0-223-26

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

Applicant/Program: Highview Business Owners Association, Inc./Highview Community Fall Festivals + Holiday Fest, Web Services
Applicant Requested Amount: $ 7,410.00
Appropriation Request Amount: $7410.00

Executive Summary of Request

Funds will be used for the Highview Fall Festival and Parade on October 10, 2026 and Highview Holiday Fest on December 4, 2026. These are free community events. Funds also used for website services.

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

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

23	Jill Hedy JD	$7,410	8-6-26
District #	Primary Sponsor Signature	Amount	Date

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

Approved by:

_____
Appropriations Committee Chairman Date

Final Appropriations Amount: _____

Applicant/Program:

Highview Business Owners Association Inc/Highview Community Fall Festival + HolidayFest, web services

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

Council Member Signature and Amount

District 1 _____ $_____

District 2 _____ $_____

District 3 _____ $_____

District 4 _____ $_____

District 5 _____ $_____

District 6 _____ $_____

District 7 _____ $_____

District 8 _____ $_____

District 9 _____ $_____

District 10 _____ $_____

District 11 _____ $_____

District 12 _____ $_____

District 13 _____ $_____

District 14 _____ $_____

District 15 _____ $_____

Applicant/Program:

Highview Business Owners Association Inc/Highview Community Fall Festival & Holiday Fest. webservices

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16 _____ $_____

District 17 _____ $_____

District 18 _____ $_____

District 19 _____ $_____

District 20 _____ $_____

District 21 _____ $_____

District 22 _____ $_____

District 23 _____ $_____

District 24 _____ $_____

District 25 _____ $_____

District 26 _____ $_____

LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Highview Business Owners Association Inc

Program Name and Request Amount Highview Community, $8,410

Fall festival + Harvday fest, w/ services

	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?	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?	NO
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?	~~Yes~~ 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: John Torsky Date: 8-6-2026

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* Highview Business Owners Association Inc.			
Main Office Street & Mailing Address: 6614 Moorhaven Dr., 40228			
Website: highviewbusiness.org			
Applicant Contact:	Renee Bryant	**Title:**	Secretary
Phone:	(502) 762-9608	**Email:**	execdir@fchum.org
Financial Contact:	Kimberly Rosenblatt	**Title:**	Treasurer
Phone:	(502) 664-4555	**Email:**	kimberlyrosenblatt@gmail.com
Organization's Representative who attended NDF Training: Renee Bryant			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Highview Neighborhood		
Council District(s):	23	**Zip Code(s):**	40228
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Highview Community			
Total Request: ($)	$ 8,410.00	**Total Metro Award (this program) in previous year: ($)**	$ 8,410.00

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	☐ Signed lease if rent costs are being requested
☑ Current year projected budget	☑ IRS Form W9
☑ Current financial statement	☐ Evaluation forms if used in the proposed program
☑ Most recent IRS Form 990 or 1120-H	☐ Annual audit (if required by organization)
☑ Articles of Incorporation (current & signed)	☐ Faith Based Organization Certification Form, if applicable
☐ Cost estimates from proposed vendor if request is for capital expense	

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

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

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

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

Applicant's Initials RB

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Highview Business Association Inc. was 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 the neighborhood in creating and maintaining a sage, harmonious and balanced environment beneficial to all.

Applicant's Initials RB

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
President-Camille Anderson-Linton	01/01/2027
Treasurer-Kimberly Rosenblatt	01/01/2027
Secretary -Renee Bryant	01/01/2027

Describe the Board term limit policy:

Each director shall serve one year term, and until his/her successors shall be elected and qualified. Directors can serve unlimited terms.

Three Highest Paid Staff Names	Annual Salary
N/A--Volunteer positions	

Applicant's Initials RB

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.):

Community Festivals: Highview Fall Festival is October 10th. 2026 and the Highview Holiday Fest is December 4th. These are fee community events. Fall Fest includes a parade, car show, music and a children's activities. Holiday Fest includes children's activities, train rides, refreshments, music and Santa Claus.

