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

Applicant/Program: Highland Commerce Guild Applicant Requested Amount: \$17,500 Appropriation Request Amount: \$17,500
The state of the s
Executive Summary of Request
\$17,500 for the Highland Commerce Guild to provide graffiti abatement assistance in District 8 and 9 along commercial corridors.
Is this program/project a fundraiser?
Is this applicant a faith based organization?  Does this application include for divergence to the second of the s
Does this application include funding for sub-grantee(s)? Yes No
I have reviewed the attached Neighborhood Development Fund Application and have found it complete and
within Metro Council guidelines and request approval of funding in the following amount(s). I have read the
organization's statement of public purpose to be furthered by the funds requested and I agree that the public
purpose is legitimate. I have also completed the disclosure section below, if required.
0 12,500 8.9.18
District # Primary Sponsor Signature Amount Date
Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
Approved by:
Approved by.
Appropriations Committee Chairman Date
Final Appropriations Amount:

Applicant/Program:	
Highland Commerce Guild Graffiti Abatement Program	
Additional Disclosure and Signatures	
Additional Council Office Disclosure	

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

# Council Member Signature and Amount

District 1		\$
District 2		\$
District 9	Biltollande	\$ 5,00000
District 11		\$
District 13		
District 15		\$

<sup>2 |</sup> Page Effective May 2016

Add	litional Disclosure and Signature	es
Additional Council Office Disc List below any personal or business	closure s relationship you, your family or your legis ployees or members of its board of directors	lotion and the second
District 16	\$	
District 17	\$\$	
District 18	\$	_
District 19	\$	_
District 20	\$\$	_
District 21	\$\$	_
District 22	\$	_
District 23	<u> </u>	_
District 24	\$	_
District 25	\$	_
District 26	\$	
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Applicant/Program:

Highland Commerce Guild Graffiti Abatement Program

Legal Name of Applicant Organization Highland Commerce Guild, Inc.

Program Name and Request Amount Graffiti Abatement Program, \$17,500

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	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 legal responsibility of that taxing district?	N/A
Is the entity in good standing with:  • Kentucky Secretary of State?  • Louisville Metro Revenue Commission?  • Louisville Metro Government?  • Internal Revenue Service?  • Louisville Metro Human Relations Commission?	Ye€▼
Is the current Fiscal Year Budget included?	Yes✓
Is the entity's board member list (with term length/term limits) included?	Yes▼
Is recommended funding less than 33% of total agency operating budget?	Yes▼
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
Is the most recent annual audit (if required by organization) included?	N/A-
Is a copy of Signed Lease (if rent costs are requested) included?	N/A-
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes✓
Is the IRS Form 990 included?	Ye₅
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	N/A
Prepared by: Jasmine Weatherby Date: 8,9,18	

SECTION 1 – APPLICANT INFORMATION					
Legal Name of Applicant Organization: Highland Commerce Guild					
(as listed on: http://www.sos.ky.gov/business/records					
Main Office Street & Mailing Address: P O Box 4516, Louisville, Kentucky 40204					
Website:					
Applicant Contact: Mark Abrams Title: Treasurer					
Phone:	502-594-7372 Email: markaabrams@gmail.com				
Financial Contact:	Financial Contact: Mark Abrams Title: Treasurer				
Phone:	Phone: 502-594-7372 Email: markaabrams@gmail.com				
Organization's Repre	sentative	who attended NDF Traini	ng: Mark Abrams		
GEO	GRAPHICA	L AREA(S) WHERE PROGR	AM ACTIVITIES ARI	(WILL BE) PROVIDED	
Program Facility Loca	tion(s):	District 8 and District 9			
Council District(s):		8th and 9th	Zip Code(s):	40204, 40205,40206, 40207	
	SECTI	ON 2 – PROGRAM REQUE	ST & FINANCIAL IN	FORMATION	
PROGRAM/PROJECT	NAME: 20	18 Graffiti Abatement Pro	gram		
Total Request: (\$)	17,500	Total Metro Av	vard (this program)	in previous year: (\$) 17,500	
Purpose of Request (	check all t	hat apply):			
Operating F	unds (gen	erally cannot exceed 33%	of agency's total op	erating budget)	
Programming	ng/service	s/events for direct benefit	to community or q	ualified individuals	
☐ Capital Proj	ect of the	organization (equipment,	furnishing, building	, etc)	
The Following are Required Attachments:					
■ IRS Exempt Status De	terminatio	n Letter	Signed lease if rer	it costs are being requested	
■ Current year projecte	ed budget		■ IRS Form W9		
■ Current financial stat	ement		Evaluation forms	f used in the proposed program	
■ Most recent IRS Form	990 or 112	20-H	Annual audit (if re	quired by organization)	
■ Articles of Incorporat	ion (currer	nt & signed)	Faith Based Organ	ization Certification Form, if applicable	
	proposed v	endor if request is for			
capital expense					
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.					
Source:	8th Distric	t NDF Graffiti Clean Up	Amount: (\$)	2,500	
Source:	th Distric	t NDF Graffiti Clean Up	Amount: (\$)	5,000	
Source: 8	8th Distric	t NDF Bardstown Road	Amount: (\$)	,500	
Has the applicant contacted the BBB Charity Review for participation? ☐ Yes ■ No					
Has the applicant met	the BBB (	Charity Review Standards?	Yes 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 Highlands of Louisville, District 8 in particular, and Metro Louisville in general. Our purpose is to enhance and improve 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, eliminate graffiti and liter.	
	1
	1

