



**Applicant/Program:**

### **Additional Disclosure and Signatures**

#### **Additional Council Office Disclosure**

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

#### **Council Member Signature and Amount**

District 1 \_\_\_\_\_ \$ \_\_\_\_\_  
District 2 \_\_\_\_\_ \$ \_\_\_\_\_  
District 3 \_\_\_\_\_ \$ \_\_\_\_\_  
District 4 \_\_\_\_\_ \$ \_\_\_\_\_  
District 5 \_\_\_\_\_ \$ \_\_\_\_\_  
District 6 \_\_\_\_\_ \$ \_\_\_\_\_  
District 7 \_\_\_\_\_ \$ \_\_\_\_\_  
District 8 \_\_\_\_\_ \$ \_\_\_\_\_  
District 9 \_\_\_\_\_ \$ \_\_\_\_\_  
District 10 \_\_\_\_\_ \$ \_\_\_\_\_  
District 11 \_\_\_\_\_ \$ \_\_\_\_\_  
District 12 \_\_\_\_\_ \$ \_\_\_\_\_  
District 13 \_\_\_\_\_ \$ \_\_\_\_\_  
District 14 \_\_\_\_\_ \$ \_\_\_\_\_  
District 15 \_\_\_\_\_ \$ \_\_\_\_\_

**Applicant/Program:**

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

<b>Legal Name of Applicant Organization</b> Highview Business Owners Association	
<b>Program Name and Request Amount</b> Fall Fest and Holiday Fest - \$7,345.00	
	<b>Yes/No/NA</b>
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Prepared by: John Torsky	Date: 9-7-17

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> HIGHVIEW BUSINESS OWNERS ASSOCIATION <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> PO BOX 91797 Louisville, KY 40291			
<b>Website:</b> Highviewbusiness.org			
<b>Applicant Contact:</b>	Jessica Thomas	<b>Title:</b>	Treasurer
<b>Phone:</b>	502-315-5315	<b>Email:</b>	jessica.thomas@LNFCU.com
<b>Financial Contact:</b>	SAME	<b>Title:</b>	SAME
<b>Phone:</b>	SAME	<b>Email:</b>	SAME
<b>Organization's Representative who attended NDF Training:</b> NA <i>Ron Loughry</i>			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Highview Neighborhood		
<b>Council District(s):</b>	Highview	<b>Zip Code(s):</b>	40228
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Highview Community			
<b>Total Request: (\$)</b>	7,345	<b>Total Metro Award (this program) in previous year: (\$)</b>	6845.00
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
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	
<b>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.</b>			
<b>Source:</b>	Neighborhood Development Fund	<b>Amount: (\$)</b>	7,345
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

*[Handwritten Signature]*

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

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



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Highview Fall Festival is scheduled for October 7, 2017. Sponsorship fee is \$3500 and included is a booth to share information with community.

Highview Holiday Festival is scheduled for December 1, 2017. We will provide carriage rides free to all in the community that attend the event. We will also provide refreshments free of charge.

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

\$2840.00 - Horse carriage rental

\$600.00 - Refreshments for the holiday festival (drinks, chili, hot dogs, cookies)

\$3500.00 - Fall Festival (various equipment, rentals, supplies)

\$405.00 - Website annual maintenance.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Bringing the community together to help promote local businesses.

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

Partnership with the Fern Creek Highview United Ministries, Highview Fire Department, and local police agencies.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY**

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (See Detailed List on Page 8)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	7345.00	0	7345.00
<b>J: Machinery &amp; Equipment</b>			
<b>K: Capital Project</b>			
<b>L: Other Expenses (See Detailed List on Page 8)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>			
<b>% of Program Budget</b>	%	%	<b>100%</b>

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

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

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

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

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
ProLogic	506	0	506
Jim Cowles	300	0	300
Waste Pro	255	0	255
Louisville Inflatibles	1,200	0	1,200
The Rental Depot	630	0	630
Copy Palace	584	0	584
Metro Finance	25	0	25
Louisville Horse Trams, INC	2,840	0	2,840
Jim Null	405	0	405
ValuMarket	600	0	600
<b>Total</b>	7,345		7,345

