilleHomes.com

From: Torsky, John N <John.Torsky@louisvilleky.gov>
Sent: Wednesday, September 1, 2021 11:21 AM
To: Kimberly Rosenblatt <kimberlyrosenblatt@gmail.com>
Subject: RE: HBA Board Members

When do the terms expire? That is the #1 question our finance staff has. It wasn't clear on the application.

Thank you,
John

From: Kimberly Rosenblatt <kimberlyrosenblatt@gmail.com>
Sent: Wednesday, September 1, 2021 10:05 AM
To: Torsky, John N <John.Torsky@louisvilleky.gov>
Subject: RE: HBA Board Members

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Kimberly Rosenblatt – President
Camille Anderson-Linton – Vice President
Renee Bryant - Secretary

Kimberly Rosenblatt
Realtor, EXP Realty
(502)664-4555
www.LovelyLouisvilleHomes.com

From: Torsky, John N <John.Torsky@louisvilleky.gov>
Sent: Tuesday, August 31, 2021 3:19 PM
To: Kimberly Rosenblatt <kimberlyrosenblatt@gmail.com>
Subject: HBA Board Members

Ms. Rosenblatt,

Can you please send us a list of the current Highview Business Association board members and when do their term expires.

Thank you,
John Torsky

*John Torsky
Legislative Assistant
District 23 Metro Councilman James Peden*

*502-574-1123 - Office
502-574-3468 - Direct*

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Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Highview Business Owners Association
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

8/10/21
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



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:** 2020
- **Tax Year Start Date:** 07-01-2020
- **Tax Year End Date:** 06-30-2021
- **Submission ID:** 10065520212214849357
- **Filing Status Date:** 08-09-2021
- **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

NARP

0641559

Michael G. Adams

KY Secretary of State

Received and Filed

2/11/2021 2:17:58 PM

Fee receipt: \$15.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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

**Annual Report
 Online Filing**

ARP

Company: HIGHVIEW BUSINESS OWNERS ASSOCIATION INC
Company ID: 0641559
State of origin: Kentucky
Formation date: 6/26/2006 12:00:00 AM
Date filed: 2/11/2021 2:17:58 PM
Fee: \$15.00

Principal Office

7812 APPLEVIEW LANE
 LOUISVILLE, KY 40291

Registered Agent Name/Address

DAVID STEFF
 7812 APPLEVIEW LANE
 LOUISVILLE, KY 40291

Current Officers

President	DARRELL FRANKLIN	7519 OUTER LOOP LOUISVILLE KY 40228
Secretary	KIMBERLY ROSENBLATT	6614 MOORHAVEN DR LOUISVILLE, KY 40228
Vice President	DAVID STEFF	7812 APPLEVIEW LANE LOUISVILLE, KY 40228

Directors

Director	DARRELL FRANKLIN	7519 OUTER LOOP LOUISVILLE, KY 40228
Director	DAVID STEFF	7812 APPLEVIEW LANE LOUISVILLE, KY 40228
Director	KIMBERLY ROSENBLATT	6614 MOOREHAVEN DR LOUISVILLE, KY 40228

County:	Jefferson
Business size:	Small
Business type:	Other

Signatures

Signature	David Steff
Title	Vice President

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 *INC*

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

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

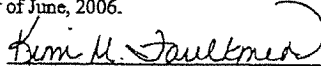
The name address of the incorporator is Kim Faulkner, 7309 Fegenbush Lane, Louisville, KY, 40228.

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

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

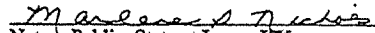


Kim Faulkner, President

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



Notary-Public, State at Large, KY

The foregoing instrument was prepared by:



David D. Watkins Jr., Secretary

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

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above HIGHVIEW BUSINESS OWNERS ASSOCIATION INC	
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. <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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <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> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. PO BOX 91797	Requester's name and address (optional)
6 City, state, and ZIP code LOUISVILLE, KY 40291	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													
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4	5	-	3	0	6	2	7	5	5				

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ <i>Kimberly Roseblack</i>	Date ▶ <i>8/10/21</i>
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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.

FREE KIDS ZONE!

HIGHVIEW

Community

Festival
and Car Show



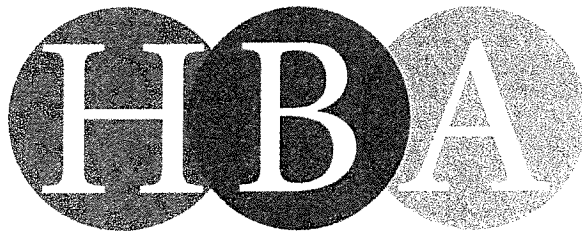
PRESENTED BY THE HIGHVIEW BUSINESS ASSOCIATION

OCTOBER 2ND, 2021

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!



