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

Applicant/Program: Highland Commerce Guild, 2022 Bardstown Road Aglow Applicant Requested Amount: \$2,000 Appropriation Request Amount: \$2,000
Executive Summary of Request
\$2,000 to Highland Commerce Guild for 2022 Bardstown Road Aglow Funds will be used to promote the festival through advertising, posters, street banners, business decoration, and professional musicians riding on trolleys as well as walking in the streets, and to hire a professional to help in coordination of the event.
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? Yes X No Yes X 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.
8 Cassic Armstrong District # Primary Sponsor Signature \$2,000 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:

1 | Page Effective May 2016

Applicant/Program: Inc.
Highland Commerce Guild, 2022 Bardstown Road Aglow

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	<u> </u>
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	

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Effective May 2016

Inc.
Highland Commerce Guild 2022 Bardstown Road Aglow

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	<u> </u>
District 18	\$\$
District 19	\$
District 20	\$
District 21	\$
District 22	\$\$
District 23	\$
District 24	\$\$
District 25	\$
District 26	\$

 $\textbf{Legal Name of Applicant Organization} \\ \textbf{Highland Commerce Guild}, \\ \underline{\textbf{Inc}}$ Program Name and Request Amount 2022 Bardstown Road Aglow \$2,000 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? N/A 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 No legal responsibility of that taxing district? Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? Yes ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 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? 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 N/A faith-based) included? 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? No Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if NA No required to do so)? Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant No met the BBB Charity Review Standards? Prepared by: Megan Metcalf Date: 11/7/2022

			Section 1 – ap	PLICAR	h informat	F(ØN)			
Legal Name of App	licant Orga	nizatior) :						
(as listed on: http://www					merce Guild	-			
Main Office Street				6 Loui	sville, KY 40	204			
Website: www.the			rille.org		· ·				
Applicant Contact:	Jeff M	yers			Title:	:	Treasurer		
Phone:		468-11	30		Email:	*•. : `	myersjeffs@gma	il.com	
Financial Contact:	Jeff M	yers			Title:	. \	Treasurer		
Phone:		168-113		M	Email:		myersjeffs@gmai	l.com	
Organization's Repr	esentative	who at	tended NDF Tra	ining:	Jeff Myers				
		L AREA	(S) WHERE PRO	GRAM	ACTIVITIES A	RE (W	ILL BE) PROVIDED	i .	
Program Facility Loc	ation(s):	Distri	ct 8						
Council District(s):		Distric			Zip Code(s):		40204 and 40205		
			RROIGHAMM RE(C)		EINANCIAL	NEOR	MATION.		
PROGRAM/PROJECT	NAME: 20)22 Bai							
Total Request: (\$)	\$ 2,000.0			Award	(this program	n) in p	revious year: (\$)	\$ 1,500.00	
Purpose of Request									
			nnot exceed 33						
			for direct bene						
			tion (equipmen	t, furn	ishing, buildir	ig, etc)			
The Following are Re			ts:	T					
✓ IRS Exempt Status De		Letter		□s	igned lease if r	ent cos	ts are being requesto	ed	
Current year projecte				☑ IRS Form W9					
Current financial stat				Evaluation forms if used in the proposed program					
Most recent IRS Form			_	Annual audit (if required by organization)					
Articles of Incorporat		_	-	∐_ Fi	ith Based Orga	enizatio	n Certification Form	, if applicable	
Cost estimates from page capital expense	proposed vei	ndor if re	equest is for						
For the current fiscal of Government for this of from any department sheet if necessary.	r any other	progra	m or expense, ir	ncludin	g funds receiv	ved thi	ough Metro Feder	ral Grants	
Source:									
Source:	William Control of the Control of th								
iource:	8th Dist NI	DF Bar	ds. Rd Aglow	Amou	int: (\$)	\$ 1,5	00.00		
las the applicant cont				articip	ation? 🔲 Y		No		
las the applicant met	rue RRR Ch	arity Re	view Standards	<u>' Y</u>	es 🗸 No				

Page 1 Effective May 2016

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:	
The Highland Commerce Guild is a business association for the Metro Louisville in general and the Highlands of Louisville in particular. Our purpose is to enhance the business and social climate between the business community, neighborhoods, law enforcement and Metro Government. We foster community cooperation in solving problems. We encourage property maintenance, and clean up graffiti and litter.	
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Board Member	Term End Date
Mark Abrams	12/31/2022
Nancy Chazen	12/31/2022
Aaron Givhan	12/31/2022
Amy Foos Kapoor	12/31/2022
Nick Morris	12/31/2022
Jeff Myers	12/31/2022
Adema Perez	12/31/2022
om Sfura	12/31/2022

Describe the Board term limit policy:			• • •	•		. :	
The Board does not have a term limit policy.					: .:		
		. •					

Three Highest Paid Staff Names	Annual Salary
All volunteers or contractors.	7 Hilland Salary

	SECTIONIS PROGRAM/PROJECT NARRATIVE
with regards to specific client	ject start and end dates, a description of the program/project and applicable data population the program will address (attach related flyers, planning minutes, sals for services/goods, etc.):
year. This year it will be held the Highlands of Louisville, p The event is open to all who	stown Rd. Aglow Festival. It is held on teh first Saturday of December every December 3, 2022. This festival promotes business traffic and family fun in particularly along the Bardstown Rd./Baxter Ave. and Barret Ave. corriders. choose to attend or participate. We encourage family participation by Decoration Contest, Tree Lighting, music and trolleys for all to enjoy.
B: Describe specifically how the	ne funding will be spent including identification of funding to sub grantee(s):
Funds are used to promote to and professional musicians r	he Festival through advertising, posters, street banners, business decoration iding on trolleys that we provide, as well as walking the streets. The funding hals to help in the coordination of the event.
Page 4 Effective May 2016	Applicant's Initials JSM
FILEFRAG IAIDA YOTO	Applicant 5 minutes

: If this request is a fundral lot a fundral lot a fundraiser for us.		IIV B4 E11	e proceeds	will be	spent:			
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ds to be spent before the gr The funding request is a re application date, but prior i	ant award po elmbursement to the execut	which the gra eriod, identify at of the following of the gra	ant is approved the application wing expension approved to the approximation approxima	ved. If able cire	any part cumstance	of this fundi ces: probably be	ng reques	t is for after ti
ds to be spent before the gr The funding request is a re application date, but prior the application.	rant award po elimbursement to the execute e invoice, rece	which the gra erlod, identify it of the follow ion of the gra ipt and payme	ant is appro y the applic wing expen ant agreem ant documen	ved. If able cire ditures ent: tation sh	any particumstance that will	of this fundi ces: probably be pe available a	ing reques incurred a	t is for after th
If selecting this option, the application. The Grantee will be required to grant agreement.	elmbursement to the execute invoice, rece	which the gra erlod, identify at of the follow tion of the gra ipt and payme cial reporting i	ant is appro y the applic wing expen ant agreem ant documen in accordanc	ved. If able cir- ditures ent: tation sh	any part of cumstance that will nould not the ne reportin	of this fundices: probably be pe available a	incurred as of the date of the	t is for after th e of this
The funding request is a re application date, but prior i	elmbursement to the execute invoice, rece	which the gra- erlod, identify at of the follow ion of the gra- ipt and payme cial reporting i	ant is appro y the applic wing expen ant agreem ant documen in accordance	ved. If able circular ditures ent: tation she with the	any part of cumstance that will anould not be reporting.	of this fundices: probably be pe available a pg schedule p	incurred as of the date of the	t is for after th e of this

	efits to those being served (measurable outcomes). Include the program's the indicators that will be tracked to measure the benefits to those being served:
neighborhoods and the busine Metro Louisville onto the busine	stival provides a strong sense of community throughout the Highlands ess community. It brings thousands of neighbors and shoppers throughout ness corridors to enjoy the event. Businesses report significant increases in arly during the event, and it also makes a great kick-off of the entire
	collaborative relationships the organization has with other community
•	ose partners are bringing to the relationship in general and to this
program/project specifically.	
	relationship between the various businesses along the corridors to make
	hopping festival event of the year, with hope of starting a successful holiday
shopping season.	
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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	\$ 1,500.00	\$ 8,000.00	\$ 9,500.00
H: Program Materials		\$ 2,000.00	\$ 2,000.00
I: Community Events & Festivals (See Detailed List on Page 8)	\$ 500.00		\$ 500.00
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	\$ 2,000.00	\$ 10,000.00	\$ 12,000.00
% of Program Budget	16.67%	83.33%	100%

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

man range of the court brokening broken popular and any and the control to the co	
Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	\$ 8,000.00
Other (please specify) sponsorship	\$ 2,000.00
Total Revenue for Columns 2 Expenses **	\$ 10,000.00

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

^{**}Must equal or exceed total in column 2.

