Print Form

0-172-26

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

Applicant/Program: Louisville Independent Business Alliance, Inc./South Points Buy Local Fair
Applicant Requested Amount: $7,500
Appropriation Request Amount: ~~$1,000~~ $6,250

Executive Summary of Request

The Louisville Independent Business Alliance (LIBA) will host the South Points Buy Local Fair on Sunday, July 12th, 2026, from noon to 4 pm in Iroquois Park. The event will be free and open to the public. 50+ local businesses will be participating. Metro funds will cover advertising, marketing, design + tracking, event planning contractors, day of event help, entertainment/DJ, rental equipment, supplies + printing (flyers, etc.), inflatables and security.

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.

District #	Primary Sponsor Signature	Amount	Date
15.00	Signed by: J. Chappell 4A31828479C84A3...	$1,000.00	6/5/2026

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.
NA

Approved by:

Appropriations Committee Chairman — Date: 6/17/2026

Final Appropriations Amount: $6,250

AJ

Approved Committee
Date: 6/17/26

Applicant/Program:
Louisville Independent Business Alliance, Inc./South Points Buy Local Fair

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.

NA

Council Member Signature and Amount

District 1	$ 250
District 2	$
District 3	$
District 4	$
District 5	$
District 6	$
District 7	$
District 8	$ 500
District 9	$ 500
District 10	$
District 11	$
District 12	$ 1,000
District 13	$ 500
District 14	$ 500
District 15	$

Applicant/Program:

Louisville Independent Business Alliance, Inc/South Points Buy Local Fair

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.

NA

District 16 _____ $ 250

District 17 _____ $ _____

District 18 _____ $ _____

District 19 _____ $ _____

District 20 _____ $ _____

District 21 _____ $ 750

District 22 _____ $ _____

District 23 _____ $ _____

District 24 _____ $ 500

District 25 _____ $ 500

District 26 _____ $ _____

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Louisville Independent Business Alliance, Inc.

Program Name and Request Amount South Points Buy Local Fair $7,500

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

Prepared by: DocuSigned by: Amy Luckett 2D9596B9E3C141D... Date: 6/5/2026

Print Form

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant Organization:
(as listed on: http://www.sos.ky.gov/business/records Louisville Independent Business Alliance, Inc.

Main Office Street & Mailing Address: 1701 W. Market St., Ste. 201J, 40203/PO Box 4579, 40204

Website: www.keeplouisvilleweird.com

Applicant Contact:	Jennifer Rubenstein	**Title:**	Executive Director
Phone:	(502) 500-4669	**Email:**	jennifer@keeplouisvilleweird.com
Financial Contact:	same	**Title:**	
Phone:		**Email:**	

Organization's Representative who attended NDF Training: Jennifer Rubenstein

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

Program Facility Location(s):	Iroquois Park		
Council District(s):	3, 12, 13, 14, 15, 21, 25	**Zip Code(s):**	40214, -15, -16, -56, -58, -72, and 40118

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: LIBA South's South Points Buy Local Fair

Total Request: ($)	$ 7,500.00	**Total Metro Award (this program) in previous year: ($)**	$ 4,750.00

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:

- ☑ 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
- ☐ 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

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:	Buy Local Fair NDF	Amount: ($)	$ 11,200.00
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 JBR

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

LIBA's mission is to cultivate the unique community character of the Metro Louisville area by promoting locally-owned, independent businesses and to educate citizens on the value of purchasing locally. In order to pursue its mission, LIBA focuses on:

* Informing citizens of the value provided by locally-owned businesses, including their importance to the local economy, culture, and social fabric. The goal is to encourage area residents to view themselves as citizens -- as members of a community rather than merely as consumers.

* Offering group branding, promotion and advertising to LIBA members to elevate the individual and collective profiles of locally-owned businesses in order to provide marketing and exposure advantages that chains routinely enjoy.

* Creating strong relationships with local government and media in order to inform local decision-making and give voice to the locally-owned independent business community, and to promote policies that support community-rooted enterprise.

LIBA is also responsible for the Buy Local First and 'keep Louisville weird' campaigns, publishing the Buy Local Guide, Louisville Local Business Expo (January), the Buy Local Fair (May or June), South Points Buy Local Fair (July), hoLOUdays campaign (December) and efforts of the LIBA West and LIBA South committees, including neighborhood Small Business Saturday celebrations, the West Louisville Trailblazer series and West on Wednesday series.