Page 2 Effective May 2016

# **SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF Board Member** Term End Date Aaron Givhan Dec 31, 2018 Nick Morris Dec 31, 2018 Mark Abrams Dec 31, 2018 Terra Long Dec 31, 2018 Joee Conroy Dec 31, 2018 Karen Finlinson Dec 31, 2018 Describe the Board term limit policy: The board membership does not have a term limit policy. **Three Highest Paid Staff Names Annual Salary** Not applicable all are non paid positions.

Page 3 Effective May 2016

### SECTION 5 - PROGRAM/PROJECT NARRATIVE

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

The Graffiti Abatement and Clean Up Program has been an on going program since 2006. The Program patrols and removes graffiti on a daily basis (weather permitting) within Districts 8 and 9. The Highland Commerce Guild has an email address and phone number for reporting graffiti. When graffiti is reported to the Council Offices they can call or email us to remove the offending graffiti.

**B:** Describe specifically how the funding will be spent including identification of funding to sub grantee(s): The funds are spent for paint, solvents, acid and other cleaners which are used to remove graffiti. It will pay for the manpower to remove the graffiti. The funds are used to purchase chemicals to remove grass and weeds in the commercial district.

Page 4 Effective May 2016

C: If this request is a fundraiser, please detail how the proceeds will be spent:
n/a
D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date
and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for
funds to be spent before the grant award period, identify the applicable circumstances:
The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this
application.
The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.
There will be invoices and expenses starting July 2018.
2010.
Reimbursements should not be made before application date unless an emergency can be demonstrated
by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach
invoices or proof of payment):
<ul> <li>Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.</li> </ul>
✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work
plan identified in this application.

Page 5 Effective May 2016

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served: The Highland Commerce Guild has received many expressions of appreciation, often while we are in the process of cleaning up graffiti on the streets. Nearly everyone who passes, thanks us for our service of removing graffiti. The Highland Commerce Guild feels that anyone who drives or walks the commercial corridors of their districts is benefiting from having the "broken window syndrome" of graffiti removed.
F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.
All of the Neighborhood Associations know that the Highland Commerce Guild provides a Graffiti Abatement Program and utilize our services. Ofter, a neighbor becomes a designated spotter who reports graffiti to the Guild and we will take care of removing it. The neighborhood spotters help us keep alleys from becoming over run with graffiti. The spotters are driving or walking through areas that are not easily patrolled. We also work in conjunction with the Metro Louisville G graffiti Abatement Coalliance and the Zoom Group, who also assist with the spotting, removing and elimination of graffiti.

Page 6 Effective May 2016

### 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.

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts	16,000	200	16,200
H: Program Materials	1,500		1,500
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			300000000000000000000000000000000000000
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	17,500	200	17,700
% of Program Budget	98.6 %	1.4 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	200
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	200

<sup>\*</sup>Total of Column 1 MUST match "Total Request on Page 1, Section 2"

Page 7 Effective May 2016

<sup>\*\*</sup>Must equal or exceed total in column 2.

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	Column 1	Column 2	Column (1 + 2)=3
(circle one and use multiple sheets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
Total			

Page 8 Effective May 2016

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

	Value of Contribution	Method of Valuation
Total Value of In-Kind		
(to match Program Budget Line Item.		
Volunteer Contribution &Other In Kind)		
RSON PER WEEK  ency Fiscal Year Start Date:		
nes your Agency anticipate a significant increase	e or decrease in your budget fi	om the current fiscal year to the
pes your Agency anticipate a significant increase adget projected for next fiscal year? NO		om the current fiscal year to the
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Page 9 Effective May 2016

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

### **Standard Certifications**

- 1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- 2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
- 3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
- 4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
- 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: Mark Abrams Date: Aug 20, 2018 Title: Legal Signatory: (please print): Mark Abrams Treasurer Extension: Email: markaabrams@gmail.com Phone: |502-594-7372