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
Musicians for festival	\$ 500.00		\$ 500.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
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			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 500.00	\$ 0.00	\$ 500.00

Donar*/Type o	f Contribution	Value of Contributio	n Mathod of Valuation
Total Value o	of In-Kind	1	
ED INDIVIDUALLY, BUT (Budget Line Item. on &Other In Kind)	\$ 0.00 THE IN KIND CONTRIBUTION ONE LINE AS A TOTAL	ON. VOLUNTEERS NEED NOT BE NOTING HOW MANY HOURS PER
(to match Program in Volunteer Contribution of	Budget Line Item. on &Other In Kind) FERS TO WHO MADE GROUPED TOGETHER	THE IN KIND CONTRIBUTION ONE LINE AS A TOTAL	ON. VOLUNTEERS NEED NOT BE NOTING HOW MANY HOURS PER
(to match Program in Volunteer Contribution New York (1997) (1997	Budget Line Item. on & Other In Kind) FERS TO WHO MADE GROUPED TOGETHER e: 08/09/2022 Jan a significant increase	THE IN KIND CONTRIBUTION ON ELINE AS A TOTAL uary 1, 2022 or decrease in your budge	ON. VOLUNTEERS NEED NOT BE NOTING HOW MANY HOURS PER et from the current fiscal year to th
(to match Program in Volunteer Contribution Notes Information RE ED INDIVIDUALLY, BUT (SON PER WEEK Incy Fiscal Year Start Dates your Agency anticipates at projected for next fis	Budget Line Item. on &Other In Kind) FERS TO WHO MADE GROUPED TOGETHER E: 08/09/2022 Jan a significant increasi	THE IN KIND CONTRIBUTION ON ONE LINE AS A TOTAL uary 1, 2022	NOTING HOW MANY HOURS PER
(to match Program in Volunteer Contribution Volunteer Contribution RE ED INDIVIDUALLY, BUT (SON PER WEEK Cory Fiscal Year Start Dates your Agency anticipates get projected for next fis	Budget Line Item. on & Other In Kind) FERS TO WHO MADE GROUPED TOGETHER e: 08/09/2022 Jan a significant increase	THE IN KIND CONTRIBUTION ON ELINE AS A TOTAL uary 1, 2022 or decrease in your budge	NOTING HOW MANY HOURS PER
(to match Program in Volunteer Contribution Contribution Contribution Contribution REF INDIVIDUALLY, BUT (SON PER WEEK Inc.) Fiscal Year Start Date is your Agency anticipate the projected for next fis	Budget Line Item. on & Other In Kind) FERS TO WHO MADE GROUPED TOGETHER e: 08/09/2022 Jan a significant increase	THE IN KIND CONTRIBUTION ON ELINE AS A TOTAL uary 1, 2022 or decrease in your budge	NOTING HOW MANY HOURS PER
(to match Program in Volunteer Contribution Notes Information RE ED INDIVIDUALLY, BUT (SON PER WEEK Incy Fiscal Year Start Dates your Agency anticipates get projected for next fis	Budget Line Item. on & Other In Kind) FERS TO WHO MADE GROUPED TOGETHER e: 08/09/2022 Jan a significant increase	THE IN KIND CONTRIBUTION ON ELINE AS A TOTAL uary 1, 2022 or decrease in your budge	NOTING HOW MANY HOURS PER
(to match Program in Volunteer Contribution of	Budget Line Item. on & Other In Kind) FERS TO WHO MADE GROUPED TOGETHER e: 08/09/2022 Jan a significant increase	THE IN KIND CONTRIBUTION ON ELINE AS A TOTAL uary 1, 2022 or decrease in your budge	NOTING HOW MANY HOURS PER

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

- 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.
- 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.
- 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).
- 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.
- 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.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
 year end.
- 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

- 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.
- 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: Legal Signatory: (please print): Date: 07/31/2022 Title: Treasurer Phone: (502) 468-1130 Extension: Email: myersjeffs@gmail.com

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

Date: JUL 1 2 7993

HIGHLAND COMMERCE GUILD INC 1140 CHEROKEE ROAD LOUISVILLE: KY: 40204 Employer Identification Numbers
61-1237540
Contact Persons
ZENIA LUK
Contact Telephone Numbers
(513) 684-8578

Internal Revenue Code
Seption 501(c)(4)
Accounting Period Ending:
October 31
Form 990. Required:
Yes
Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for necognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in the section indicated above.

Unless specifically excepted, you are liable for takes under the Federal Insurance Contributions Act (social security takes) for each employee to whom you pay \$100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about excise, employment, or other Federal taxes, please address them to this office.

If your sources of support; or your purposes, character, or method of operation change; please let us know so we can consider the effect of the change on your exempt status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

In the heading of this letter we have indicated whether you must file Form 990. Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail: please file the return even if you do not exceed the gross receipts test, if you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required; it must be filled by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late; unless there is reasonable cause for

Letter 948(00/CG)

HIGHLAND COMMERCE GUILD INC

the delay. However, the maximum penalty charged cannot exceed \$5:000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may complete before you file it.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 790-T, Exempt Organization Business Income, Tax, Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application: a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Binggrely yours

Robert T. Johnson District Director

Letter 948 (00/08).

Highland Commerce Guild Budget for 2022 based on January through December 2021

Jan - Dec 21

Total Event Expenses	Total Bardstown Road Aglow	Bardstown Road Aglow - Other	Bardstown Road Aglow Map of the Highlands Aglow banner installation Event Coordination Event Decorations/Candy Event Trolley Service/Limo Event Advertising	Expense Membership Expense 2021 Neighborhood Nights Mural Expenses Street Banners Reconciliation Discrepancies	Gross Profit	Total Income	Membership Dues	Total HCG Clean Up Income	HCG Clean Up Income - Other	Total Grants	HCG Clean Up Income Grants Clean-Up Program	Total Event Participation Fees	Ordinary Income/Expense Income Transferred Funds Event Participation Fees Bardstown Road Aglow
11,582.99	11,582.99	1,000.00	2,000.00 1,275.00 2,900.00 2,434.82 50.00 1,923.17	100.00 134.50 396.00 646.00 11.20	32,552.66	32,552.66	7,100.00	17,575.66	75.00	17,500.66	17,500.66	7,877.00	0.00 7,877.00

Highland Commerce Guild Budget for 2022 based on January through December 2021

-10,199.71	Net Income
-67.83	Net Other Income
67.83	Total Other Expense
-0.01 67.84	Other Income/Expense Other Expense discrepancies in bookkeeping pr Other Expenses
-10,131.88	Net Ordinary Income
42,684.54	Total Expense
1,792.08 1,750.00	Websight Design and maintinance Charitable Donations
18,467.47	Total HCG Clean-up Program
867.47 17,600.00	Clean Up Program Supplies Clean Up Program Labor
1,194.05	Membership Advertising
6,610.25	Total General Expenses
350.00 55.00	PO Box #4516 Postage
41.66	Total Bank Service Charges
9.60 32.06	OnLine Fee Bank Service Charges - Other
2,738.02 2,075.00	Web Hosting Accounting
617.28 15.00	Monthly Meeting Secretary of State Filing Fee
718.29	General Expenses Office Expenses
Jan - Dec 21	

Bardstown Road Aglow Map of the Highlands Aglow banner installation Storage for Aglow Reception Event Charlable Donations Event Coordination Event Decorating Contest Event Advertising	Petty Cash St Patrick's Day Parade	Expense Reconciliation Discrepancies Event Expenses	Gross Profit	Total COGS	Cost of Goods Sold FaceBook Expenses	Total Income	Membership Dues	Total HCG Clean Up Income	Total Grants	HCG Clean Up Income Grants Clean-Up Program	Total Event Participation Fees	Total Bardstown Road Aglow	Ordinary Income/Expense Income Event Participation Fees Bardstown Road Aglow Sponsorships Bardstown Road Aglow - Other	
0.00 650.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00	0.00	586.00	0.00	0.00	586.00	400.00	0.00	0.00	0.00	186.00	186.00	0.00 186.00	Jan 22
1,000.00 0.00 0.00 0.00 0.00 0.00 0.00	0.01 100.00	0.00	800.00	0.00	0.00	800.00	800.00	0.00	0.00	0.00	0,00	0.00	0.00	Feb 22
0.00 0.00 0.00 125.00 0.00 0.00 0.00	0.00 0.00	0.00	1,600.00	0.00	0.00	1,600.00	1,600.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	Mar 22
0.00 0.00 0.00 0.00 0.00	0.00	0.00	5,833.00	0.00	0.00	5,833.00	0.00	5,833.00	5,833.00	5,833.00	0.00	0.00	0.00	Apr 22