Applicant's Initials

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Angie McCorkle Butler	01/01/2027
Kenny Marcum	01/01/2027
Jeremy Gangloff	01/01/2028
Lauren Hendricks	01/01/2028
Barbara Nichols	01/01/2027
Rebecca Fleischaker	01/01/2028
Medora Safai	01/01/2027
Amy Simpson	01/01/2029
Raegan Stremel	01/01/2029
Crysten Minzenberger	01/01/2029
Bethany Witten	01/01/2028
Cynthia Brown	01/01/2027
Brittney Hill-Whitehead	01/01/2029

Describe the Board term limit policy:

Board members are elected to a 3 year term by the membership. After their term ends, they have the option to run for re-election.

Three Highest Paid Staff Names	Annual Salary
Jennifer Rubenstein	$ 59,644.00
Leslie Spanyer	$ 42,764.00

Applicant's Initials

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.):

The Louisville Independent Business Alliance (LIBA) focuses on promoting local, independent businesses in underserved areas including South and West Louisville. LIBA South hosts two events annually to promote Buying Local in South and Southwest Louisville. LIBA will host the South Points Buy Local Fair on Sunday, July 12, 2026 from 12n-4pm in Iroquois Park. This event is open and free to the public.

South Points Buy Local Fairs (SPBLF) have historically attracted over 1,500 attendees from across the South End of Louisville and beyond. Vendor participation is significant, with 50+ local businesses participating at SPBLF, and all South Louisville council districts represented. LIBA has members in 100% of all council districts.

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

NDF funds will be spent on various expenses, budget attached. This includes advertising, marketing, design & tracking; event planning contractors; day of event help; entertainment/DJ; renting various equipment; supplies and printing; inflatables; and security for the event. LIBA's sponsor and event fee funds will cover the other expenses.

Applicant's Initials

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Funds raised from these events will continue LIBA's "keep Louisville weird" and "Buy Local First" education efforts, including the "keep South Louisville weird" campaign. We have over 850 members and have focused the public's attention on the benefits of buying locally through our major events and campaigns, *including the release of the Indie Impact Study, showing the positive financial impact (specific* to the Louisville area) of buying locally. This study showed that for every $100 spent at a Louisville-area independent business, $55 remains in the local economy, whereas only $14 remains when spent at a chain, and practically zero when it comes to mega online retailers.

Funds raised will support our efforts to strengthen and grow independent businesses in areas that are historically underserved, particularly in West and South Louisville. We promote a LIBA South Business of the month with our LIBA South Work Group that meets to plan events and share information about South End resources. Our partnerships with Amped, MELANnaire Marketplace, LUL Center for Entrepreneurship and more help us act as a marketing arm and community connection maker for Black-owned businesses. Funds raised will also be used for such efforts as materials for our member businesses, community outreach that educates the public about the benefits of buying locally, support for our member businesses, etc.

This fundraiser also demonstrates the other main thrust of our message: that independent businesses contribute to our culture, social fabric and what makes our city distinctive.

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.

NDF funds will be spent on various expenses, budget attached. This includes advertising, marketing, design & tracking; event planning contractors; day of event help; entertainment/DJ; renting various equipment; supplies and printing; inflatables; and security for the event.

☐ 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.

Applicant's Initials

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:

These events will lead to a shift towards spending at locally-owned businesses, specifically in the South End which will benefit our local economy. A study funded by LIBA focused on the economic impact of Louisville-area retailers and restaurants. The results show that for every $100 spent at a locally-owned, independent business, $55 is reinvested locally, whereas only $14 is reinvested when that same money is spent at a national chain, and practically zero with mega online retailers. The additional amount that would stay in the Louisville economy if citizens made just a 10% shift from chains to independents would be $416 million.

These events have been very popular with South End area crafters, artists, farmers, restaurant/food trucks and businesses, who continue to return to LIBA South events because they are effective at driving business to their unique-to-South Louisville establishments, which in turn supports our local economy. The public continues to attend in large numbers because the events strengthen the fabric of the community. Attendees gather a sense of pride in their city as they sample from vendors that can't be found in any other city, while they run into old friends and make new ones. We are also happy to be partnering with the South End Community Market, Southwest Dream Team, and the One Louisville team to support and bring more businesses to the South End. We are also partnering with UofL Health Mary & Elizabeth Hospital and Metro Parks to place an emphasis on health in underserved areas like the South End.