**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).

<b>Donor*/Type of Contribution</b>	<b>Value of Contribution</b>	<b>Method of Valuation</b>
<p align="center"><i>Total Value of In-Kind</i>                      (to match Program Budget Line Item.                      Volunteer Contribution &amp; Other In Kind)</p>		

**\* 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:** 2017-2018

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

**If YES, please explain:**

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

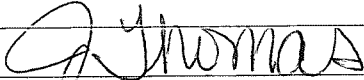
#### Standard Certifications

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	Aug 11, 2017
<b>Legal Signatory: (please print):</b>	Jessica Thomas	<b>Title:</b>	Treasurer
<b>Phone:</b>	502-315-5315	<b>Extension:</b>	
<b>Email:</b>	jessica.thomas@LNFCU.COM		

## **Highview Business Association 2017-2018 Budget**

- PO Box Rental: \$112
- Web Maintenance: \$405
- Holiday Refreshments: \$600
- Holiday Fest Carriage Rides: \$2840
- Fall Festival: \$3500
- Secretary of State: \$15



## Confirmation

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

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

- **Organization Name:** HIGHVIEW BUSINESS OWNERS ASSOCIATION INC
- **EIN:** [REDACTED]
- **Tax Year:** 2016
- **Tax Year Start Date:** 07-01-2016
- **Tax Year End Date:** 06-30-2017
- **Submission ID:** 10065520172491393307
- **Filing Status Date:** 09-06-2017
- **Filing Status:** Pending

**MANAGE FORM 990-N SUBMISSIONS**





Form 990-N E-filing Receipt - IRS Status: Accepted  
epostcard to: janice.lawrence

08/18/2015 04:04 PM

Organization: HIGHVIEW BUSINESS OWNERS ASSOCIATION INC  
EIN: [REDACTED]  
Submission Type: Form 990-N  
Year: 2014  
Submission ID: 7800582015230di03893  
e-File Postmark: 8/18/2015 3:58:43 PM  
Accepted Date: 8/18/2015

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

-----  
e-Postcard technical support  
Phone: 866-255-0654 (toll free)  
email: ePostcard@urban.org  
-----

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



9265 Smyrna Parkway Louisville, KY 40229

# Account Statement

800-292-2905 | www.LNFCU.com

Member Number [REDACTED]  
Statement For **08/01/2017 - 08/31/2017**  
Page **1 of 1**

RETURN SERVICE REQUESTED

947014655 1 1/2 UNQ 09-01-17 SD



HIGHVIEW BUSINESS OWNERS ASSOCIATION INC  
PO BOX 91797  
LOUISVILLE KY 40291-0797

**How does a mortgage with No Closing Costs, No PMI and up to 100% financing sound?  
That's what you'll get with the L&N 5/5 mortgage!  
Give us a call at 502-368-5858 / 800-292-2905 or visit [www.LNFCU.com](http://www.LNFCU.com) for details!**

### Your Account Balances as of 08/31

Basic Business Checking ID 2	\$4,246.33
<b>Account Balance Total</b>	<b>\$4,246.33</b>

### Need a Loan?

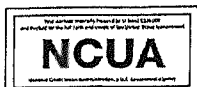
Call 800-292-2905 or apply online  
[www.LNFCU.com](http://www.LNFCU.com)

<b>BASIC BUSINESS CHECKING ID 2</b>		Beginning Balance	\$4,358.33
Dividends Paid in 2017 \$0.00		0 Total Deposits for	0.00
		1 Total Withdrawals for	112.00-
		Ending Balance	<u>\$4,246.33</u>

Date	Withdrawal	Deposit	Balance	Transaction Description
08/29	112.00-		\$4,246.33	Check# 5006 Trace# 00000000090173705354

Summary by Check Number						* Asterisk next to number indicates skip in sequence			1 Checks Cleared for \$112.00		
Number	Cleared	Amount	Number	Cleared	Amount	Number	Cleared	Amount			
5006	08/29/17	\$112.00									

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



Thank you for your membership.