THE PROPERTY OF THE PROPERTY O	Not income	Net Ordinary Income	Charitable Donations	Total HCG Clean-up Program	Clean Up Program Labor	HCG Clean-up Program		Total General Evanges	PO Boy #Arie	lightlify begreened	OnLine Fee	Monthly Meeting Secretary of State Filing Fee Web Hosting Accounting Bank Service Charges	General Expenses	Total Bardstown Road Aglow	Bardstown Road Aglow - Other	
-2,746.72	-2,746.72	3,332.72	200.00	1,600.00	1,600.00	0.00	315.77	0.00	0.00	0.00	0.00	116.57 40.20 15.00 144.00 0.00	1,216.95	1,216.95	0.00	Jan 22
-2,487.65	-2,487.65	3,287.65	0.00	1,600.00	0.00 1,600.00	53.25	534.39	0.00	0.00	19.19	19.19	0.00 40.20 0.00 0.00 475.00	1,100.01	1,000.00	0.00	Feb 22
-518.20	-518.20	2,118.20	0.00	1,600.00	0.00 1,600.00	150.00	243.20	0.00	0.00	3.20	3.20	0.00 0.00 0.00 240.00 0.00	125.00	125.00	0.00	Mar 22
2,105.00	2,105.00	3,728.00	0.00	3 200 00	0.00 3.200.00	0.00	528.00	288.00	0.00	0.00	0.00	0.00 0.00 0.00 240.00 0.00	0.00	0.00	2000	Angan

Aglow banner installation Storage for Aglow Reception Event Charitable Donations Event Coordination Event Decorating Contest Event Advertising	Event Expenses Petty Cash St Patrick's Day Parade Bardstown Road Aglow Map of the Highlands	Gross Profit Expense Reconcillation Discrepancies	Cost of Goods Sold FaceBook Expenses Total COGS	Membership Dues Total Income	HCG Clean Up Income Grants Clean-Up Program Total Grants Total HCG Clean Up Income	Sponsorships Bardstown Road Aglow - Other Total Bardstown Road Aglow Total Event Participation Fees	Ordinary Income/Expense Income Event Participation Fees Bardstown Road Actom
0.00 0.00 0.00 0.00 0.00 0.00	0.00	100.00	0.00	100.00	0.00	0.00 0.00 0.00	May 22
0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00	0.00 1,584.37	1,584,37	200.00	0.00	1,384.37 0.00 1,384.37	Jun 22
0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00	0.00	0.00	0.00	0.00	0.00 0.00 0.00	Jul 22
0.00 0.00 0.00 0.00 0.00 0.00 500.00 0.00	0.00 0.00 0.00	0.00	0.00	0.00	0.00	0.00	Aug 22

ř.	Net income	Net Ordinary Income	Total Expense	Charitable Donations	Total HCG Clean-up Program	Clean Up Program Supplies Clean Up Program Labor	Membership Advertising HCG Clean-up Program	Total General Expenses	PO Box #4516	Liability insurance	Total Bank Service Charges	Credit Card Service Fees OnLine Fee	General Expenses Office Expenses Monthly Meeting Secretary of State Filing Fee Web Hosting Accounting Bank Service Charges	Total Event Expenses	Total Bardstown Road Aglow	Bardstown Road Aglow - Other	1 1
	-33.85	-33.85	133.85	0.00	0.00	0.00	0.00	133.85	0.00	0.00	0.00	0.00	133.85 0.00 0.00 0.00 0.00	0.00	0.00	0.00	May 22
	-238.60	-238.60	1,822.97	0.00	1,807.97	207.97 1,600.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00 0.00 0.00	0.00	0.00	0.00	Jun 22
	-1,600.00	-1,600.00	1,600.00	0.00	1,600.00	0.00 1,600.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00 0.00 0.00	0.00	0.00	0,00	Jul 22
	-2,540.00	-2,540.00	2,540.00	0.00	1,600.00	0.00 1,600.00	0.00	440.00	0.00	0.00	0.00	0.00	0.00 0.00 440.00 0.00	500,00	500.00	0.00	Aug 22

Bardstown Road Aglow Map of the Highlands Aglow banner installation Storage for Aglow Reception Event Charitable Donations Event Coordination Event Decorating Contest Event Advertising	Petty Cash St Patrick's Day Parade	Reconcillation Discrepancies Event Expenses	Gross Profit	Total COGS	Cost of Goods Sold FaceBook Expenses	Total Income	Membership Dues	Total HCG Clean Up Income	Total Grants	HCG Clean Up Income Grants Clean-Up Program	lotal Event Participation Fees	Total Bardstown Road Aglow	Income Event Participation Fees Bardstown Road Aglow Sponsorships Bardstown Road Aglow - Other	Ordinary income/Expense
0.00 0.00 0.00 0.00 0.00	0.00 0.00	0.00	40.00	0.00	0.00	40.00	0.00	0.00	0.00	0.00	40.00	40.00	0.00 40.00	Sep 22
1,000.00 0.00 0.00 0.00 0.00 0.00 0.00 0	0.00 0.00	0.00	5,750.00	0.00	0.00	5,750.00	200.00	0.00	0.00	0.00	5,550.00	5,550.00	0.00 5,550.00	Oct 22
125.00 575.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00	0.00	6,729.07	254.27	254.27	6,983.34	400.00	5,833.34	5,833.34	5,833.34	750.00	750.00	0.00 750.00	Nov 22
0.00 0.00 640.00 1,000.00 1,500.00 150.00	0.00 0.00	48.25	4,308.01	0.00	0.00	4,308.01	2.700.00	0.00	0.00	0.00	1,608.01	1,608.01	1,608.01	Dec 22

-2,988.90	3,136.03	2,636.91	-2,349.23	
-2,988.90	3,136.03	2,636.91	-2,349.23	Net Income
7,296.91	3,593.04	3,113.09	2,389.23	Net Ordinary income
0.00	0.00	0:00		Total Expense
)	200	0.00	Charitable Donations
3.200.00	0.00	1,600.00	1,682.62	iotal HCG Clean-up Program
0.00 3,200.00	0.00	1,600.00	1,600.00	Clean Up Program Labor
482.00	117.83	0.00	0.00	HCG Clean-up Program
54.61	835.21	513.09	706.61	Membership Advertising
0.00	0.00	0.00	0.00	Total General Evneages
0.00	510.86	0.00	o	PO Box #4516
9,61	-20.03	8	200	Liability Insurance
		0.00	0.00	Total Bank Service Charges
0.00 9.61	-46.80 26.15	0.00	0.00	OnLine Fee
0.00	0.00	0.00	0.00	Bank Service Charges
0.00	0.00	468.09	570.00	Web Hosting
45.00 0.00	0.00	0.00	0.00	Monthly Meeting Secretary of State Filing Fee
	i	À. 00	136,61	Office Expenses
3,608.55	2,640.00	1,000.00	0.00	General Expenses
3,608.55	2,640.00	1,000,00		Total Event Expenses
310.33		1 000 00	0.00	Total Bardstown Road Aglow
318 55	0.00	0.00	0.00	Bai dstown Road Aglow - Other
Dec 22	Nov 22	Oct 22	Sep 22	Britation

Bardstown Road Aglow Map of the Highlands Aglow banner installation Storage for Aglow Reception Event Charitable Donations Event Coordination Event Decorating Contest Event Advertising	Expense Reconciliation Discrepancies Event Expenses Petty Cash St Patrick's Day Parade	Gross Profit	Total COGS	Cost of Goods Sold FaceBook Expenses	Total Income	Membership Dues	Total HCG Clean Up Income	Total Grants	HCG Clean Up Income Grants Clean-Up Program	Total Event Participation Fees	Total Bardstown Road Aglow	Ordinary Income/Expense Income Event Participation Fees Bardstown Road Aglow Sponsorships Bardstown Road Aglow - Other	
2,125.00 1,225.00 640.00 125.00 1,000.00 2,000.00 150.00 2,506.95	-48.25 0.01 100.00	27,330.45	254.27	254.27	27,584.72	6,400.00	11,666.34	11,666.34	11,666.34	9,518.38	9,518.38	1,384,37 8,134,01	TOTAL Jan - Dec 22

Net Income	Net Ordinary Income	Total Expense	Charitable Donations	Total HCG Clean-up Program	Clean Up Program Supplies Clean Up Program Labor	Membership Advertising	Total General Expenses	PO Box #4516	Liability insurance	Total Bank Service Charges	Credit Card Service Fees OnLine Fee	Accounting	Web Hosting	Secretary of State Filing Fee	Monthly Meeting	General Expenses Office Expenses	Total Event Expenses	Total Bardstown Road Aglow	Bardstown Road Aglow - Other	
-7,625.21	-7,625.21	34,955.66	200.00	19,490.59	290.59 19,200.00	818.08	4,304.73	288.00	510.86	11.35	-46.80 58.15	475.00	2,402.09	15.00	80.40	522.03	10,190.51	10,090.50	318.55	Jan - Dec 22