Consistently strong numbers of attendance and vendors (and the diversity of vendors) has been a measure of success in the past, and will continue to be this year. M2 Max Media will give us specific numbers on the value and reach of our promotional efforts.

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.

LIBA collaborates with various other local organizations to put on a successful event that furthers everyone's goals. Louisville Water Company will be providing Pure Tap to fair goers at the South Points Buy Local Fair. We make sure participation is attainable for even the smallest of businesses. And of course, we have had wonderful support from Metro Council in the past. We continue to spotlight the *Council Members who support the event with signage recognition, banners and booth space* (optional to staff).

Besides those listed above, LIBA also partners with other area organizations throughout the year, including the Southwest Dream Team, South Louisville Business Association, South End Community Market, Amped Business Incubator, LUL Center For Entrepreneurship, OneWest, Russell Place of Promise, many neighborhood business organizations, the Small Business Administration, Small Business Development Center, SCORE, Louisville Free Public Library, Navigate/Jewish Family & Career Services, the Family Business Center, University of Louisville and others.

Applicant's Initials

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 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1+2)=3 Total Funds
A: Personnel Costs Including Benefits			$ 0.00
B: Rent/Utilities			$ 0.00
C: Office Supplies			$ 0.00
D: Telephone			$ 0.00
E: In-town Travel			$ 0.00
F: Client Assistance (See Detailed List on Page 8)			$ 0.00
G: Professional Service Contracts			$ 0.00
H: Program Materials			$ 0.00
I: Community Events & Festivals (See Detailed List on Page 8)	$ 7,500.00	$ 15,500.00	$ 23,000.00
J: Machinery & Equipment			$ 0.00
K: Capital Project			$ 0.00
L: Other Expenses (See Detailed List on Page 8)			$ 0.00
***TOTAL PROGRAM/PROJECT FUNDS**	$ 7,500.00	$ 15,500.00	$ 23,000.00
% of Program Budget	32.61%	67.39%	**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	$ 2,000.00
Other (please specify) Sponors and grants	$ 23,500.00
Total Revenue for Columns 2 Expenses **	$ 25,500.00

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

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

Applicant's Initials

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
Advertising, Marketing, Design, & Tracking	$ 3,000.00	$ 2,000.00	$ 5,000.00
Contractors: Event Planning	$ 2,500.00	$ 5,100.00	$ 7,600.00
Contractors: Day of Help	$ 400.00	$ 0.00	$ 400.00
Staff Time	$ 0.00	$ 6,350.00	$ 6,350.00
Tshirts for volunteers	$ 0.00	$ 200.00	$ 200.00
Entertainment/DJ	$ 500.00	$ 0.00	$ 500.00
Rentals	$ 500.00	$ 0.00	$ 500.00
Supplies & Printing (flyers, signage, etc.)	$ 100.00	$ 600.00	$ 700.00
Inflatables	$ 300.00	$ 0.00	$ 300.00
Security	$ 200.00	$ 0.00	$ 200.00
Venue Rental/Permits	$ 0.00	$ 1,250.00	$ 1,250.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
Total	$ 7,500.00	$ 15,500.00	$ 23,000.00

Applicant's Initials

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
Volunteers: 15	$ 600.00	$10 per hour, 4 hours each
Advertising (LEO, LPM, Al Dia, etc.)	$ 3,000.00	market rate
Total Value of In-Kind (***to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind)	$ 3,600.00	

*** 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: 01/01/2026

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:

Applicant's Initials

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:**	05/19/2026
Legal Signatory: (please print):	Jennifer Rubenstein	**Title:**	Executive Director

Phone:	(502) 473-4687	**Extension:**	101	**Email:**	jennifer@keeplouisvilleweird.com

Applicant's Initials

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

DEPARTMENT OF THE TREASURY

Date: OCT 07 2009

LOUISVILLE INDEPENDENT BUSINESS
ALLIANCE, INC.
1534 BARDSTOWN RD
LOUISVILLE, KY 40205

Employer Identification Number:
20-5025267
DLN:
309173012
Contact Person:
SUSAN Y MALONEY ID# 31210
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Effective Date of Exemption:
March 19, 2008
Contribution Deductibility:
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.