Highview Business Association



9115 Smyrna Parkway Louisville, KY 40229

Account Statement

800-292-2905 | www.LNFCU.com

Member Number **XXXXXX8200**
Statement For **07/01/2021 - 07/31/2021**
Page 1 of 1

RETURN SERVICE REQUESTED

514141 16609 1/2 UNQ 08-01-21 CLT
000016608 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 \$400.00 cash back and competitive rates and terms. Visit www.LNFCU.com to apply!

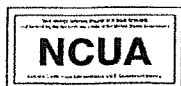
Your Account Balances as of 07/31		Dividend YTD
2 Basic Business Checking	\$2,554.22	\$0.00
Account Balance Total	\$2,554.22	\$0.00
Total Dividends Paid Year-To-Date		\$0.00

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

BASIC BUSINESS CHECKING ID 2		Beginning Balance	\$2,554.22
Dividends Paid in 2021 \$0.00		0 Total Deposits for	0.00
		0 Total Withdrawals for	0.00
		Ending Balance	\$2,554.22

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.



HOW TO BALANCE YOUR CHECKING ACCOUNT

IS YOUR CHECK BOOK BALANCE IN AGREEMENT WITH THE BALANCE SHOWN ON THIS STATEMENT? IF NOT, THIS SIMPLE FORM MAY HELP YOU BRING THEM INTO AGREEMENT.

1. ENTER NEW BALANCE AS SHOWN ON THE STATEMENT.	\$
2. DEPOSITS YOU MAY HAVE MADE DURING THE CURRENT PERIOD AND ENTER IN THIS SPACE ANY WHICH HAVE NOT BEEN CREDITED ON THIS STATEMENT.	\$
3. TOTAL OF LINES 1 AND 2.	\$
4. LIST IN 4a BELOW ANY OUTSTANDING ITEMS (CHECKS & DEBIT CARD) YOU HAVE ISSUED WHICH HAVE NOT BEEN LISTED ON THIS STATEMENT AND ENTER THE TOTAL HERE.	\$
5. SUBTRACT LINE 4 FROM LINE 3. THIS SHOULD BE YOUR PRESENT CHECK BOOK BALANCE.	\$

4a.

OUTSTANDING ITEM	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL TO BE ENTERED IN 4 ABOVE	\$

NOTE:

IF YOUR STATEMENT DOES NOT BALANCE, PLEASE CHECK TO BE SURE YOU HAVE ENTERED IN YOUR CHECK BOOK ALL AUTOMATIC TRANSACTIONS SHOWN ON THE FRONT OF YOUR STATEMENT.

YOU SHOULD HAVE **ADDED** IF THESE OCCURRED:

1. AUTOMATIC LOAN ADVANCES
2. CREDIT MEMOS
3. DIVIDENDS CREDITED
4. PRE-AUTHORIZED DEPOSITS
5. ATM DEPOSITS

YOU SHOULD HAVE **SUBTRACTED** IF THESE OCCURRED:

1. AUTOMATIC LOAN PAYMENTS
2. PRE-AUTHORIZED DEDUCTIONS
3. SERVICE CHARGES
4. DEBIT MEMOS
5. ATM WITHDRAWALS
6. DEBIT CARD PURCHASES

In Case of Errors or Questions About Your Electronic Transfer or Statement

Telephone: (502) 368-5858 (800) 292-2905
 Write: 9115 Smyrna Parkway Louisville, KY 40229

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 clearly why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will tell you the results of the investigation within 10 business days after hearing from you and will correct any error promptly. If more time is needed, however, we may take up to 45 days to investigate your complaint or question. If this decision is made, we will re-credit your account within 10 business days 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 the investigation. If you have been asked to put your complaint in writing and we do not receive it within 10 business days, the account may not be re-credited.

LOUISVILLE AREA LOCATIONS

CRESTWOOD (Walmart)
 6501 Veterans Memorial Pkwy, Ste. 100
 Crestwood, KY 40014

DIXIE

7412 Dixie Highway
 Louisville, KY 40258

DOWNTOWN

200 West Chestnut Street
 Louisville, KY 40202

HIKES POINT

3099 Breckenridge Ln, Ste. 109
 Louisville, KY 40220

JEFFERSONTOWN

12629 Taylorsville Road
 Louisville, KY 40299

MIDDLETOWN (Walmart)