Highland Commerce Guild Profit & Loss

January through June 2022

	Jan - Jun 22
Ordinary Income/Expense	
Income Event Participation Fees Bardstown Road Aglow	6,600.00
Total Event Participation Fees	6,600.00
HCG Clean Up Income Grants Clean-Up Program	5,833.00
Total Grants	5,833.00
HCG Clean Up Income - Other	5,883.00
Total HCG Clean Up Income	11,716.00
Membership Dues	13,300.00
Total Income	31,616.00
Gross Profit	31,616.00
Expense Membership Expense Advertising and Promotion	200.00 50.00
Mural Expenses Event Expenses St Patrick's Day Parade	200.00 85.00
Bardstown Road Aglow Map of the Highlands Aglow banner installation Event Decorating Contest Event Advertising	1,000.00 770.00 300.00 2,440.00
Total Bardstown Road Aglow	4,510.00
Total Event Expenses	4,595.00
General Expenses Office Expenses Monthly Meeting Secretary of State Filing Fee Web Hosting Accounting Bank Service Charges Credit Card Service Fees	322.99 194.45 15.00 6,150.00 3,265.99
Total Bank Service Charges	35.82
Storage Unit	600.00
Liability Insurance	510.86
PO Box #4516	364.00
Total General Expenses	11,459.11
Membership Printing/Postage	539.56

Highland Commerce Guild Profit & Loss January through June 2022

	Jan - Jun 22
HCG Clean-up Program Clean Up Program Supplies Clean Up Program Labor	399.19 7,000.00
Total HCG Clean-up Program	7,399.19
Charitable Donations	250.85
Total Expense	24,693.71
Net Ordinary Income	6,922.29
Other Income/Expense Other Expense discrepancies in bookkeeping pr	75.00
Total Other Expense	75.00
Net Other Income	-75.00
Net Income	6,847.29

Highland Commerce Guild Balance Sheet As of June 30, 2022

	Jun 30, 22
ASSETS	
Current Assets	
Checking/Savings	
Checking Accounts	
Commonwealth Bank- Checking	24,913.34
Commonwealth Bank- Clean-Up	10,582.29
Total Checking Accounts	35,495.63
Total Checking/Savings	35,495.63
Accounts Receivable	
Unpaid Invoices	510.00
Total Accounts Receivable	510.00
Total Current Assets	
rotal current assets	36,005.63
TOTAL ASSETS	36,005.63
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	2,718.74
Retained Earnings	31,129.60
Net Income	2,157.29
Total Equity	36,005.63
TOTAL LIABILITIES & EQUITY	36,005.63

FOR TAX YEAR 2021

HIGHLAND COMMERCE GUILD INC

Eagle and Company CPAs, PSC

4400 Breckenridge Lane Suite 151

Louisville, KY 40218

(502)458-8610

Eagle and Company CPAs, PSC

4400 Breckenridge Lane Suite 151 Louisville, KY 40218

Phone: (502)458-8610 | Fax:

May 10, 2022

Highland Commerce Guild Inc PO Box 4516 Louisville, KY 40204

Highland Commerce Guild Inc:

Enclosed is the 2021 federal return for a tax-exempt organization, prepared for Highland Commerce Guild Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (502)458-8610.

Sincerely,

Robert R Eagle, CPA

Eagle and Company CPAs, PSC

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Form 990 (2021)

► Go to www.irs.gov/Form990 for instructions and the latest information. 20 2021, and ending For the 2021 calendar year, or tax year beginning D Employer Identification number C Name of organization Highland Commerce Guild Inc R Check if applicable: 61-1237560 Doing business as Address change E Telephone number Room/suite Number and street (or P.O. box if mail is not delivered to street address) Name chance PO Box 4516 Initial return G Gross receipts City or town, state or province, country, and ZIP or foreign postal code Final return/terminated 37,703 Louisville, KY 40204 Amended return X No Yes H(a) is this a group return for subordinates? F Name and address of principal officer: Application pending H(b) Are all subordinates included? If "No," attach a list. See instructions 4947(a)(1) or X 501(c) (6) ◀ (insert no.) 501(c)(3) Tax-exempt status: H(c) Group exemption number highlandcommerceguild.com Website: L Year of formation: 1977 M State of legal domicile: X Corporation Trust Association Other Form of organization: Part I Summary To foster a sense of community cooperation in Briefly describe the organization's mission or most significant activities: solving problems of the geographic area and encourage property upkeep and maintenance in the Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) 4 12 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 12 6 Total number of volunteers (estimate if necessary) 7a 0 Total unrelated business revenue from Part VIII, column (C), line 12 n b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** Prior Year 7,300 6,400 Contributions and grants (Part VIII, line 1h) 30,403 21,284 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 37.703 27,684 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 ٥ Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 42,752 35,380 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 42,752 35,380 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 (5,049)(7,696 Revenue less expenses. Subtract line 18 from line 12 19 Beginning of Current Year 37,128 42,177 Total assets (Part X, line 16) 20 n Total liabilities (Part X, line 26) 21 42,177 37,128 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II 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. Jeff S Myers Sign Signature of officer Here Jeff S Myers, Treasurer Type or print name and title Date Check Print/Type preparer's name P01072913 05-10-2022 self-employed Paid Robert R Eagle, Firm's EIN Eagle and Company CPAs PSC Preparer Firm's name Phone no. 4400 Breckenridge Lane Spite 151 Use Only Firm's address 502-458-8610 Louisville KY 40218 May the IRS discuss this return with the preparer shown above? See instructions