Page 10

Effective May 2016

# HIGHLAND COMMERCE GUILD, INC.

# **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** 

2/21/2018

**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

Terra Long

**Treasurer** 

Mark Abrams
Susan Rostov

Director Director

Brian Goodwin

Director

Joee Conroy

Director

\_\_\_\_\_

Director

Ed Fallon

Director

Karen Finlinson

# Individuals / Entities listed at time of formation

Director

JACK KERSEY

Director

JOHN R MOSS

Director

RALPH BRIDGERS

Director

MRS JOHN H BUFFAT (IDA

Director

WILLIAM GOODELL

Incorporator

JACK KERSEY

Incorporator

JOHN R MOSS

Incorporator

RALPH BRIDGES

Incorporator

MRS JOHN H BUFFAT (IDA

Incorporator

**WILLIAM GOODELL** 

# Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned

images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

s or PDF documents. Documents	filed prior to September 15, 20	004 will become availab	ale as the ima	
<u> Annual Report</u>	2/21/2018	1 page	PDF	ges are cr
<u>Annual Report</u>	4/20/2017	1 page	PDF	
<u> Annual Report</u>	1/18/2016	1 page	PDF	
<u>Annual Report</u>	1/30/2015	1 page	<u>PDF</u>	
<u> Annual Report</u>	2/13/2014	1 page	<u>PDF</u>	
<u> Annual Report</u>	1/18/2013	1 page	PDF	
<u>Annual Report</u>	2/23/2012	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/1/2011	1 page	PDF	
<u>Annual Report</u>	7/30/2010	1 page	<u>PDF</u>	
<u> Annual Report</u>	6/26/2009	1 page	PDF	
<u>Annual Report</u>	1/28/2008	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/21/2007	1 page	tiff	<u>PDF</u>
Annual Report	4/3/2006	1 page	<u>tiff</u>	
<u>Annual Report</u>	6/23/2005	1 page	<u>tiff</u>	<u>PDF</u> <u>PDF</u>
<u>Annual Report</u>	6/10/2003	1 page	<u>tiff</u>	PDF
<u>Annual Report</u>	3/28/2002	1 page	<u>tiff</u>	PDF
Annual Report	7/24/2001	1 page	<u>tiff</u>	PDF
<u>Annual Report</u>	6/16/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/21/1999	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/26/1998	1 page	<u>tiff</u>	PDF
Statement of Change	6/9/1998	1 page	<u>tiff</u>	PDF
<u>Annual Report</u>	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1996	1 page	tiff	<u>PDF</u>
<u>Annual Report</u>	7/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1994	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/24/1993	1 page	tiff	PDF
<u>Annual Report</u>	3/16/1992	1 page	tiff	PDF
<u>Annual Report</u>	7/1/1991	1 page	tiff	PDF
<u>Annual Report</u>	7/1/1990	1 page	tiff	<u>PDF</u>
<u>Annual Report</u>	7/1/1989	1 page	tiff	PDF
		· <del>-</del>		<u> </u>

# **Assumed Names**

**Activity History** 

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/21/2018 10:21:30 AM	2/21/2018 10:21:30 AM	o governous de la composition
Annual report	4/20/2017 9:13:51 AM	4/20/2017 9:13:51 AM	
Annual report	1/18/2016 11:27:37 AM	1/18/2016 11:27:37 AM	
Annual report	1/30/2015 11:37:50 AM	1/30/2015 11:37:50 AM	
Annual report	2/13/2014 8:27:46 AM	2/13/2014 8:27:46 AM	
Annual report	1/18/2013 2:57:36 PM	1/18/2013 2:57:36 PM	
Annual report	2/23/2012	2/23/2012	

		J
	3:26:43 PM	3:26:43 PM
Annual report	7/1/2011 2:47:30 PM	7/1/2011 2:47:30 PM
Annual report	7/30/2010 9:19:13 AM	7/30/2010 9:19:13 AM
Annual report	6/26/2009 5:05:31 PM	6/26/2009 5:05:31 PM
Annual report	1/28/2008 3:22:06 PM	1/28/2008 3:22:06 PM
Annual report	6/21/2007 2:29:17 PM	6/21/2007
Annual report	4/3/2006 3:41:19 PM	4/3/2006
Annual report	6/9/1998	6/9/1998
Registered agent address change	6/9/1998	6/9/1998
Principal office change	5/7/1997	5/7/1997

# **Microfilmed Images**

Microfilm images are not available online. They can be ordered by faxing a <u>Request For Corporate Documents</u> to the Corporate Records Branch at 502-564-5687.

Annual Report	5/28/2004	1 page
Annual Report	6/10/2003	1 page
Annual Report	3/28/2002	1 page
Annual Report	7/24/2001	
Annual Report	6/16/2000	1 page
Annual Report	4/21/1999	1 page
Annual Report	6/26/1998	1 page
Statement of Change		1 page
Annual Report	6/9/1998	1 page
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	1 page
•	7/1/1995	1 page
Annual Report	7/1/1994	1 page
Annual Report	3/24/1993	1 page
Annual Report	3/16/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	1 page
Annual Report	7/1/1989	1 page
Annual Report	5/4/1978	3 pages
Articles of Incorporation	10/26/1977	
	//	7 pages



OGDEN UT 84201-0034

In reply refer to: 0425874015 Aug. 06, 2014 LTR 2694C 201312 67

00033793

BODC: TE

HIGHLAND COMMERCE GUILD INC PO BOX 4516 LOUISVILLE KY 40204



028959

Taxpayer Identification Number:

Form: 990

Tax Period: Dec. 31, 2013

Document Locator Number: 29493-200-01724-4

Dear Taxpayer:

We received your Form 990, Return of Organization Exempt From Income Tax, for the tax period shown above and need additional information. When responding please send only the requested information ATTACHED BEHIND A COPY OF THIS LETTER. Do not send a complete copy of your return unless the requested information changes the original return.