Sincerely,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-NC

Letter 948 (DO/CG)

Louisville Independent Business Alliance

Budget Overview: Fiscal Year 2026 - FY26 P&L

January - December 2026

	TOTAL
Revenue	
Direct Public Support	1,500.00
Indirect Public Support	13,000.00
Investments	240.00
Merchandise Income	2,500.00
Program Income	177,000.00
Special Events Income	69,500.00
Total Revenue	**$263,740.00**
GROSS PROFIT	**$263,740.00**
Expenditures	
Credit Card Fees	5,050.00
Facilities and Equipment	9,956.00
Merchandise Expense	1,375.00
Operations	13,315.00
Other Types of Expenses	21,000.00
Payroll Expenses	139,665.00
Program Expenses	33,550.00
Special Event Expenses	35,500.00
Travel and Meetings	1,300.00
Total Expenditures	**$260,711.00**
NET OPERATING REVENUE	**$3,029.00**
NET REVENUE	**$3,029.00**

Louisville Independent Business Alliance

Statement of Activity

January 1-May 19, 2026

	TOTAL
Revenue	
Direct Public Support	35.00
Indirect Public Support	
Buy Local Louisville Foundation	65.00
Total for Indirect Public Support	**$65.00**
Investments	
Interest-Savings, Short-term CD	63.61
Total for Investments	**$63.61**
Merchandise Income	716.00
Other Types of Income	
Miscellaneous Revenue	-23.50
Total for Other Types of Income	**-$23.50**
Program Income	
Affinity Programs	210.00
Business Membership Dues	48,871.00
Directory	2,403.00
eGift Card/Louisville Originals	-315.00
Email Advertising	200.00
Indiv Membs aka Buy Local Besti	40.00
Member Event Fees	581.30
Member Event Sponsorships	1,900.00
Supporter Status	600.00
West Louisville Efforts	$490.00
West Small Biz Saturday	2,000.00
Total for West Louisville Efforts	**$2,490.00**
Total for Program Income	**$56,980.30**
Special Events Income	
Buy Local Fair	17,290.00
Louisville Local Business Expo	10,095.00
South Points Buy Local Fair Inc	1,850.00
Total for Special Events Income	**$29,235.00**
Total for Revenue	**$87,071.41**
Gross Profit	**$87,071.41**
Expenditures	
Credit Card Fees	$313.85
Fees from credit card companies	1,534.39
Total for Credit Card Fees	**$1,848.24**
Facilities and Equipment	
Fixtures and Office Environment	700.02
Rent and Electricity	2,384.00
Total for Facilities and Equipment	**$3,084.02**

Louisville Independent Business Alliance

Statement of Activity

January 1-May 19, 2026

	TOTAL
Merchandise Expense	$733.00
Sales And Use Tax	64.99
Total for Merchandise Expense	**$797.99**
Operations	
Bank Fees	$642.50
ACH Activity Fee	420.40
Total for Bank Fees	**$1,062.90**
Books, Subscriptions, Reference	84.80
Business Registration Fees	25.00
Email Distribution Service	125.00
Postage, Mailing Service	289.00
Software	24.00
Supplies	72.82
Telephone, Telecommunications	325.37
Website Domain Names	63.38
Total for Operations	**$2,072.27**
Other Types of Expenses	
Advertising Expenses	$264.44
Social Media & Copywriting	4,210.50
Total for Advertising Expenses	**$4,474.94**
Insurance-Liability, D and O, workers comp	471.00
Memberships and Dues	1,038.00
Staff/Board Development	584.66
Total for Other Types of Expenses	**$6,568.60**
Payroll Expenses	
Contract Services	1,020.00
Neighborhood Initiative Contrac	317.50
Payroll Processing Fees	106.00
Salary	45,955.95
Taxes	3,573.19
Total for Payroll Expenses	**$50,972.64**
Program Expenses	
Directory	1,576.87
eGift Card/Louisville Originals	3,980.61
Member Event Expenses	606.67
Total for Program Expenses	**$6,164.15**
Special Event Expenses	
Buy Local Fair	6,014.86
Louisville Local Business Expo	3,390.01
South Points Buy Local Fair Exp	600.00
Total for Special Event Expenses	**$10,004.87**