For Paperwork Reduction Act Notice, see the separate instructions.

~~~	1990 (2021)   Highland Commerce Guild Inc   61-1237560   Fag 
- 7	Check if Schedule O contains a response or note to any line in this Part III
-	Briefly describe the organization's mission:
	To foster a sense of community cooperation in solving problems of the geographic area and
	encourage property upkeep and maintenance in the area.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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.
	(Code:) (Expenses \$18,467 including grants of \$) (Revenue \$17,576)
	The Guild participates in a Grafitti Abatement program, removing unsightly grafitti from area
	public structures.
_	
	(Code:) (Expenses \$11,583 including grants of \$) (Revenue \$12,827)
	Bardstown Road Aglow, encouraging merchant, church, and community group participation in this
	annual holiday event.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

Form 990 (2021) Highland Commerce Guild Inc

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	<b></b>	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)	1.		
	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. 98-197 If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-	<del> </del>	X
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part!	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		<del> </del>	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
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		х
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.			
ξ	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		<u>x</u>
t	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	l		
	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	44.		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u>
C	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		v
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		X 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				
	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		<u>x</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Dld 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			
- <b>-</b>	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>x</u>
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	- 1	
16		15		<u> </u>
10	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, Ferts III and IV	16	l	v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		-+	<u>x</u>
• •	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, Pert 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
20 a	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
		Torres O	ስለ /ኃቦን	141

Par	TIVI Checklist of Required Schedules (continued)			,
<b>.</b>		F	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	<u> </u>	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	23		۱
	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	24a		.,
	through 24d and complete Schedule K. If "No," go to line 25a	24b		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<del> </del>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24d		<del>                                     </del>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	27,0		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
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?	25b		
	If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or 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 Schedule L,		1	
	Part IV instructions, for applicable filling thresholds, conditions, and exceptions):			
а	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		х
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
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	22		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part 1	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34		•
	or IV, and Part V, line 1	35a		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	000		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		x
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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		
•	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
90	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, Ilnes 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part				
e sant	Check if Schedule O contains a response or note to any line in this Part V			$\prod$
		]	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			322
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		<b>探教</b>	· 图图记
	reportable gaming (gambling) winnings to prize winners?	10		<u>x</u>
		Form	990 (2	U21)

Form 990 (2021) Highland Commerce Guild Inc 61~1237560 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b x Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year?  $\dots$ 3a 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, **4a** a financial account in a foreign country (such as a bank account, securities account, or other financial account)? h 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 5a 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 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? 6a x 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). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e 7e f 7f Ø 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 Sponsoring organizations maintaining donor advised funds. 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? 10 Section 501(c)(7) organizations, Enter: Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ...... Section 501(c)(12) organizations. Enter: а Gross income from members or shareholders ......... b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...... 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 C 14a Did the organization receive any payments for indoor tanning services during the tax year? X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.

• Form 990 (2021) Highland Commerce Guild Inc Page 6 61-1237560 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Instructions. Check if Schedule O contains a response or note to any line in this Part VI 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 ....... 1a 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. 1b 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? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 x ĸ Did the organization become aware during the year of a significant diversion of the organization's assets? x Did the organization have members or stockholders? 6 X 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? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: b Each committee with authority to act on behalf of the governing body? X 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 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 Х 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . | 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization х 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 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

Sec	tion C. Disclosure		
17	List the states with which a copy of this Form 990 is	required to be filed	<b>&gt;</b>

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.

organization's exempt status with respect to such arrangements?

Own website Another's website X Upon request

Other (explain on Schedule O) 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.

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

Jeff Myers (502)594-7372, PO Box 4516, Louisville, KY/40255

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Form 990 (2021) Highland Commerce Part VII Compensation of Officers, Dire	e Guild : ectors. Tr	Inc uste	es. I	Kev	νE	mplo	ove	es. Highest Co	61-123 ompensated E	7560 Page 7 mployees, and
Independent Contractors			,	•	,		,	,		
Check if Schedule O contains a response	or note to any	y line li	n this	Par	t VII					<u>.</u>
Section A. Officers, Directors, Trustees, Key Emple	oyees, and I	lighes	t Cor	npe	nsa	ted E	mplo	yees		
1a Complete this table for all persons required to be listed. F	Report compe	nsatio	n for t	he c	aler	ndar ye	ear e	nding with or within	the	
organization's tax year.										
<ul> <li>List all of the organization's current officers, directors,</li> </ul>	trustees (who	ether ir	ndivid	uals	ore	organiz	zation	ns), regardless of an	nount of	
compensation. Enter -0- in columns (D), (E), and (F) if no o	compensation	ı was p	oaid.							
<ul> <li>List all of the organization's current key employees, if</li> </ul>	any. See inst	ruction	s for o	defir	nitior	n of "ke	ay en	nployee."		
<ul> <li>List the organization's five current highest compensat</li> </ul>	ed employee:	s (othe	r thar	an	offic	er, dir	ector	, trustee, or key em	ployee)	
who received reportable compensation (box 5 of Form W-2	2, Form 1099	-MISC	, and/	or b	ox 1	ofFo	rm 1	099-NEC) of more	than	
\$100,000 from the organization and any related organization										
<ul> <li>List all of the organization's former officers, key emplo</li> </ul>	yees, and hig	hest c	ompe	nsa	ted e	employ	yees	who received more	than	
\$100,000 of reportable compensation from the organization	and any rela	ated or	ganiz	atio	ns.					
<ul> <li>List all of the organization's former directors or trust</li> </ul>				•	•				of the	
organization, more than \$10,000 of reportable compensation	on from the or	rganiza	ation a	and	any	relate	d org	ganizations.		
See instructions for the order in which to list the persons at	ove.									
Check this box if neither the organization nor any relate	ed organizatio	n com	pens	atec	any	y curre	ent of	fficer, director, or tru	istee.	-
				(	(C)					
(A)	(B)	(B) Position (do not check more than one Average box, unless person is both an						(0)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated amount
	hours	offic	cer and	a dir	rector	r/inustee	)	compensation from the organization (W-2/	compensation from related organizations W-2/	of other compensation
	per week (hist any	<u></u>	T_T				T			from the organization and related organizations
	hours for	of die	ns it	Office	Ş.	출출	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC	
	related	Individual trustee or director	Institutional trustee	4	Highest compensated employee Key employee		戛	(OBS-NEC)	1099-NEC	Total or gas and and
	organizations below	T Est	활	1	oyee	a gr				
	dotted line)	1 2	Sie			สรา				
					ļ	8.				
(1) Aaron Givan	14.00									
President				х				0	O	0
(2) Jeff Myers	12.00									
Treasurer				x		-		0	0	0
3) Nick Morris	12.00			1	1					
Vice President				X	_			0	0	0
(4)				- 1						
P1				$\dashv$	_					
5)				-	-					
6)			$\vdash$	$\dashv$	$\dashv$					***
**************************************										
7)			-	$\dashv$	$\neg$		$\neg$			Manage de la companya

(9)

(10)

(11)_

(12)

(13)_

(14)_

aria-wa	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than on box, unless person is both officer and a director/truster week					n	(D) Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related organizations (W-2)	(F) Estimated amount of other compensation from the
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
<u>(15)</u>										10 to 1 to	***************************************
<u>(16)</u>											
<u>(17)</u> _											
<u>(18)</u> _											
(19)_						1					
(20)			٠.								
(21)										v/h-sar-pa-sar-pa-f-6/4/	
(22)_											
(23)											
(24)											
(25)											
1b c d	Subtotal	on A .					***********		0	0	0
2	Total number of individuals (including but not limited reportable compensation from the organization		d abov	/e) w	/ho r	ecei	ved m	ore t	han \$100,000 of		