12981 Shelbyville Road
 Louisville, KY 40243

MT. WASHINGTON

129 Davis Drive
 Mt. Washington, KY 40047

OLD BROWNSBORO CROSSING

9731 Von Allmen Court
 Louisville, KY 40241

SMYRNA

9201 Smyrna Parkway
 Louisville, KY 40229

SOUTHERN PARKWAY

4700 Southern Parkway
 Louisville, KY 40214

STONYBROOK

2601 S. Hurstbourne Pkwy
 Louisville, KY 40220

SOUTHERN INDIANA LOCATIONS

JEFFERSONVILLE

1450 Veterans Pkwy, Ste. 100
 Jeffersonville, IN 47130

NEW ALBANY

2865 Charlestown Road
 New Albany, IN 47150

NORTHERN KENTUCKY LOCATIONS

ERLANGER

822 Donaldson Highway
 Erlanger, KY 41018

FORT WRIGHT (Walmart)

3450 Valley Plaza Pkwy
 Fort Wright, KY 41017

SOUTHEAST KENTUCKY LOCATIONS

CORBIN

1498 W. Cumberland Gap Pkwy
 Corbin, KY 40701

LONDON DOWNTOWN

101 Spring Street
 London, KY 40741

LONDON SOUTH

120 Wendon Way
 London, KY 40741

SOMERSET

2599 US Hwy 27S Ste. 116
 Somerset, KY 42501

WILLIAMSBURG (Walmart)

589 Hwy 92 West
 Williamsburg, KY 40769

502-368-5858 • 800-292-2905

www.LNFCU.com

Highview Business Association 2021 Budget

- PO Box Rental: \$134
- Web Maintenance: \$394
- Secretary of State: \$15
- Holiday Refreshments: \$600
- Holiday Fest Carriage Rides: \$3340
- Fall Festival: \$ 2,997.90
- Halloween Festival: \$500
- Marketing/Printing: \$500

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. Berner
Director, Exempt Organizations

Enclosure: Publication 4221-NC

Letter 948 (DO/CG)



Kentucky Secretary of State

Michael G. Adams

HIGHVIEW BUSINESS OWNERS ASSOCIATION INC

[File Annual Report](#)[File Statement of Change of Principal Office](#)[File Statement of Change of registered Agent / Registered Address](#)[Printable Forms](#)[Additional Services](#)[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	2/11/2021
Principal Office	7812 APPLEVIEW LANE LOUISVILLE, KY 40291
Registered Agent	DAVID STEFF 7812 APPLEVIEW LANE LOUISVILLE, KY 40291

Current Officers

President	DARRELL FRANKLIN
Vice President	DAVID STEFF
Secretary	KIMBERLY ROSENBLATT
Director	DARRELL FRANKLIN
Director	DAVID STEFF
Director	KIMBERLY ROSENBLATT

Principal office change	12/30/2020 10:46:08 AM	12/30/2020 10:46:08 AM
Annual report	6/5/2020 11:23:22 AM	6/5/2020 11:23:22 AM
Annual report	5/25/2019 8:55:01 AM	5/25/2019 8:55:01 AM
Annual report	4/26/2018 3:56:31 PM	4/26/2018 3:56:31 PM
Annual report	6/2/2017 1:23:24 PM	6/2/2017 1:23:24 PM
Amendment to annual report	9/20/2016 3:03:14 PM	9/20/2016 3:03:14 PM
Registered agent address change	8/11/2016 10:29:02 AM	8/11/2016 10:29:02 AM
Principal office change	8/11/2016 10:23:53 AM	8/11/2016 10:23:53 AM
Annual report	3/18/2016 1:31:51 PM	3/18/2016 1:31:51 PM
Annual report	4/24/2015 2:04:13 PM	4/24/2015 2:04:13 PM
Annual report	4/3/2014 9:58:28 AM	4/3/2014 9:58:28 AM
Annual report	1/11/2013 4:21:10 PM	1/11/2013 4:21:10 PM
Annual report	6/11/2012 10:54:13 AM	6/11/2012 10:54:13 AM
Annual report	6/27/2011 3:23:43 PM	6/27/2011 3:23:43 PM
Annual report	6/7/2010 4:49:44 PM	6/7/2010
Principal office change	8/19/2009 3:09:46 PM	8/19/2009 3:09:46 PM
Registered agent address change	8/5/2009 12:52:18 PM	8/5/2009 12:52:18 PM
Annual report	7/17/2009 10:25:58 AM	7/17/2009 10:25:58 AM
Reinstatement	11/6/2008 11:24:58 AM	11/6/2008
Admin Dis. A. report not in	12/1/2007	12/1/2007
Admin Dis. A. report not in	12/1/2007	12/1/2007
Add	6/26/2006 11:33:35 AM	6/26/2006

Microfilmed Images

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