Website services

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

Fall Festival–$3421 Holiday Festival–$3595 Website–$394 Total $7410

Fall Fest
$401 Waste Now port potty, sinks, & Trash cans
$300 DJ Ken Hawn Music
$1820 Louisville Inflatables–jump house
$600 Blue Grass Mobile Golf
$300 Copy Palace Brochures and signage

Holiday Festival
$1250 ValuMarket refreshments/water bottles
$300 DJ Ken Hawn music
$1345 Louisville Inflatables-jump houses &Train
$500 Sam's Club Refreshment & Water
$200 Copy Palace Brochures and signage
~~$1000 Community Support for a family in need~~

Applicant's Initials RB

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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.

Applicant's Initials RB

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 promote local business, family fun and provide a safe community event.

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.

Partnerships with local business and Metro agencies: Fern Creek/Highview United Ministries, Inc., Fire depts, Local police depts, metro government, etc.

Applicant's Initials RB

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)	$ 7410.00		$ 7410.00
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	$ 7410.00	$ 0.00	$ 7410.00
% of Program Budget	100.00%	0.00%	**100%**

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	$ 0.00

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

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

Applicant's Initials RB

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 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1 + 2)=3 Total Funds
DIGITALBG (Doug Landers)	$ 394.00		$ 394.00
Valumarket food	$ 1,250.00		$ 1,250.00
Wastenow	$ 401.00		$ 401.00
Ken Hawn DJ Fall 300 Holdiay 300	$ 600.00		$ 600.00
Blue Grass Mini Golf	$ 600.00		$ 600.00
Louisville Inflatables Fall 1820 Holiday 1345	$ 3,165.00		$ 3,165.00
Copy Place	$ 500.00		$ 500.00
Sam's Club	$ 500.00		$ 500.00
~~Community Support~~	~~$ 1,000.00~~		~~$ 1,000.00~~
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
Total	$ 7,410.00	$ 0.00	$ 7,410.00

Applicant's Initials RB

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
Total Value of In-Kind (*to match Program Budget Line Item.* Volunteer Contribution &Other In Kind)	$ 0.00	

*** 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: Jan. 1, 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 RB

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:	Renee Bryant			**Date:**	08/01/2026
Legal Signatory: (please print):	Renee Bryant			**Title:**	Secretary
Phone:	(502) 762-9608	**Extension:**		**Email:**	execdir@fchum.org

Applicant's Initials RB

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

DEPARTMENT OF THE TREASURY

Date: NOV 19 2011

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

Employer Identification Number:
[redacted]
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)

Highview Business Association 2026 Budget

- Web Maintenance $394
- Waste Now $401
- DJ Ken Hawn Music Fall/Holidays $600
- Louisville Inflatables Fall/Holidays $3165
- Bluegrass Mobile Golf Fall $600
- Copy Place Fall/Holidays $500
- ValuMarket $1250 refreshment/ water (Fall/Holiday)
- Sam's Club $500
- Community Support $1000

Highview Business Owner's Association

[redacted]

Account Number	Account Name	General Fund				
Income						
4000	Membership	$3,500.00				
4100	Individuals	$412.39				
4200	Metro NDF	$8,410.00				
	Total Income	$12,322.39	$0.00	$0.00	$0.00	$12,322.39
Expense						
5000	Fall Festival	$5,621.00				
5200	Holiday Festival	$2,395.00				
5300	Website	$394.00				
5400	Printing/PR	$412.39				
	Total Expense	$8,822.39	$0.00	$0.00	$0.00	$0.00
	Net Income (Loss)	$3,500.00	$0.00	$0.00	$0.00	$12,322.39

Summary					
Beginning Fund Balance					
(+) Other Fund Balance Movements					
(+) Net Income / (Loss)					
(=) Ending Fund Balance	$0.00	$0.00	$0.00	$0.00	$0.00