3	Did the organization list any former officer, director, tr employee on line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sum of rep organization and related organizations greater than \$1	o <i>r such indivi</i> o ortable comp	<i>lual</i> ensatio	on ar	nd o	 her	compe	 ensa	tion from the		yes No
5	individual	ompensation	rom a	ny ur	 nrela		• • • organi				5 X
Secti 1	on B. Independent Contractors  Complete this table for your five highest compensate	d Independe	nt cont	racto	are t	hat r	eceive	nd m	ore than \$100 000 (	\f	
	compensation from the organization. Report compensation	-									
	(A) Name and business address								(B) Description of services		(C) Compensation
2	Total number of independent contractors (including b received more than \$100,000 of compensation from			se lis	ted	abov	ve) wh	0			

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			Check if Schedule O	conta	ins a respon	se or n	ote to any line in	this Part VIII		· • • • • • • •		
								(A) Total revenue	(B)	(C)	ted Ravenue	x under
	1	1a				1a					Sections	312-01
ちち		b		• • •		1b	7,3	00	en de la company			
25 G		C				1c						
E A		d	The or Saute of Saute of the			1d						
Contributions, GHts, Grants and Other Similar Amounts		e	3.4			1e	ļ			11.25		
5.5		1	All other contributions, gi			1	]					
E E	-	g	and similar amounts not in Noncash contributions in			1f				A Company		
6 E		ย	lines 1a-1f			1						
ပို့ နွ	1	h	Total. Add lines 1a-1f			1g	<b> \$</b>				3.40	
	+		7			• • • •	Business Code	322000000000000000000000000000000000000	00	15.00	2000	
0	ı	2a	Grafitti Abatemen	nt			900099	1 2013 1513 1513 1513 1514 1514 1514 1514 15				
, <del>Š</del>		b Bardstown Road Aglow					900099	17,5				***************************************
Program Service Revenue		C		=			500033	12,8	27 12,8	27		
ag ag	-	d			···							
50		e		~							<del></del>	
č		f	All other program service re	even	ue							
	1_	9						30,40	3 4 3 3 3 3 3			(0) Table
		3	Investment income (includi							3 (4)		34 \$ 43.33°
			other similar amounts) .									
			Income from investment of									
	1	5	Royalties		· • • • • •		<b>&gt;</b>	•				
	1.	_	_		(i) Real		(ii) Personal		Page Care			Way,
	'		Gross rents	6a							130 1545	
			Less: rental expenses	6b								
			Rental income or (loss)	6c		f		46.77				
	١.		Net rental income or (loss)	<del></del>			· · · · · · · · · · · · · · · · · · ·	nat occurrence and comment				
	'		Gross amount from		(i) Securitie	·\$	(ii) Other					
			other than inventory	7a								
			ess: cost or other basis	, 4				1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1				
9 =	1		and sales expenses	7b								
e e			•	7c		-+						
ě			Vet gain or (loss)									
ther Revenue	8		Gross income from fundraisi					1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
₹ ,			events (not including \$	_								
		0	f contributions reported on I	line								
		1	c). See Part IV, line 18 .			8a						
			•			8b		7.5	(Artister for	100		
			let income or (loss) from fur	ndrais	sing events				120000000000000000000000000000000000000			estre popularion
	98		iross income from gaming			1		SERVICE OF THE SERVIC	The Section of			
ĺ			ctivities, See Part IV, line 19			9a	· • • • • • • • • • • • • • • • • • • •					
			<del>-</del>			9b		24.50	1 Sec. (1889)			
1			et Income or (loss) from gai	-	activities		>					
- 1	10a	G	ross sales of inventory, less							100000		
					• • • • •	10a						
		Less: cost of goods sold 10b					108 FEB 32 15					
	C	· NE	et income or (loss) from sak	es of	inventory		· · · · · · · · ·			0 -00 00 00 00 00 00 00 00 00		-
	11a					-	Business Code	Contact State	geographic states	4	4(5.8)	
	i ia					_	**			-		
	C			-		-  -						
!			other revenue			-  -						
						٠ ـ			Egypperson northwest	( Construction Control		ora I
٠-	12		ital revenue. See Instruction				. , <del>)</del>	00 00-		N. P. W. W. S. S. S.	or views	<b>建模型</b>
			Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z				· · · · · · · · · · · ·	37,703	30,403		0	0

Form 990 (2021) Highland Commerce Guild Inc
Part X Statement of Functional Expenses

VE SEED	(9297.80)	na All athar avantiratio	ne must complete colum	n (A)	
Section	on 501(c)(3) and 501(c)(4) organizations must complete all colum	ITIS. All OTHER ORGANIZATIO	na musi complete colum		x
	Check if Schedule O contains a response or note to a	ny line in this Part IX (A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising expenses
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	- GAPE ISSES
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				0.00 0.00 0.00 0.00
2	Grants and other assistance to domestic			To a second	
	individuals. See Part IV, line 22			45.0	Table 17 a Sebagai
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				nsasecona antique antique antique
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
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			***************************************	
11	Fees for services (nonemployees):				
a	Management				
b	Legal	-			
c	Accounting	2,075		2,075	
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				1
•	(A) amount, list line 11g expenses on Schedule O.)				1
12	Advertising and promotion	1,194		1,194	
13	Office expenses	718		718	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
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				
24	Other expenses. Itemize expenses not covered		mi T		
-	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column	E PART I			
	(A) amount, list line 24e expenses on Schedule O.)				
a	Bardstown Road Aglow	11,583	11,583		
b	HCG Cleanup Project	18,467	18,467		
c	MOS VARMINE CAN JUNE				
d					
e	All other expenses	8,715		8,715	
	Total functional expenses. Add lines 1 through 24e	42,752	30,050	12,702	0
25 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				
	following SOP 98-2 (ASC 958-720)	<u></u> -			
	ISHOTTING CO.				Form 990 (2021)

i			
	990 Name(s) as shown on return	Overflow Statement (This page is not filed with the return. It is for your records only.)	2021 Page 1
	Highland Cor	nmerce Guild Inc	FEIN 61-1237560

### All Other Expense - Part IX, Line 24e

Description		
Bank Fees	<del></del>	Amount
Charitable Contributions	<u> </u>	42
Kentucky Secretary of State		1,750
Meeting Expenses		15
Membership Expenses		617
Miscellaneous Expense		100
Mural Expenses		79
Neighborhood Nights Expense		396
Postage	_	135
Street Banners		405
Website Hosting and Design		646
		4,530
Total:	\$	8,715

Form 990 (2021) Highland Commerce Guild Inc

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in the

***************************************		Check if Schedule O contains a response or note to any line in this Part X	(A)	<del>i : :</del>	(B)
	<del></del>		Beginning of year		End of year
	1	Cash - non-interest-bearing, , , ,	34.14.1	1	28,548
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			100
		trustee, key employee, creator or founder, substantial contributor, or 35%		挪	District Control
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			100 中共2012 AV
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
£	7	Notes and loans receivable, net		7	8,580
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
	1	basis. Complete Part VI of Schedule D 10a			Fig. 18 Carrier San
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	42,177	16	37,128
	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	
88	22	Loans and other payables to any current or former officer, director,		34	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lab		controlled entity or family member of any of these persons	The state of the s	22	ADSORPT DELINE CONTROL OF STREET WAS A STREET
-	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		ĺ	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
Sec		and complete lines 27, 28, 32, and 33.			
E	27	Net assets without donor restrictions	42,177	27	37,128
Ba	28	Net assets with donor restrictions		28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ▶ □			
2		and complete lines 29 through 33.			
6	29	Capital stock or trust principal, or current funds	A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	29	The second secon
鲁一	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et.	32	Total net assets or fund balances	42,177	32	37,128
Z	33	Total liabilities and net assets/fund balances	42,177	33	37,128
					Eorm 000 (2021)

	m 990 (2021) Highland Commerce Guild Inc	61-12375	60	Page 12
P	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	3	37,703
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	4	12,752
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(5,049)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		2,177
5	Net unrealized gains (losses) on investments	. 5		, marine and a second
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	3	7,128
Pa	Tt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	. <i></i>		П
			Ye	s No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other		3000 96	
	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			6. 9.0
	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 40.8935.
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		- The Late of the	
	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		704769,3456	MATERIAL SERVICES
	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		3468 390	<b>8</b> 1885
	Schedule Q.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		200 May 200 18 100 18	S9) 5(65)475.
	Single Audit Act and OMB Circular A-133?		3a	l _x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	- , • • • •		<del>  ^</del>
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
FΔ			Earn 000	(0004)

EA

Form 990 (2021)

#### SCHEDULE A (Form 990)

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Hig	hland Commerce Guild Inc				***************************************	61-1237	560		
		narity Status. (	All organizations m	ust com	plete this	part.) See instruc	tions.		
ine i	organization is not a private foundation	because it is: (For	lines 1 through 12, check	only one b	юх.)				
	A church, convention of churches	, or association of ch	iurches described in secti	on 170(b)	1)(A)(i).				
2	A school described in section 17	0(b)(1)(A)(II). (Attac	h Schedule E (Form 990).	)					
3	A hospital or a cooperative hospital	al service organization	on described in section 17	'0(b)(1)(A)	(III).				
4	A medical research organization of	perated in conjuncti	on with a hospital describe	d in section	on 170(b)(1	)(A)(iii), Enter the			
5	hospital's name, city, and state:			·····		***			
ō	An organization operated for the	benefit of a college	or university owned or op	erated by	a governme	ental unit described in			
6	section 170(b)(1)(A)(iv). (Comple								
7	A federal, state, or local governme  An organization that normally rec	ent or governmental	unit described in section	70(b)(1)( <i>i</i>	4)(v).				
•	An organization that normally recodescribed in section 170(b)(1)(A)	eives a substantial	part of its support from a g	overnmer	ital unit or f	rom the general public			
8	A community trust described in se	(vi). (Complete Fait rtion 170/b)/1/(A)/:	ille) di /Commisso Dest II i						
9	An agricultural research organizati	on described in soci	vij. (Complete Part II.) Son 470/h1/41/A1/Subanas		f at				
	or university or a non-land-grant of	oliene of anticulture	.ion 170(b)(1)(A)(iX) open	itea in con	junction Wit	n a land-grant college			
	university:	onege of agriculture	e (see instructions). Effet	uie name,	cny, and si	ate of the college of			
10	An organization that normally rece	ives: (1) more than	33 1/3% of its support for	m contrib	tione man	hombin foos and a	· · · · · · · · · · · · · · · · · · ·		