Schedule B is either missing or incomplete. Schedule B, Schedule of Contributors, is a required attachment for all organizations that file a Form 990, 990-EZ, or 990-PF. You need to complete and attach Schedule B or certify you are not required to file Schedule B. Guidelines for filing Schedule B can be found in Form 990, Form 990-EZ, or Form 990-PF instructions. These instructions can be obtained through our website at www.irs.gov.

Check here if the organization is not required to attach Schedule B. You must also sign the declaration at the end of this letter.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

Please send the information to us within 30 days from the date of this letter. To avoid delays in processing:

- 1. Attach a copy of this letter to the front of your reply.
- 2. Do not send a copy of your original return because it does not have the information we need.
- 3. Write your Employer Identification Number at the top of each form you send to us.
- 4. Sign the declaration at the end of this letter and send it to us with the information we have requested.

In addition to providing the missing or incomplete, information please include a reasonable cause explanation as to why the required information was not originally submitted with your return. Failure to provide both the missing or incomplete information and a reasonable cause explanation may result in penalties being charged to your

### 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 also be charged if a return is not complete, so please be sure your return is 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 990-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.

Sincerely yours,

Robert T. Johnson District Director 11:21 AM 07/20/18 Accrual Basis

# Highland Commerce Guild Profit & Loss

July 2017 through June 2018

Jul '17 - Jun 18

Ordinary Income/Expense Income void	0.00
Event Participation Fees	0.00
Annual Dinner	990.00
Luncheon Series	1,115.00
Bardstown Road Aglow	11,360.00
Total Event Participation Fees	13,465.00
·	,
HCG Clean Up Income Clean Up Program Donation HCG Clean Up Income - Other	100.00 100.00
Total HCG Clean Up Income	200.00
Grants	
Clean-Up Program	17,500.00
Total Grants	17,500.00
Membership Dues	10,995.00
Total Income	42,160.00
Cost of Goods Sold	
Heather Pollard	4,836.24
Total COGS	4,836.24
Gross Profit	37,323.76
Expense	
2018 Bardstown Road Aglow	72.50
Visitor Guide Advertising	1,501.00
Event Expenses	
Petty Cash	0.01
Luncheon Series	
Event Advertising	705.00
Mayor's Lunch	765.00
Total Event Advertising	765.00
Total Luncheon Series	765.00
St Patrick's Day Parade Annual Dinner	344.34
Event Catering/Food	758.70
Event Location Rental	195.00
Total Annual Dinner	953.70
Bardstown Road Aglow	
Map of the Highlands	2,000.00
Aglow banner installation	1,200.00
Storage for Aglow	800.00
Pictures with Santa	250.00
Reception	159.26
Event Charitable Donations	1,100.00
Event Coordination	2,000.00
Event Decorating Contest	450.00
Event Trolley Service/Limo	1,117.00
Event Entertainment	250.00
Event Advertising	2,813.45
Total Bardstown Road Aglow	12,139.71
Total Event Expenses	14,202.76

11:21 AM 07/20/18 Accrual Basis

# Highland Commerce Guild Profit & Loss

July 2017 through June 2018

Jul '17 - Jun 18

General Expenses	
Office Expenses	698.72
Monthly Meeting	414.10
Secretary of State Filing Fee	15.00
Credit Card Service Fees	-97.66
Accounting	610.00
Bank Service Charges OnLine Fee	52.11
Total Bank Service Charges	52.11
Liability Insurance PO box #4516	510.87 250.00
Total General Expenses	2,453.14
HCG Clean-up Program Clean Up Program Supplies Clean Up Program Labor	440.52 16,500.00
Total HCG Clean-up Program	16,940.52
Gifts	236.99
Total Expense	35,406.91
Net Ordinary Income	1,916.85
Other Income/Expense	
Other Expense Other Expenses	12.72
Total Other Expense	12.72
Net Other Income	-12.72
Net Income	1,904.13

Aaron Givahn	President	2 year term	no limit
Nick Morris	Vice President	2 year term	no limit
Terra Long	Secretary	2 year term	no limit
Mark Abrams	Treasurer	2 year term	no limit
Joee Conroy	Director	2 year term	no limit
Karen Finlinson	Director	2 year term	no limit