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

DEPARTMENT OF THE TREASURY

Date: **NOV 19 2011**

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

Employer Identification Number:

DLN:

17053263319021

Contact Person:

JOAN C KISER

ID# 31217

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

June 30

Form 990 Required:

Yes

Effective Date of Exemption:

June 26, 2006

Contribution Deductibility:

No

Addendum Applies:

No

Dear Applicant:

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

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

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

Sincerely,



Lois G. Lerner  
Director, Exempt Organizations

Enclosure: Publication 4221-NC

Letter 948 (DO/CG)

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>Highview Business Owners Association Inc.</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Other (see Instructions) ▶	
	<input checked="" type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <b>PO Box 91767</b>		Requester's name and address (optional)
City, state, and ZIP code <b>Louisville Ky. 40291</b>		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number	

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number	

### 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).

**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 on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶ <b>9-19-14</b>
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### General Instructions

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

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

0641559.09

AMcRay  
NAOI

Trey Grayson  
Secretary of State  
Received and Filed

06/26/2006 11:33:35 AM

Fee Receipt: \$8.00

ARTICLES OF INCORPORATION  
OF  
HIGHVIEW BUSINESS OWNERS ASSOCIATION *INC*



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

ARTICLE I

Name

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

ARTICLE II

Duration

The period of duration of the Corporation shall be perpetual.

ARTICLE III

Purposes

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

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

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

ARTICLE IV

Powers



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

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

## ARTICLE V Membership

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

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

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

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

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

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

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

## ARTICLE VI Directors

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

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

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

ARTICLE VII  
Bylaws and Amendments

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

ARTICLE VIII  
Registered Office and Agent

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

The registered agent is Kim Faulkner.

ARTICLE IX  
Dissolution

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

ARTICLE X  
No Personal Liability

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

ARTICLE XI  
Incorporator

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

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



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

Kim M. Faulkner  
Kim Faulkner, President

STATE OF KENTUCKY    )  
                                  )  
COUNTY OF JEFFERSON )

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

My Commission expires: 8/6/08

Marlene A. Nichols  
Notary Public, State at Large, KY

The foregoing instrument was prepared by:

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

**HIGHVIEW BUSINESS OWNERS ASSOCIATION INC****General Information**

<b>Organization Number</b>	0641559
<b>Name</b>	HIGHVIEW BUSINESS OWNERS ASSOCIATION INC
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	6/26/2006
<b>Organization Date</b>	6/26/2006
<b>Last Annual Report</b>	6/2/2017
<b>Principal Office</b>	9201 SMYRNA PARKWAY LOUISVILLE, KY 40229
<b>Registered Agent</b>	JESSICA THOMAS 9201 SMYRNA PARKWAY LOUISVILLE, KY 40229

**Current Officers**

<b>President</b>	<u>DARRELL FRANKLIN</u>
<b>Vice President</b>	<u>DAVID STEFF</u>
<b>Secretary</b>	<u>RON LOUGHRY</u>
<b>Treasurer</b>	<u>JESSICA THOMAS</u>
<b>Director</b>	<u>DARRELL FRANKLIN</u>
<b>Director</b>	<u>JESSICA THOMAS</u>
<b>Director</b>	<u>RON LOUGHRY</u>

**Individuals / Entities listed at time of formation**

<b>Director</b>	<u>KIM FAULKNER</u>
<b>Director</b>	<u>SHERRI RICHTER</u>
<b>Director</b>	<u>DAVID WATKINS</u>
<b>Director</b>	<u>JANICE LAWRENCE</u>
<b>Incorporator</b>	<u>KIM FAULKNER</u>

**Images available online**

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

<u>Annual Report</u>	6/2/2017	1 page	<u>PDF</u>
<u>Annual Report Amendment</u>	9/20/2016	1 page	<u>PDF</u>
<u>Registered Agent name/address change</u>	8/11/2016 10:29:02 AM	1 page	<u>PDF</u>
<u>Principal Office Address Change</u>	8/11/2016 10:23:53 AM	1 page	<u>PDF</u>