	receipts from activities related to r	is exempt functions	. Subject to certain eveent	inne: and	(2) no more	then 22 4/20/ at the	•		
	support from gross investment inc acquired by the organization after J	ome and unrelated	business taxable income	(lace cart	inn E11 tov\	from businesses			
11	An organization organized and ope	rated exclusively to	lest for public safety. See	ection 50	/ 9/a)/4)				
12	An organization organized and op-	erated exclusively for	or the benefit of, to perfor	n the func	ions of, or t	to carry out the numose	s of		
	one or more publicly supported org	anizations described	in section 509(a)(1) or s	ection 50	(a)(2). See	section 509(a)(3). Che	ck		
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а									
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the								
	supporting organization. You n								
b									
	control or management of the	supporting organiza	ation vested in the same p	ersons the	it control or	manage the supported			
_	organization(s). You must cor								
C	Type III functionally integrate	d. A supporting orga	anization operated in conn	ection with	, and function	onally integrated with,			
ď	its supported organization(s) (se	ee instructions). You	i must complete Part IV,	Sections	A, D, and E				
•	Type III non-functionally inte	grated. A supporting	g organization operated in	connection	with its sup	oported organization(s)			
	that is not functionally integrated requirement (see instructions).	Vou must complet	o Part IV. Sections Appr	D	requireme	nt and an attentiveness			
e	Check this box if the organizati	on received a writte	e rait iv, sections A and to determination from the	D, and P	artv. ioo Timo I	Time II Time III			
	functionally integrated, or Type	Ili non-functionally	integrated supporting orga	ino iliai il inization	is a type i,	rype ii, rype iii			
f	Enter the number of supported organ			armaduori.					
g	Provide the following information about		nanization(s).				• • • • • • • • • • • • • • • • • • • •		
(1	Name of supported organization	(II) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
			(described on lines 1-10	listed in yo	ur governing	support (see	other support (see		
			above (see instructions))	docui	nent?	instructions)	Instructions)		
				Yes	No	1			
(A)									
	7.								
(B)									
(C)									
(D)									
				••					
E)			-						
otal					(20) ASS				

So	hedule A (Form 990) 2021 Highland	Commerce Gu	ild Inc			** ****	
F	Support Schedule for Organi	zations Desi	rihad in Sac	tions 170(b)	(1)(A)(iv) and	61-123756	60 Page :
	(,,,p,oto oth) ii you checked	me oox on m	IPS / ATRA	ナレクロ しへょばん	o acamainat:	E 14 1 4	(VI) Olificundos
		to qualify und	er the tests I	isted below n	lease comple	ate Port III I	ally under
50			_		iodoc conipi	or artifi.)	
Ca	ilendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(6) Tetal
	1 Gifts, grants, contributions, and			1 10/ ====	(4) 2020	(e) 2021	(f) Total
	membership fees received. (Do not	1					
	include any "unusual grants.")	59,944	49,839	46,682	27 604		
2	Tax revenues levied for the		15,653	40,002	27,684	37,703	221,852
	organization's benefit and either paid to						
	or expended on its behalf			Í			
3	THE TEND OF BEITICES OF TACINGES		1	<b> </b>			<u> </u>
	furnished by a governmental unit to the			1			
	organization without charge		J				
4	remitted midd fanoughto	59,944	49,839	46,682	07.004		
5	The portion of total contributions by		200000000000000000000000000000000000000	46,082	27,684	37,703	221,852
	each person (other than a						
	governmental unit or publicly					5.475	
	supported organization) included on					200	
	line 1 that exceeds 2% of the amount		\$450 Big				
	shown on line 11, column (f)						
6	. The state of the	475 1000 1000	74.5255.55			37.547.547.54	
Sec	tion B. Total Support	1	A STATE OF THE PROPERTY OF THE	reserve Antonio Salara and S		THE COURT OF THE PARTY OF THE P	221,852
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	59,944	49,839	46,682	27,684	37,703	
8	Gross income from interest, dividends,				21,004	37,103	221,852
	payments received on securities loans,				1	4	
	rents, royalties, and income from	1	]		ļ		
	similar sources	j					
9	Net income from unrelated business						
	activities, whether or not the business				1		
	is regularly carried on	1		-	1	i	
10	Other income. Do not include gain or					<del></del>	
	loss from the sale of capital assets	1	İ	ľ			
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10		West and the	e sala voca			501 010
12	Gross receipts from related activities, etc. (	see instruction:	8)			40	221,852
13	First 5 years. If the Form 990 is for the orga	nization's first,	second, third, fo	ourth, or fifth tax	ـــــــــــــــــــــــــــــــــــــ	4: 504(-)(0)	
Basi	organization, creek this box and stop here.					• • • • • • • • •	▶ □
14							
15	Public support percentage for 2021 (line 6,	∞lumn (f), divi	ded by line 11,	column (f))		14	100.00 %
16a	rubile support percentage from 2020 Sched	lule A. Part II. I	ine 14		<u> </u>	15	0.4
IVA	33 1/3% support test - 2021. If the organization and stop have	ion did not che	ck the box on li	ne 13, and line	14 is 33 1/3% (	or more, check t	1.*
b	nov and arch tiete. The diganization qualitie	s as a publiciv :	supported orga	nization			. 🗂
D	of how support test - 2020, if the oldanizat	ion dia not chei	CK a hoy on line	13 or 160 and	lling dE in 22 d	Mary	
17a	mis now and arob nere. The organization dns	illies as a bubli	Cly supported o	noitetion			▶ □
1762	10 /b 140to 4114 - Circumstances test - 2021.	ii we organizati	ion did not cher	k a hov on line	13 160 01166	المستعدات المستعدد	L
	to a criticle, and it the organization meets th	ie tacts-and-cir	cilmetances for	t chack this ha			
	are arrive the ordanization theefs the tacks	-and-circumsta	inces test. The	Argenization of	ualifica aa a mi	ر در در در در در داد (ایمار	d
b	organization						▶ 🗍
W	10 70-14Cts-4110-Circumstances test - 2020, 1	t the organizati	on did not chec	k a hov on line	12 160 16h o	. 47 11:	_
	To is 10% of findle, and if the organization me	ets the tacts-an	id-circumetance	se toet abook th	in have mud at-		
	are or now the organization meets the fac	is-and-circums	tances feet. Th	na organization	avalities		
18	organization						▶ 🔲
	, made to attachon, it also organization did no	r cueck a box o	n line 13, 16a. 1	16b. 17a. or 17l	n check this ho	v and con	
	instructions						. ▶ □

Schedule A (Form 990) 2021 Highland Commerce Guild Inc 61-1237560 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (e) 2021 (f) Total (c) 2019 (d) 2020 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose - -Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . 5 The value of services or facilities furnished by a governmental unit to the organization without charge ..... 6 Total. Add lines 1 through 5 . . . . . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b ..... Public support. (Subtract line 7c from Section B. Total Support (c) 2019 (d) 2020 (e) 2021 (f) Total Calendar year (or fiscal year beginning in) > (a) 2017 (b) 2018 9 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . Add lines 10a and 10b . . . . . . . . . C 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets 13 Total support. (Add lines 9, 10c, 11, 14 First 5 years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) % 15 15 % 16 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17

33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

18

b

Investment income percentage from 2020 Schedule A, Part III, line 17

18

. . . . . . . . . . . . . . . . . . .

%

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#### Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Par	tilV Supporting Organizations (continued)			
11 a	o the following percent.	11a	Yes	No
С	A family member of a person described in line 11a above?  A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11b		INESS (
Seci	tion B. Type I Supporting Organizations			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		Yes	No
2	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	1		
Sect	ion C. Type II Supporting Organizations		i	***************************************
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Secti	ion D. All Type III Supporting Organizations			
1 2	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	Yes	No
3	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	2		
3ecti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer lines 2a and 2b below.			No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.		劉皇	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	環線   薬	46H 18	

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

3b

Schedule A (Form 990) 2021	Highland Commerce Guild Inc	61-1237560	Page 6
Part V Type III Nor	n-Functionally Integrated 509(a)(3) Supporting Organization	16	

Sec	instructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income			(A) Prior Year	(B) Current Yo
1	Net short-term capital gain	Т	1		(optional)
2	Recoveries of prior-year distributions		2		
3	Other gross income (see instructions)		3		
4	Add lines 1 through 3.		4		<b></b>
5	Depreciation and depletion		5		
6	Portion of operating expenses paid or incurred for production or collection	+	+		1
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	16	:	•	1
7	Other expenses (see instructions)	+		WAARCA	<del> </del>
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	1 8		**************************************	
Sec	tion B - Minimum Asset Amount			(A) Prior Year	(B) Current Ye (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T	1.0		
	instructions for short tax year or assets held for part of year):				
ā	Average monthly value of securities	12	1		
	Average monthly cash balances	11	,		
	Fair market value of other non-exempt-use assets	10			
	Total (add lines 1a, 1b, and 1c)	10			
	Discount claimed for blockage or other factors	183	(4)		
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2	1	and the first of the American of Control (19). Plant of Medical 1992, it is not a first of the American Control	Street Street or Street Street Street Street
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	<u> </u>	T		
	see Instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		T-1.	
6	Multiply line 5 by 0.035.	6	T		
7	Recoveries of prior-year distributions	7	T		- · · · · · · · · · · · · · · · · · · ·
8	Minimum Asset Amount (add line 7 to line 6)	8	╅		
Secti	on C - Distributable Amount	<b></b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			***************************************
2	Enter 0.85 of line 1.	2	100		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	1		
4	Enter greater of line 2 or line 3.	4	魏		
5	Income tax imposed in prior year	5	漏		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		4		
	emergency temporary reduction (see instructions).	-	1		

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	dule A (Form 990) 2021 Highland Commerce Guild	Inc	61-	12:	37560 Page 7
Pa	Type III Non-Functionally Integrated 509(a)	3) Supporting Organ	izations (continue	<u>d)</u>	·
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers exc	empt purposes of suppor	ted	T	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	coses of supported organ	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part \	/I)	5	
6	Other distributions (describe in Part VI). See instructions.		· ·	6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
	Distributable amount for 2021 from Section C, line 6	Control of the Control	Para Laboratoria de		
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3_	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