## 990

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A	C 41-	- 2047	2017	, and end	ina	**	, 20
	FOR TH	e 2017 calend		, and end	ing	1	
		if applicable: C Name of organization Highland Commerce Guild Inc schange Doing business as					Employer identification no.
$\equiv$		change		- Т	Room/suite		····
$\equiv$	Name c						Telephone number
一		return PO Box 4516					
님	Final re	turn/terminated	City or town, state or province, country, and ZIP or foreign postal code			٩	Gross receipts
Ц	Amende	ed return	Louisville, KY 40204		<del></del>		\$ 59,944
Ш	Applicat	ion pending	F Name and address of principal officer. Larry Rother		H(a) is this a group		
			Same as C above		H(b) Are all subo	rdinates	included? Yes No
<u></u>	Tax-exe	mpt status:	501(c)(3)		If "No,"	attach a	list. (see instructions)
	Website		hlandcommerceguild.com		H(c) Group exe	mption n	umber 🕨
-			Corporation	ation: 19°	77 M State	of legal	domicile: KY
Pa	rt I	Summar	<u> </u>	-			
	1	Briefly descri	ibe the organization's mission or most significant activities: To foster a	sense	of commu	nity	cooperation in
ė		solving	problems of the geographic area and encourage prop	erty u	pkeep and	mair	tenance in
Governance		the area					
e							
ò	2		ox ▶ ☐ if the organization discontinued its operations or disposed of more than	25% of its	net assets.	ì	
త	3		oting members of the governing body (Part VI, line 1a)			3	10
es	4		dependent voting members of the governing body (Part VI, line 1b)			4	10
Ϋ́Ε	5	Total number	r of individuals employed in calendar year 2017 (Part V, line 2a)	· · · · ·		5	0
Activities &	6	Total number	r of volunteers (estimate if necessary)			6	
1	7a		ed business revenue from Part VIII, column (C), line 12			7a	0
	t	Net unrelated	d business taxable income from Form 990-T, line 34	• • • • •		7b	0
				<u> </u>	Prior Year		Current Year
_	8	Contributions	s and grants (Part VIII, line 1h)	12	,244	12,555	
J.	9	Program service revenue (Part VIII, line 2g)				,534	47,389
Revenue	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)	• • • 崖			0
æ	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				<u> </u>
	12	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		40	,778	59,944
	13	Grants and s	imilar amounts paid (Part IX, column (A), lines 1-3)	• • •			0
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	· · · <u> </u>			0
ຜ	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)				0
Expenses	16a	<ul> <li>Professional</li> </ul>	fundraising fees (Part IX, column (A), line 11e)	• • • 🖳			0
per	t	Total fundrais	sing expenses (Part IX, column (D), line 25)				
Щ	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	· · · L	53	,856	53,713
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	• • •	53	,856	53,713
	19	Revenue les	s expenses. Subtract line 18 from line 12	• • •	(13	,078	6,231
5	3			Be	ginning of Current	Year	End of Year
sets	20	Total assets	(Part X, line 16)	• • • 🖳	36	,186	42,417
Net Assets or	21	Total liabilitie	s (Part X, line 26)	• • •			0
		Net assets of	r fund balances. Subtract line 21 from line 20		36	,186	42,417
Pa	rt II i	Signatu	re Block				
			dare that I have examined this return, including accompanying schedules and statements, and to the bes claration of preparer (other than officer) is based on all information of which preparer has any knowledge,		edge and belief, it is	3	
-ja ac,	Wired,	and complete. Dec	and all of the property (other shart officer) is based on all mornhaudr of which preparer has any knowledge.	•			
<b>~</b> :		<b> </b>	•	· · · · · · · · · · · · · · · · · · ·			
Sig	n	Signatur	e of officer			Date	
Hei	e	Mark	Abrams, Treasurer				
		Type or	print name and title				
		Print/Type pre	parer's name Preparer's signature Date		Check _	if P	
Pai	d	Robert	R Eagle, CPA 01-17-2	018	self-employe	ed L	
Pre	pare	r Firm's name	Eagle and Company CPAs, PSC	F	irm's EIN		
Use	On	y Firm's address	4400 Breckenridge Lane Suite 151	F	hone no.		
			Louisville KY 40218		50	<u>)2-45</u>	8-8610
May	the IR	S discuss this r	return with the preparer shown above? (see instructions)				X Yes No

Form 990 (2017)
| Part IV | C 7) <u>Highland Commerce Guild Inc</u>
Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A · · · · · · · · · · · · · · · · · ·	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	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 Revenue Procedure 98-19? If "Yes," complete Schedule C,  Part III	_		
6		5	<b>  </b>	X
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			17
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		37
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
Ū	complete Schedule D, Part III			3.7
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		<u>X</u>
•	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		v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	0.40 (1.0)	ASS (ASS)	
	complete Schedule D, Part VI	11a		Χ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	775		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	l	Χ
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII · · · · · · · · · · · · · · · · · ·	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	Ì	1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		- 1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		l	
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	.		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on  Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	ا ــــا	-	3.7
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u>X</u>
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	$\dashv$	<u>X</u>
	If "Yes," complete Schedule G, Part III	19		v
		13		<u>X</u>