Louisville Independent Business Alliance

Statement of Activity

January 1-May 19, 2026

	TOTAL
Travel and Meetings	$311.72
Conference, Convention, Meeting	100.00
Total for Travel and Meetings	**$411.72**
Total for Expenditures	**$81,924.50**
Net Operating Revenue	**$5,146.91**
Net Revenue	**$5,146.91**

2025 Exempt Org. Return
prepared for:

LOUISVILLE INDEPENDENT BUSINESS ALLIANCE INC
PO BOX 4759
LOUISVILLE, KY 40204

BOURKE ACCOUNTING LLC
1019 S 4TH STREET
LOUISVILLE, KY 40203

BOURKE ACCOUNTING LLC
1019 S 4TH STREET
LOUISVILLE, KY 40203
(502) 451-8773

April 15, 2026

LOUISVILLE INDEPENDENT BUSINESS ALLIANCE
INC
PO BOX 4759
LOUISVILLE, KY 40204

Dear Client:

Your 2025 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

BILL LENTINI

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C
LOUISVILLE INDEPENDENT BUSINESS ALLIANCE INC
PO BOX 4759
LOUISVILLE, KY 40204

D Employer identification number: 20-5025267

E Telephone number: 502-500-4669

G Gross receipts $ 275,807.

F Name and address of principal officer: JENNIFER RUBENSTEIN
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions.

I Tax-exempt status: [ ] 501(c)(3) [X] 501(c) (6) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: KEEPLOUISVILLEWEIRD.COM

H(c) Group exemption number

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 2008

M State of legal domicile: KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO CULTIVATE THE UNIQUE COMMUNITY CHARACTER OF THE METRO LOUISVILLE AREA BY PROMOTING LOCALLY-OWNED, INDEPENDENT BUSINESSES AND TO EDUCATE CITIZENS ON THE VALUE OF PURCHASING LOCALLY.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	111,700.	130,738.
	9	Program service revenue (Part VIII, line 2g)	150,077.	144,952.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14.	117.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	261,791.	275,807.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	101,848.	109,536.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) 2,117.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	167,194.	151,747.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	269,042.	261,283.
	19	Revenue less expenses. Subtract line 18 from line 12	-7,251.	14,524.
			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	23,237.	37,761.
	21	Total liabilities (Part X, line 26)	0.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20	23,237.	37,761.

Part II Signature Block

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

Sign Here

Signature of officer — Date

JENNIFER RUBENSTEIN EXECUTIVE DIR.
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
BILL LENTINI	BILL LENTINI			P00423608

Firm's name: BOURKE ACCOUNTING LLC
Firm's address: 1019 S 4TH STREET, LOUISVILLE, KY 40203
Firm's EIN: 20-0464347
Phone no. (502) 451-8773

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

TO CULTIVATE THE UNIQUE COMMUNITY CHARACTER OF THE METRO LOUISVILLE AREA BY PROMOTING LOCALLY-OWNED, INDEPENDENT BUSINESSES AND TO EDUCATE CITIZENS ON THE VALUE OF PURCHASING LOCALLY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ including grants of $) (Revenue $)

TO CULTIVATE THE UNIQUE COMMUNITY CHARACTER OF THE METRO LOUISVILLE AREA BY PROMOTING LOCALLY-OWNED, INDEPENDENT BUSINESSES AND TO EDUCATE CITIZENS ON THE VALUE OF PURCHASING LOCALLY.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 0.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		X
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I.*	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II.*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I.*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II.*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III.*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V.*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a		X
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII.*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV.*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV.*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III.*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ... 2a 2				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O.*	3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d If "Yes," indicate the number of Forms 8282 filed during the year ... 7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12 ... 10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ... 10b				
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders ... 11a				
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ... 11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ... 12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?	13a			
Note: See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ... 13b				
c Enter the amount of reserves on hand ... 13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

Part VI **Governance, Management, and Disclosure.** ***For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.***

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	13		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6	Did the organization have members or stockholders?				X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?			X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*				X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed KY