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Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2025

Open to Public Inspection

A For the 2025 Calendar year, or tax year beginning 2025-07-01 and ending 2026-06-30

B Check if available
- ☐ Terminated for Business
- ☑ Gross receipts are normally $50,000 or less

C Name of Organization: HIGHVIEW BUSINESS OWNERS ASSOCIATION INC
6614 Moorhaven Dr.
Louisville, KY, US, 40228

D Employee Identification Number 45-3062755

E Website:

F Name of Principal Officer: Kimberly Rosenblatt
6614 Moorhaven Dr.
Louisville, KY, US, 40228

Unofficial Copy Not to Scale

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

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

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 INC as a distinctive neighborhood of businesses, residents, churches, and social service organizations.

II. To facilitate communication and understanding between area members, defining common problems and developing strategies to solve these problems.

III. To insure that property values and neighborhood aesthetics of the area are maintained, promoting safety, crime prevention, and economic development.

IV. To serve as a liaison with government agencies as issues arise affecting our business community.

ARTICLE IV
Powers

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

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

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.

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

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

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

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

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

ARTICLE VI
Directors

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

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

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

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ARTICLE VII
Bylaws and Amendments

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

ARTICLE VIII
Registered Office and Agent

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

The registered agent is Kim Faulkner.

ARTICLE IX
Dissolution

The Corporation may be dissolved by the affirmative vote of two-thirds (2/3) of the members of the Board of Directors, then in office, taken at a special meeting of the Board of Directors called for that purpose, or upon the written consent of all the members of the Board of Directors. Upon the dissolution of 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,

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

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

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

Kim 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 S Nichols
Notary Public, State at Large, KY

The foregoing instrument was prepared by:

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

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

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.)

2 Business name/disregarded entity name, if different from above.
Highview Business Owners Association, INC

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)

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.)

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 . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.
6614 Moorhaven Drive

Requester's name and address (optional)

6 City, state, and ZIP code
Louisville KY 40228

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
45 - 3062755

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** Renee Bryant Secretary | **Date** 8/10/26

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

NARP

0641559
Michael G. Adams
KY Secretary of State
Received and Filed
7/31/2026 10:27:52 AM
Fee receipt: $15.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of St

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

Annual Report
Online Filing
For the Year 2026

ARP

Company: HIGHVIEW BUSINESS OWNERS ASSOCIATION INC
Company ID: 0641559
State of origin: Kentucky
Formation date: 6/26/2006 12:00:00 AM
Date filed: 7/31/2026 10:25:42 AM
Fee: $15.00