Form 990 (2017) Highland Commerce Guild Inc
Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	100	X
i	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		<b>†</b>	<del>                                     </del>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<del></del>		<u> </u>
÷	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<del></del>		<del>  ^</del>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
•	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	-	Δ.
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	240		v
b		24a		X
С		24b		
	to defease any tax-exempt bonds?	04-		
d		24c		
25a		24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b		25a		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		<u>X</u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	07		3.7
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-		V
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		X
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		v
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		X
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		<u> </u>
	conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<u>X</u>
	Part I · · · · · · · · · · · · · · · · · ·	31		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u>X</u>
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del></del>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	-	-+	<u>X</u> _
	or IV, and Part V, line 1	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>Х</u> Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	004		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	305	_	<u> </u>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	+	$\dashv$	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del></del>	<del>-  </del>	47
	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
EEA			20 (00	4 7)

Form 990 (2017) Highland Commerce Guild Inc
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	(Aleksan)	Yes	No
		<u>o</u>	1	1
		의		1
	reportable gaming (gambling) winnings to prize winners?			
2a		1c	-	
	Statements filed for the calendary and a state of the sta			
ŀ		의 -		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X
3a				
t	If "Yes" has it filed a Form 900 T for this year? If "Ale "to 25 and it was a filed a Form 900 T for this year?	3a		X
4a	The state of the state year. If the so line ob, provide an explanation in ochequie of the state	3b		<u> </u>
	y and the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b		4a		X
~				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a				
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
G	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		İ
ua	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			ĺ
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
U	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
h	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
ď	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
-	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Χ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	ľ		
42-	against amounts due or received from them.)		- 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
L	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	- 1		
_	the organization is licensed to issue qualified health plans	- 1	1	
C 440	Enter the amount of reserves on hand	- 1	- 1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h		

Part VI

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

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

Se	ction A. Governing Body and Management			-
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		a registrator ya
	any other officer, director, trustee, or key employee?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		- 11	
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 00	$\Lambda$	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<u> </u>	Δ
	, and the state of		Yes	NI-
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	V	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa	X	49769.3
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	40-	2000000	37
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
	describe in Schedule O how this was done	40-		
13	Did the organization have a written whistleblower policy?	12c		37
14	Did the organization have a written document retention and destruction policy?	13		X
15	Did the process for determining compensation of the following persons include a review and approval by	14	70.00.00	X
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official			
b	Other officers or key employees of the organization	15a		<u>X</u>
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		Χ
16a				
.00	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b		16a		<u>X</u>
J	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	organization's exempt status with respect to such arrangements?tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Upon request Other (explain in Schedule O)			
19	Describe in 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:			
	Mark Abrams (502)594-7372, 2000 Lancashire Avenue, Louisville, KY 40205			

Form	990	(2017)	

Highland Commerce Guild Inc

Page 7

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compendent Contractors

es.	а	n	ď

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related	organization	compe	ensa			urrent	offic	er, director, or trust	ee.	1
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	c, unle cer an	Po neck m ss per d a di	rson is rector	han one s both ar r/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Larry Rother President	12.00			Х				0	0	0
(2) Aaron Givan Vice President	12.00			Х				0	0	0
(3) Mark Abrams Treasurer	12.00			Х				0	0	0
(4) Nick_MorrisSecretary				Х				0	0	0
<u>(5)</u>		·							-	
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

(A) Name and title	(B)  Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E)  Reportable  compensation from  related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)								* * * * * * * * * * * * * * * * * * * *		
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)			-				-			
(25)										
1b Sub-total		• • •					<b>&gt;</b>	0		0 0
Total number of individuals (including but not limited reportable compensation from the organization	to those listed				ceiv	ed mor	re tha		Manual Ma	
3 Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule 4  4 For any individual listed on line 1a, is the sum of rep	r, or trustee, ke J for such indi	vidual	٠.				· · ·			Yes No
organization and related organizations greater than	\$150,000? If	"Yes,"	com	plete	Sc.	hedule	J fo	r such		4 X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes," Section B. Independent Contractors	•		-			-		or individual	• • • • • • •	5 X
Complete this table for your five highest compensation from the organization. Report compensation year.										
(A) Name and business address								(B) Description of s	services	(C) Compensation
Total number of independent contractors (including to received more than \$100,000 of compensation from			e list	ted a	bov	e) who				