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

JENNIFER RUBENSTEIN PO BOX 4759 LOUISVILLE KY 40204 502-500-4669

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JENNIFER RUBENSTEIN	40									
EXECUTIVE DIRECTOR	0				X			57,720.	0.	0.
(2) LESLIE SPANYER	20									
	0				X			43,880.	0.	0.
(3) LAUREN HENDRICKS	5									
PRESIDENT	0			X				0.	0.	0.
(4) CYNTHIA BROWN	5									
VICE PRESIDENT	0			X				0.	0.	0.
(5) CRYSTEN MINZENBERGER	5									
TREASURER	0			X				0.	0.	0.
(6) RAEGAN STREMEL	5									
SECRETARY	0			X				0.	0.	0.
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								101,600.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								101,600.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 0

		Yes	No
3 Did the organization list anyformer officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes,"complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	107,443.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,295.				
	g Noncash contributions included in lines 1a-1f	1g					
	h Total. Add lines 1a-1f			130,738.			
Program Service Revenue		Business Code					
	2a SPECIAL EVENTS			89,921.	89,921.		
	b DIRECTORY			31,129.	31,129.		
	c WEST LOUISVILLE EFFORTS			12,115.	12,115.		
	d OTHER PROGRAM REVENUE			10,512.	10,512.		
	e SOUTH LOUISVILLE EFFORTS			1,275.	1,275.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			144,952.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			117.	117.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			275,807.	145,069.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,600.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,936.	7,936.		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	12,274.	10,433.		1,841.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,206.	1,206.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,900.	3,900.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SPECIAL EVENT EXPENSES	42,257.	42,257.		
b PROGRAM EXPENSES FOR ALL EVENT	25,480.	25,480.		
c NEIGHBORHOOD INITIATIVE CONTRA	17,340.	17,340.		
d FACILITIES & EQUIPMENT	15,081.	15,081.		
e All other expenses SEE SCH O	34,209.	33,447.	486.	276.
25 Total functional expenses. Add lines 1 through 24e	261,283.	157,080.	486.	2,117.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash – non-interest-bearing	17,199.	1	28,607.
	2	Savings and temporary cash investments	5,600.	2	8,716.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	438.	15	438.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	23,237.	16	37,761.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ☒ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds	23,237.	31	37,761.
	32	Total net assets or fund balances	23,237.	32	37,761.
	33	Total liabilities and net assets/fund balances	23,237.	33	37,761.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	275,807.
2	Total expenses (must equal Part IX, column (A), line 25)	2	261,283.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,524.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,237.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	37,761.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
Open to Public Inspection

Name of the organization: LOUISVILLE INDEPENDENT BUSINESS ALLIANCE INC
Employer identification number: 20-5025267

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

BOARD WILL APPROVE THE 990 BEFORE FILING IS COMPLETE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
STAFF/BOARD DEVELOPMENT	9,728.	9,242.	486.	
SOFTWARE	5,941.	5,941.		
CREDIT CARD FEES	4,775.	4,775.		
MEMBERSHIP EXPENSE	3,112.	3,112.		
BANK SERVICE CHARGES	2,458.	2,458.		
POSTAGE AND SHIPPING	1,843.	1,567.		276.
CONTRACT SERVICES	1,545.	1,545.		
MERCHANDISE EXPENSE	1,528.	1,528.		
OTHER OPERATIONAL EXPENSES	1,390.	1,390.		
TELEPHONE	1,066.	1,066.		
INTERNET	720.	720.		
PAYROLL PROCESSING	102.	102.		
MISC & ADJ	1.	1.		
BUY LOCAL LOUISVILLE FOUNDATIO				
OUTREACH EXPENSES				
TOTAL	$ 34,209.	$ 33,447.	$ 486.	$ 276.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20____

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2025

Name of filer LOUISVILLE INDEPENDENT BUSINESS ALLIANCE INC

EIN or SSN 20-5025267

Name and title of officer or person subject to tax

JENNIFER RUBENSTEIN EXECUTIVE DIR.