Principal Office

6614 MOORHAVEN DR
LOUISVILLE, KY 40228

Registered Agent Name/Address

KIMBERLY ROSENBLATT
6614 MOORHAVEN DR
LOUISVILLE, KY 40228

Current Officers

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

Directors

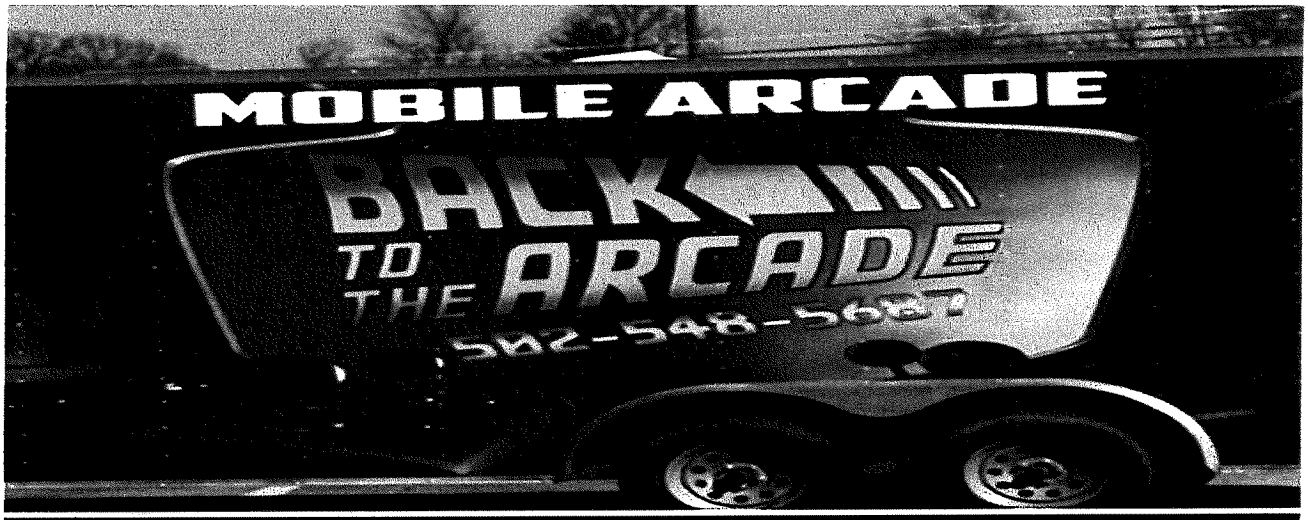
Director	Renee Bryant	9300 Beulah Church Rd, Louisville, KY 40291 402
Director	Camille Anderson	7525 Outer Loop, Louisville, KY 40228
Director	Kimberly Rosenblatt	6614 Moorhaven Dr, Louisville, KY 40228

County: JEFFERSON
Business size: Small
Business type: Membership Organizations

Signatures

Signature Kimberly Rosenblatt
Title Treasurer

$600 Bluegrass Mobile Mini Golf



Both found on Facebook: *@ Back to the Arcade*

@ Bluegrass Mobile Miniature Golf

Contact: *Eric Cooney* *502-548-5687* *Email eric4cool@yahoo.com*

Russell Miller *502-905-3656* *Email tr5mill@aol.com*

Rentals that are available: mobile gaming trailer, miniature golf, inflatable axe throwing game (safe for kids), water balloons (water balloon filling station), large version of Connect 4, Jenga, yard pong, Cornhole, ring toss, bag toss, nerf guns, and Booger Wars

Kimberly Rosenblatt

From: receipt=ers-mail.com@mailgun.ers-mail.com on behalf of Louisville Inflatables Inc <receipt@ers-mail.com>
Sent: Thursday, June 25, 2026 3:00 PM
To: Kimberlyrosenblatt@gmail.com
Subject: Your Updated Receipt from Louisville Inflatables Inc. - Order #59407

Invoice/Receipt

Louisville Inflatables
"Laughter Adds To Life"

Louisville Inflatables Inc.
9902 National Turnpike
Fairdale, Ky 40118
(502) 379-0876
www.louisvilleinflatables.com

Important Information - Please Read Below!

12/04/2026 05:30pm, 12/04/2026 08:30pm
Highview Holiday Festival
Kim Rosenblatt
7201 Outer Loop
Louisville, KY 40228
Kimberlyrosenblatt@gmail.com
/502-644-4555
Customer Comments:

						Fri, Dec 4 5:30 → 8:30 pm
	Electric Trackless Train	$890.00	x	1	=	$890.00
	Santa Combo	$250.00	x	1	=	$250.00

SubTotal	$1,140.00

Pick Up Option - 8pm Pick up	$75.00	$1,215.00
Travel Fee	$100.00	$1,315.00
Tax: 0%	$0.00	$1,315.00
Setup Surface Fee	$30.00	$1,345.00

Total $1,345.00

admin1 - 04/27/2026 10:37am Check Payment (116) $25.00

Due $1,320.00

Click here to view contract
Click here to Read and Sign your Contract

A few tips and reminders: (PLEASE READ BELOW)

1) We accept cash and checks upon delivery. If paying with cash, please note that our drivers don't carry change. Payment is due at time of set up.

2) We can set up on most surfaces but not rocks of any kind. Please call us if you are unsure.