Part VIII

Total receives   Tota			Check if Schedule O contains a response or r	ote to any line in th	is Part VIII .			
18   Federated campaigns						Related or exempt function	Unrelated business	Revenue excluded from tax under sections
10   10   10   10   10   10   10   10	S N	1:	Federated campaigns 1a					3/2-3/4
10   10   10   10   10   10   10   10	rant		b Membership dues 1b	12,555				
10   10   10   10   10   10   10   10	S, G		c Fundraising events 1c				1	
10   10   10   10   10   10   10   10	3ifts lar /		d Related organizations 1c					
10   10   10   10   10   10   10   10	ıs, (		e Government grants (contributions) 1e					
10   10   10   10   10   10   10   10	rtior er S	1	f All other contributions, gifts, grants,				1	
10   10   10   10   10   10   10   10	gir Oth		and similar amounts not included above 1f					
10   10   10   10   10   10   10   10	ig of	1	g Noncash contributions included in lines 1a-1f: \$					
Business Code			h Total. Add lines 1a-1f		12,555			
g Total. Add lines Ze-2f  3 Investment income (notuding dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalities  •	ø.			Business Code	V22-2011/2017/10			
g Total. Add lines Ze-2f  3 Investment income (notuding dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalities  •	anne	2a	Grafitti Abatement	900099	20,20	20.20	0	
g Total. Add lines Ze-2f  3 Investment income (notuding dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalities  •	Rev	1	Bardstown Road Aglow	900099				
g Total. Add lines Ze-2f  3 Investment income (notuding dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalities  •	<u>5</u>	(	Spirit of the Highlands	900099				
g Total. Add lines Ze-2f  3 Investment income (notuding dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalities  •	Sen		Mayors Luncheon Program	900099	2,350	2,35	0	
g Total. Add lines Ze-2f  3 Investment income (notuding dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalities  •	am E	6						
g Total. Add lines Ze-2f  3 Investment income (notuding dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalities  •	rogi	f	All other program service revenue					
3 Investment income (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds   5 Royelites	<u>a</u>	9	Total. Add lines 2a-2f	>	47,389	9		
Second   Continuition   Second   Continuition   Second	3							
Second   Continuition   Second   Continuition   Second	4	Income from investment of tax-exempt bond proce	eds · · · ▶					
Securities   (ii) Personal   (iii) Per		5						
Ga Gross rents   b Less: rental expenses   c Rental income or (loss)					dilibili de Jeses esta bil	500000000000000000000000000000000000000		
C Rental income or (loss)		6a		(ii) t o contain				
d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  b Less: direct expenses  c Net income or (loss) from fundraising events  9a Gross income from garming activities. See Part IV, line 18  a b Less: direct expenses b c Net income or (loss) from garming activities  See Part IV, line 19  a b Less: direct expenses b c Net income or (loss) from garming activities  See Part IV, line 19  b Less: direct expenses c Net income or (loss) from garming activities  See Part IV, line 19  b Less: direct expenses b c Net income or (loss) from garming activities  The latest the latest and lowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b C C d All other revenue e Total. Add lines 11a-11d		1						
d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  b Less: direct expenses  c Net income or (loss) from fundraising events  9a Gross income from garming activities. See Part IV, line 18  a b Less: direct expenses b c Net income or (loss) from garming activities  See Part IV, line 19  a b Less: direct expenses b c Net income or (loss) from garming activities  See Part IV, line 19  b Less: direct expenses c Net income or (loss) from garming activities  See Part IV, line 19  b Less: direct expenses b c Net income or (loss) from garming activities  The latest the latest and lowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b C C d All other revenue e Total. Add lines 11a-11d		С	Rental income or (loss)					
7a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  6 Net goin or (loss)  7 of contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19 See Part IV, line 19 B Less: direct expenses b Less: direct expenses b Less: direct expenses c Gain or (loss)  7 of contributions reported on line 1c). See Part IV, line 18 See Part IV, line 19 See Part IV, line 19 B Less: direct expenses c Gain or (loss)  7 of contributions reported on line 1c). See Part IV, line 19 B Less: direct expenses b Less: cost of goods sold B Less: cos		d	Net rental income or (loss)	· · · · · · •				
assets other than inventory  b Less: cost or other basis and sales expenses		7a	Gross amount from sales of (i) Securities	(ii) Other	ed fronts (Anna Angli Gregor)	in end de la companie		
and sales expenses c Gain or (loss) d Net gain or (loss)  3a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c c d All other revenue e Total. Add lines 11a-11d  2 Test Inventors Socients editions  Total Add lines 11a-11d			assets other than inventory	(**)				
C Gain or (loss)  d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18		b						
d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events  9a Gross income from gaming activities.  See Part IV, line 19 a b Less: direct expenses b c c Net income or (loss) from gaming activities.  See Part IV, line 19 a b Less: direct expenses b c c Net income or (loss) from gaming activities.  See Part IV, line 19 a b Less: direct expenses b c c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c c d All other revenue c d All other revenue e Total. Add lines 11a-11d			· · · · · · · · · · · · · · · · · · ·		-	1		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				<u> </u>				
of contributions reported on line 1c).  See Part IV, line 18	<u>o</u>							
of contributions reported on line 1c).  See Part IV, line 18	nue	Ua	ů .					
c Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d	lev.							
c Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d	7.		•					
c Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d	the state	<b>b</b>						
9a Gross income from gaming activities.  See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities    10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory    Miscellaneous Revenue Business Code  11a b c d All other revenue    12 Total revenue See instructions	0							
See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities			· · · · · · · · · · · · · · · · · · ·					
b Less: direct expenses		эа						
c Net income or (loss) from gaming activities		<b>.</b>						
10a Gross sales of inventory, less returns and allowances			•					
returns and allowances								
C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a-11d		10a						
Miscellaneous Revenue  Business Code  11a  b  c  d All other revenue	l							
b c d All other revenue · · · · · · · · · · · · · · · · · · ·		С	Net income or (loss) from sales of inventory · ·					
b c d All other revenue · · · · · · · · · · · · · · · · · · ·	1		Miscellaneous Revenue	Business Code				
d All other revenue · · · · · · · · · · · · · · · · · · ·		11a				to the second of the second		
d All other revenue		b						
d All other revenue · · · · · · · · · · · · · · · · · · ·		С						
12. Total revenue See instructions		d	All other revenue					
12 Total revenue. See instructions		е	Total. Add lines 11a-11d	>		kolina kesilik manas		
		12	Total revenue. See instructions	<u>.</u>	59,944	47.389	n	0