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	275,807.
2a Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here		b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here		b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here		b FMV of assets at end of tax year (Form 5227, item D)	8b	
9a Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here		b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize BOURKE ACCOUNTING LLC (ERO firm name) to enter my PIN 55629 (Enter five numbers, but do not enter all zeros) as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 61069419601 (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature BILL LENTINI Date _____

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

2025

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

LOUISVILLE INDEPENDENT BUSINESS ALLIANCE INC

20-5025267

	2025	2024	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS	130,738	111,700	19,038
PROGRAM SERVICE REVENUE	144,952	150,077	-5,125
INVESTMENT INCOME	117	14	103
TOTAL REVENUE	275,807	261,791	14,016
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS	109,536	101,848	7,688
OTHER EXPENSES	151,747	167,194	-15,447
TOTAL EXPENSES	261,283	269,042	-7,759
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES	14,524	-7,251	21,775
TOTAL ASSETS AT END OF YEAR	37,761	23,237	14,524
TOTAL LIABILITIES AT END OF YEAR	0	0	0
NET ASSETS/FUND BALANCES AT END OF YEAR	37,761	23,237	14,524

LOUISVILLE INDEPENDENT BUSINESS ALLIANCE INC

20-5025267

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990

CARRYOVERS TO 2026

NONE

LOUISVILLE INDEPENDENT BUSINESS ALLIANCE INC

20-5025267

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990
THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE
THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN
NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.
WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION

0688397.09 mmullins
NAOI
Trey Grayson
Secretary of State
Received and Filed
03/19/2008 3:07:04 PM
Fee Receipt: $8.00

ARTICLES OF INCORPORATION
OF
LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC.

The undersigned incorporator executes these Articles of Incorporation for the purpose of forming and does hereby form a non-profit corporation under the laws of the Commonwealth of Kentucky, KRS 273 (the "Act"), in accordance with the following provisions.

ARTICLE I
NAME

The name of the Corporation is **LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC.** ("Corporation").

ARTICLE II
PURPOSES AND POWERS

The purposes for which this Corporation is organized are limited to any legal activity which is permitted to be undertaken by such form of corporation under the Act and pursuant to Section 501(c)(6) of the Internal Revenue Code of 1986, as amended (the "Code").

ARTICLE III
MEMBERS

The Corporation shall not have voting members. The management and affairs of the Corporation shall be at all times under the direction of a Board of Directors, as allowed by statute and the Bylaws of the Corporation.

ARTICLE IV
DIRECTORS

The business and affairs of the Corporation shall be governed by a Board of Directors. The initial Board of Directors shall have seven (7) members who shall serve until the first annual election of Directors and until their successors are elected and

qualified. The number of Directors may be increased or decreased from time to time as stated in the Bylaws of the Corporation. The names and mailing addresses of the initial Directors are attached as Exhibit A.

ARTICLE V
REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of the Corporation is 1534 Bardstown Road, Louisville, Kentucky 40205 and the name of the initial registered agent at that address is John D. Timmons.

ARTICLE VI
PRINCIPAL OFFICE

The mailing address of the principal office of the Corporation is 1534 Bardstown Road, Louisville, Kentucky 40205 .

ARTICLE VII
BYLAWS

The Bylaws of the Corporation shall be adopted, and may be amended or repealed, by the Board of Directors.

ARTICLE VIII
OFFICERS

The Bylaws shall identify and provide for the method of election or appointment of the Officers of the Corporation.

ARTICLE IX
INDEMNIFICATION

Each person who is or was a Director, or Officer of the Corporation, whether elected or appointed, and each person who is or was serving at the request of the Corporation as a Member, Director, or Officer of another entity, whether elected or appointed, including the heirs, executors, administrators, or estate of any such person, shall be indemnified by the Corporation against any liability, and the reasonable cost or expense (including attorney fees, monetary or other judgments, fines, excise taxes, or penalties and amounts paid or to be paid in settlement) incurred by such person in such person's capacity for the Corporation, subject to limitations contained from time-to-time in the Bylaws of the Corporation.

The Corporation may maintain insurance, at its own expense, to protect itself and any such person against any such liability, cost, or expense, whether or not the Corporation would have the power to indemnify such person against such liability, cost, or expense under the Kentucky Non-Profit Corporation Act or under this Article, but it shall not be obligated to do so.

The indemnification provided by this Article shall not be deemed exclusive of any other rights which those seeking indemnification may have or hereafter acquire under any bylaw, agreement, statute, vote of Members or Board of Directors, or otherwise. If this Article or any portion thereof shall be invalidated on any ground or by any court of competent jurisdiction, the Corporation shall nevertheless indemnify each such person to the full extent permitted by any applicable portion of this Article that shall not have been invalidated or by any other applicable law.