3) All inflatable units MUST be staked in the ground for safety.

4) We will make your delivery between the hours of 8am to 12pm unless other arrangements have been made. (we sometimes have to arrive very early to get all of the jumps out on time but we do not charge for the extra time)

5) Please call as early as possible if you need to cancel for weather or any other reason. Once we've set up, we do not give refunds for any reason including weather. Please see the FAQ and Policies pages on our web site.

6) If your event will be at a park. Please tell us. It affects our scheduling. You will need to either provide electricity within 50' or rent a generator which we can provide at an additional cost. You may also need to secure permits for any city owned properties.

We want your party to go as smoothly as possible. Please call if you have any questions. Thanks!

Kimberly Rosenblatt

From: receipt=ers-mail.com@mailgun.ers-mail.com on behalf of Louisville Inflatables Inc <receipt@ers-mail.com>
Sent: Thursday, June 25, 2026 3:05 PM
To: Kimberlyrosenblatt@gmail.com
Subject: Your Receipt from Louisville Inflatables Inc.

Invoice/Receipt

Louisville Inflatables Inc.
9902 National Turnpike
Fairdale, Ky 40118
(502) 379-0876
www.louisvilleinflatables.com

Important Information - Please Read Below!

10/03/2026 10:30am, 10/03/2026 03:00pm
Highview Festival
Kim Rosenblatt
Outer Loop
Louisville, KY 40228
Kimberlyrosenblatt@gmail.com
/502-644-4555
Customer Comments:

						Sat, Oct 3 10:30 am → 3:00 pm
	Extra Large Fun House	$225.00	x	1	=	$225.00
	21' Single Lane Dry Slide	$325.00	x	1	=	$325.00

	Generator	$100.00	x	2	= $200.00
	Animal Land Toddler Bounce	$275.00	x	1	= $275.00
	Seven Element O/C	$300.00	x	1	= $300.00
	QB Star	$200.00	x	1	= $200.00
	Hoop Star	$200.00	x	1	= $200.00

SubTotal		$1,725.00
Travel Fee for 40228	$15.00	$1,740.00
Tax: 0%	$0.00	$1,740.00
Setup Surface Fee	$80.00	$1,820.00

Total $1,820.00

Due $1,820.00

Click here to view contract
Click here to Read and Sign your Contract .

A few tips and reminders: (PLEASE READ BELOW)

1) We accept cash and checks upon delivery. If paying with cash, please note that our drivers don't carry change. Payment is due at time of set up.

2) We can set up on most surfaces but not rocks of any kind. Please call us if you are unsure.

3) All inflatable units MUST be staked in the ground for safety.

4) We will make your delivery between the hours of 8am to 12pm unless other arrangements have been made. (we sometimes have to arrive very early to get all of the jumps out on time but we do not charge for the extra time)

5) Please call as early as possible if you need to cancel for weather or any other reason. Once we've set up, we do not give refunds for any reason including weather. Please see the FAQ and Policies pages on our web site.

FREE KIDS ZONE!

HIGHVIEW *Community* Festival

PARADE & CAR SHOW

PRESENTED BY THE HIGHVIEW BUSINESS ASSOCIATION

OCTOBER 10th, 2026

11AM-3PM ~ VALUMARKET OUTER LOOP PLAZA

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

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

HBA Highview Business Association

HIGHVIEW HOLIDAYFEST

"Light up Highview"

Friday, December 4th, 2026 5:30-8 pm

FREE!

Central Government Center & Highview Park on the Outer Loop

"In the Heart of Highview"

Christmas Music

Children's Activities

Refreshments

Chili & Hot Dogs

Fire Truck

Train Rides

Santa Clause

(bring your camera to take photos)

Happy Holidays!

Sponsored By:

The Highview Business Assoc.

Councilman, Jeff Hudson

Fern Creek Highview United Ministries

ValuMarket

PLEASE HELP US

"FILL SANTAS SLEIGH"

We will be collecting canned & non perishable food items to help Fern Creek Highview United Ministries with their food pantry. All food or monetary donations are appreciated and will help our local families.