	From 2018	是"2012"。第1 <b>6</b> 886			
d	From 2019			d d	
e	From 2020				
f	Total of lines 3a through 3e				
g					
<u>h</u>		SEPARATE PROPERTY			
<u>i</u>	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
·····	Section D, line 7: \$			32	
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount			767	t Name (Sept. A St. or Novelog September 1911 of the State of the
	Remainder. Subtract lines 4a and 4b from line 4.			<b>(48)</b>	
5	Remaining underdistributions for years prior to 2021, if			8	
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.			gi Sasar	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7				7,945 3,942 - 3	
,	Excess distributions carryover to 2022. Add lines 3j and 4c.	]			
8	Breakdown of line 7:			9.4 S	
a	F		empleten de la company de La company de la company d	350 P	
b	P			28A F	
	T 6 0040			73. S	
d	Excess from 2020				
е	Excess from 2021				
		AND RESERVED AND AND AND RESERVED ASSESSED.	e one construction of the control of	24.	Contraction of the Contraction o

Schedule A (Fe	orm 990) 2021 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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#### Form 8879-TE

## IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning , 2021, and endir

, 2021, and ending

, 20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

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Name of filer		***************************************	TO TO THE PARTY OF	1791 E for the latest informat		
Highland Commerce	e Guild T	n.c			EIN or SSN	
Name and title of officer or pe	rson subject to	tax			61-1237560	
Jeff S Myers, Tre						***************************************
Part I Type of I	eturn and	Dotus	n Information			
	n for which we	Netur	ii iiiiormation			***************************************
CP and Form 5330 filers ma	av enter dollar.	u are usii s and con	ig this Form 8879-TE and e	nter the applicable amount, if whole dollars only. If you check	any, from the return. Form 80	38-
5a, 6a, 7a, 8a, 9a, or 10a be	low and the a	mount on	that fine fact in	writing dollars only. If you check	the box on line 1a, 2a, 3a, 4a	,
5b, 6b, 7b, 8b, 9b, or 10b, 1	whichever is en	anlicable	blank (da not not on the	filed with this form was blank, t if you entered -0- on the return	hen leave line 1b, 2b, 3b, 4b,	
applicable line below. Do no	ot complete me	ore than o	ne line in Part I.	if you entered -U- on the return	n, then enter -0- on the	
1a Form 990 check he						
2a Form 990-EZ chec		k b	Total revenue, if any (Fo	rm 990, Part VIII, column (A), I	ine 12) 1b	37,
			Total revenue, if any (For	rm 990-EZ, line 9)	2b	
TOTAL OF CHE		∐ b	Total tax (Form 1120-PO	L, line 22)	3h	~~~
		□р	Tax based on investmen	nt income (Form 990-PF, Pari	(V. line 5)	
5a Form 8868 check l		b	Balance due (Form 8868	, line 3c)	5b	
6a Form 990-T check		b	Total tax (Form 990-T, Pa	art (II, line 4)	e	-
7a Form 4720 check h		☐ b	Total tax (Form 4720, Par	t III, line 1)	7h	
8a Form 5227 check h		□ b	FMV of assets at end of	tax year (Form 5227, Item D)	OL.	
9a Form 5330 check he		□ь	Tax due (Form 5330, Part	II, line 19)		
10a Form 8038-CP ched	x here▶	b	Amount of credit navmo	nt rominantal /Carm cons on	<b>5</b>	
Part II Declaration	n and Sig	nature	Authorization of Off	icer or Person Subjection	to Tax	
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# Commonwealth of Aentucky Office of Secretary of State

DREXELL R. DAVIS Secretary



FRANKFORT.

## CERTIFICATE OF INCORPORATION OF NON-STOCK, NON-PROFIT CORPORATION

•	- COLUCIATION
And the second s	R. DAVIS, Secretary of State of the Commonwealth of Kentucky has been delivered to my office articles of incorporation of HIGHAND COMMERCE GUILD, INC.
I he name and ada	ress of the registered agent of this corporation is  DAVID R. KAREM, ATTOREX
STREET ADDRESS	564 LINCOLN FEDERAL BUILDING LOUISVILLE, KENTUCKY 40202
NOW, THERE and that all fees the	FORE, finding that these articles of incorporation conform to law refore having been paid as prescribed by law, I, DREXELL R. State, issue this Certificate of Incorporation.



SECRETARY OF STATE

Issued this _____ day of____ at Frankfort, Kentucky. refell P. Wani SECRETARY OF STATE

ABBIRYANT BEGRETARY OF STATE

OCT 2 6 1977

ARTICLES OF INCORPORATION OF THE

HIGHLAND COMMERCE GUILD, INC.

SECRETARY OF STATE

The undersigned, the majority of whom are citizens of the United States, desiring to form a non-profit corporation under the non-profit corporation law of the State of Kentucky do hereby certify:

#### ARTICLE I

The name of the corporation shall be the HIGHLAND COMMERCE GUILD, INC.

#### ARTICLE II

Unless sooner terminated as provided by law, the corporation shall have perpetual existence from the time the certificate of incorporation has been issued by the Secretary of the State of Kentucky.

#### ARTICLE III

The objects and purpose of the HIGHLAND COMMERCE GUILD, INC., hereinafter called the Guild, shall be:

- (a) To foster a sense of community cooperation in solving problems of the area.
- (b) To enhance and improve the business and social climate within the geographic area of its activity.
- (c) To encourage residential and business property upkeep in the area.
  - (d) To eliminate vandalism and litter in the area.
  - (e) To encourage better police protection in the area.

- (f) To improve traffic flow and traffic law enforcement in the area.
  - (g) To be concerned with youth problems of the area.
- (h) To insure a reasonable and adequate zoning scheme for the area.
- (i) To cooperate with all area church gr ups, school groups, and neighborhood groups to insure total community involvement in problem situations of the area.
  - (j) To encourage a spirit of friendliness in the area.
- (k) Any other activities to promote the common good and general welfare of the people in the community unless these activities are excluded by IRC Sec. 501 (c) (4) (6) or IRS Regulation.

#### ARTICLE IV

- (4.1) Said Guild is organized exclusively for the promotion of social and civic welfare as described in IRC Sec. (501) (c) (4) (6). In view of that fact; no part of the net earnings of the association shall inure to the benefit of, or be distributable, its members, trustees, 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 III hereof.
- (4.2) No substantial part of the activities of the association shall be the carrying on of propaganda, or otherwise attempting to influence legislation (unless the social welfare and civic objective require legislation as per the regulations concerning IRC Sec.

- 501 (c) (4) (6), or intervene in any political campaign on behalf of any candidate for public office.
- (4.3) Notwithstanding any other provision of these articles, the association 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) (4) (6) of the Internal Revenue Code of 1954.
- (4.4) Upon the dissolution of the association, the Board of Directors shall, after paying or making provision for the payment of all the liabilities of the association, dispose of all the assets of the association exclusively for the purpose of the association in such manner, or to such organization or organizations, organized and operated exclusively for social welfare or civic purposes as shall at the time qualify as exempt organization or organizations under Section 501 (c) (4) (6) Internal Revenue Code of 1954, as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by the Circuit Court of the County in which the principle 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 V

- (5.1) The registered office and place of business of the corporation shall be:
  - (5.2) The name and address of its Resident Agent for the

service of process shall be:

Ray Barrett

David K. Karem, Attorney 564 Lincoln Federal Building Louisville, Kentucky 40202

#### ARTICLE VI

The officers, directors, or members of the Guild shall not be personally liable for the payment of debts, liabilities or obligations of the Guild to any extent whatsoever.

#### ARTICLE VII

- (7.1) The initial Board of Directors shall consist of eight directors.
- (7.2) The following individuals will serve in the capacity of directors until the selection of their successors:

Ralph Bridgers
c/o Outlook Inn, 916 Baxter Avenue, Louisville, Kentucky
Mrs. John H. Buffat (Ida)
c/o Buffat Plumbing, 1277 Bardstown Road, Louisville, KY
William Goodell
c/o National Products, 900 Baxter Avenue, Louisville, KY
Jack Kersey
c/o 1231 Bardstown Road, Louisville, Kentucky.
John R. Moss
c/o John Moss Upholstering, 967 Baxter Avenue, Louisville, KY
Mrs. James Olds
c/o Por Que No Restaurant, 1007 Bardstown Road, Louisville, KY
Patrick M. Payne
c/o Spindletop Draperies, 1064 Bardstown Road, Louisville, KY

c/o Barrett Funeral Home, 1230 Bardstown Road, Louisville, KY

#### ARTICLE VIII

The names and addresses of the incorporators are as follows:

Ralph Bridgers c/o Ontlook Inn, 916 Baxter Avenue, Louisville, Kentucky Mrs. John H. Buffst (1ds) c/o Buffat Plumbing, 1277 Bardstown Road, Louisville, KY William Goodell c/o National Products, 900 Baxter Avenue, Louisville, KY Jack Kersey c/o 1231 Bardstown Road, Louisville, Kentucky John R. Moss c/o John Mosz Upholstering, 967 Baxter Avenue, Louisville, KY Mrs. Jemes Olds c/o Por Que No Restaurant, 1007 bardstown Road, Louisville, EY Petrick M. Payne c/o Spindletop Braperies, 1064 Bardstown Road, Louisville, KY Ray Barrett c/o Barrett Fumeral Home, 1230 Bardstown Road, Louisville, RE

In witness whereof, we have hereunto subscribed our names

this 243 day of G.T., 1977.

Mrs. John H. Puffet

Fetnik M. Payse

STATE OF RENTUCKY

: 35

COUNTY OF JEFFERSON:

The foregoing instrument was acknowledged before me this

John H. (Ida) Buffat, William Goodell, Jack Kersey, John R. Moss,
Mrs. James Olds, Patrick M. Payne and Ray Barrett.
Notary Public State of Large, Ky.
My commission expires:

My semmission expires September R, 1981.

NOTARY PUBLIC, STATE AT LARGE, KY

(Rev. October 2018) 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.

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# Kentucky Secretary of State Michael G. Adams

#### HIGHLAND COMMERCE GUILD, INC.

File Annual Report

File Certificate of Assumed Name (DBA)

Change Address or Registered Agent

File Dissolution

Printable Forms

Subscribe to changes made to this entity

Certificates

#### **General Information**

Organization Number

0084328

Name

HIGHLAND COMMERCE GUILD, INC.

**Profit or Non-Profit** 

N - Non-profit

Company Type

KCO - Kentucky Corporation

Status

A - Active

Standing

G - Good

State

KY

File Date

10/26/1977

**Organization Date** 

10/26/1977

Last Annual Report

1/19/2022

**Principal Office** 

P O BOX 4516

-

LOUISVILLE, KY 40204

**Registered Agent** 

KENNETH J. BADER, ATTY

544 BAXTER AVE.

STE 200

LOUISVILLE, KY 40204

#### **Current Officers**

President

Aaron Gihvan

**Vice President** 

Charles N. Morris

Secretary

Amy Foos Kapoor

Treasurer

Jeff Myers

Director

Tom Sfura

Director

Adema Perez

DirectorAaron T. GivhanDirectorAmy Foos KapoorDirectorMark A. AbramsDirectorCharles N. Morris

#### Show Individuals / Entities listed at time Of formation

DirectorJACK KERSEYDirectorJOHN R MOSSDirectorRALPH BRIDGERS

**Director** MRS JOHN H BUFFAT (IDA

**Director** WILLIAM GOODELL

IncorporatorJACK KERSEYIncorporatorJOHN R MOSSIncorporatorRALPH BRIDGES

Incorporator MRS JOHN H BUFFAT (IDA

Incorporator WILLIAM GOODELL

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**Show Assumed Names** 

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Kentucky Unbridled Spirit