ARTICLE X
LIMITATION OF DIRECTOR LIABILITY

No Director shall be personally liable to the Corporation for monetary damages for breach of his or her duties as a Director except for liability: (a) for any transaction in which the Director's personal financial interest is in conflict with the financial interests of the Corporation; (b) for acts or omissions not in good faith or which involve intentional misconduct or are known to the Director to be a violation of law; or (c) for any transaction from which the Director derives an improper personal benefit.

If the Kentucky Revised Statutes (now or in the future) authorize corporate action further eliminating or limiting the personal liability of Directors, then the liability of a Director of the Corporation shall be deemed to be eliminated or limited by this provision to the fullest extent then permitted by the Kentucky Revised Statutes, as so amended. Any repeal or modification of this Article shall not adversely affect any right or protection of a Director of the Corporation existing at the time of such repeal or modification.

ARTICLE XI
LIMITATION ON DISTRIBUTIONS

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, the Corporation's Members, Directors, Officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article II above. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(6) of the Internal Revenue Code.

ARTICLE XII
DISSOLUTION

Upon the dissolution of the Corporation, assets shall be distributed as directed by the Board of Directors according to the Act so long as such direction does not violate the Code. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations as said court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE XIII
DURATION

The Corporation shall have a perpetual existence.

ARTICLE XIV
AMENDMENT

These Articles of Incorporation may be amended, altered or repealed by the Corporation's Board of Directors.

ARTICLE XV
INCORPORATOR

The name and address of the Incorporator is John D. Timmons, 1534 Bardstown Road, Louisville, Kentucky 40205.

Signed by the Incorporator at Louisville, Kentucky this 17 day of MARCH, 2008.

John D. Timmons, Incorporator

THE FOREGOING ARTICLES OF
INCORPORATION PREPARED BY:

LAKIN LAW OFFICE

LARRY L. LAKIN
Attorney at Law
11003 Bluegrass Parkway, Suite 500A
Louisville, Kentucky 40299
(502) 267-8221

EXHIBIT A

NAMES AND MAILING ADDRESS OF INITIAL DIRECTORS

1. John Timmons, ear X-tacy inc., 1534 Bardstown Road, Louisville, KY 40205
2. Mike Mays, Heine Brothers' Coffee, 2714 Frankfort Ave., Louisville, KY 40206
3. Carol Besse, Carmichael's Bookstores, 2720 Frankfort Ave., Louisville, KY 40206
4. Rebecca Cornwell, ear X-tacy inc., 1534 Bardstown Road, Louisville, KY 40205
5. Don Burch, 2330 Quest Outdoors, Frankfort Ave., Louisville, KY 40206
6. Summer Auerbach, Rainbow Blossom, 3738 Lexington Road, Louisville, KY 40207
7. Scott Roussell, Bluegrass Brewing Company,636 E Main St., Louisville, KY 40202

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Louisville Independent Business Alliance

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) **nonprofit**

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; *see instructions on page 3*):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

1701 W. Market St. Ste. 201J

Requester's name and address (optional)

6 City, state, and ZIP code

Louisville, KY 40203

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number

2 0 - 5 0 2 5 2 6 7

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** **Date** 1-21-26

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Kentucky Secretary of State
Michael G. Adams

FAST TRACK

LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC.

File Amended Annual report | Change Address or Registered Agent | File Certificate of Assumed Name (DBA) | File Dissolution | Upload a Filing | File Registered Agent Resignation | Subscribe to changes made to this entity

Print & Mail – Request Certificates

General Information

Organization Number :	0688397
Name :	LOUISVILLE INDEPENDENT BUSINESS ALLIANCE, INC.
Profit or Non-Profit :	N - Non-profit
Company Type :	KCO - Kentucky Corporation
Industry :	Membership Organizations
Number of Employees :	Small (0-19)
Primary County :	Jefferson
Status :	A - Active
Standing :	G - Good
State :	KY
File Date :	3/19/2008
Organization Date :	3/19/2008
Last Annual Report :	2/27/2026
Principal Office :	1701 W Market St Suite 201J Louisville, KY, 40203
Registered Agent :	PATRICK SCHMIDT 401 W. Main Street, Suite 1400

LOUISVILLE, KY, 40202

Show Images

Show Activities

Show Current Officers

Show Initial Officers

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