Waste Now
1228 West Breckinridge Street
Louisville, KY 40210
(502) 969-7684
accounting@wastenow.com

Account ID	**2X53JPZFSN**
Invoice #	**INV-813236**
Status	**OPEN**
Invoice Date	10/2/2026
Due Date	11/1/2026
Invoice Total	$401.00
Amount Due	**$401.00**

Highview Business Association

Louisville, KY
kimberlyrosenblatt@gmail.com

Pay Online
Scan the QR code or open the secure pay link.
Open secure pay link

Scan to pay

Highview Business Association - 7519 Outer Loop ***(7519 Outer Loop Louisville KY 40228)***

Description	Qty	Rate	Amount
EVENT: Port-A-Pot Rental ("Event-quality" restroom includes 2 rolls of toilet paper) 10/9/26 - 10/12/26	2	$102.00	**$204.00**
EVENT: Hand Washing Station Rental (Includes setup, cleaning, and stocking of water, soap, and paper supplies.)	1	$65.00	**$65.00**
Trash Box with Liner (40-gal cardboard can with liner, unassembled. Customer disposes..)	12	$11.00	**$132.00**
		Highview Business Association - 7519 Outer Loop Total	$401.00

Subtotal	$401.00
Total	**$401.00**
Balance Due	**$401.00**

FAST TRACK

- Business Entity Search
- File Annual Report
- File LLC
- Business Registration Portal
- Name Availability Search
- Business Forms Library
- Prepaid Account Status
- Current Representative Search
- Founding Representative Search
- Registered Agent Search
- Validate Certificate of Existence/Authorization

HIGHVIEW BUSINESS OWNERS ASSOCIATION 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 :	0641559
Name :	HIGHVIEW BUSINESS OWNERS ASSOCIATION 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 :	6/26/2006
Organization Date :	6/26/2006
Last Annual Report :	7/31/2026
Principal Office :	6614 MOORHAVEN DR LOUISVILLE, KY, 40228
Registered Agent :	KIMBERLY ROSENBLATT 6614 MOORHAVEN DR LOUISVILLE, KY, 40228

Golden, Amy

From: Torsky, John
Sent: Monday, August 10, 2026 10:22 AM
To: Golden, Amy; Scotland, Christina
Cc: Harward, Sonya
Subject: RE: O-223-26

Ms. Golden,

Let's reduce the NDF by $1,000 for the "Community Support for a Family in Need". Looking back at their 2023, 2024, and 2025 NDFs I don't see any mention of a similar use of NDF.

I've told the applicant we are reducing by $1,000. If we get further details and approval from Ms. Scotland we can amend at committee if needed.

We'd like to have this in by today's noon deadline.

Thank you,
John Torsky

John Torsky
Legislative Assistant
District 23 Metro Councilman Jeff Hudson

502-574-1123 – Office
502-574-3468 - Direct

From: Golden, Amy <Amy.Golden@louisvilleky.gov>
Sent: Monday, August 10, 2026 9:17 AM
To: Torsky, John <John.Torsky@louisvilleky.gov>; Scotland, Christina <Christina.Scotland@louisvilleky.gov>
Cc: Harward, Sonya <Sonya.Harward@louisvilleky.gov>
Subject: O-223-26
Importance: High

John,
There is a line on page 4 of the application indicating there will be $1,000 for "Community Support for a Family in Need".
@Scotland, Christina is this permissible?
If not, John we need this amount delegated to a different item or removed from the request.
Also, please have the organization complete the attached W-9 that does not have DRAFT on it.
This must happen prior to noon today for this to make the New Business deadline.
I will be returning this to your queue until the correction is made.
Thank you,

Amy Golden
Assistant Clerk- Louisville Metro Council
601 W. Jefferson Street
Louisville, KY 40202
D: (502) 574-2975