Form 990 (2017) Highland Commerce Guild Inc
Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A	ection 501(c)(3)	and 501(c)(4) (	organizations must c	omplete all columns.	All other ord	anizations must d	complete column (A
---	------------------	-----------------	----------------------	----------------------	---------------	-------------------	--------------------

	Check if Schedule O contains a response or note to a				· · · · · · · · · · · · · · · · · · ·
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.	roter experience	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			1	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
	<u> </u>				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			A	
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees):				
а	Management				
b	Legal·····				
C	Accounting	475		475	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				:
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,804		1,804	
13	Office expenses	532		532	
14	Information technology	332	······································	332	
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	· · · · · · · · · · · · · · · · · · ·				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,358		1,358	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	511		511	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Bardstown Road Aglow	13,056	13,056		<u></u>
b	Spirit of the Highlands	707	707		
C	HCG Cleanup Project	19,762	19,762		
d	Luncheon Program	1,192	1,192		
e	All other expenses	14,316	1,132	14 74 6	
25	Total functional expenses. Add lines 1 through 24e		24 515	14,316	
26	Joint costs. Complete this line only if the	53,713	34,717	18,996	0
-	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>			

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	36,186	1	42,417
	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 current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		1 1	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a		1 1	
	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 34)	36,186	16	42,417
	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	
Liabilities	22	Loans and other payables to current and former officers, directors,			
ρί		trustees, key employees, highest compensated employees, and			
Lia	00	disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	***	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	26	of Schedule D		25	
		Total liabilities. Add lines 17 through 25	0	26	0
န္တ		Organizations that follow SFAS 117 (ASC 958), check here    And complete lines 27 through 29, and lines 33 and 34.			
20	27	Unrestricted net assets			
ala	28	Temporarily restricted net assets	36,186	27	42,417
d B	29	Permanently restricted net assets		28	
<u>,</u> 5		_ <del>_</del> <b>-</b>		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here	1		
sts	30	Capital stock or trust principal, or current funds			
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
t A	32	Retained earnings, endowment, accumulated income, or other funds		31	
ž	33	Total net assets or fund balances		32	
f	34	Total liabilities and net assets/fund balances	36,186	33	42,417
EA		and the doorderiand paramody	36,186	34	42,417

Forn	m 990 (2017) Highland Commerce Guild Inc			f	Page 12				
Pa	art XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				🗆				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		59	,944				
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			713				
3	Revenue less expenses. Subtract line 2 from line 1	- 3		6,	,231				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		36,	186				
5	Net unrealized gains (losses) on investments	. 5							
6	Donated services and use of facilities	. 6							
7	Investment expenses · · · · · · · · · · · · · · · · · ·	. 7							
8	Prior period adjustments	- 8							
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	. 10		42.	417				
Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				. П				
				Yes	No				
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.								
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or								
	reviewed on a separate basis, consolidated basis, or both:			1					
	Separate basis Consolidated basis Both consolidated and separate basis	•							
b	Were the organization's financial statements audited by an independent accountant?		2	b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a								
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight								
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	c l					
	If the organization changed either its oversight process or selection process during the tax year, explain in								
	Schedule O.								
<b>3</b> a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Pet (1/4/e))//				
	the Single Audit Act and OMB Circular A-133?		3	a l	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				<del></del>				

Form 990 (2017)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

### **SCHEDULE A**

**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. ▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2017 Open to Public

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

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

Inspection

Name of the organization Employer identification number Highland Commerce Guild Inc

Part II Reason for Public Charity Status (All organizations must complete this part

2000	4 P C 4	Reason for Fublic Cital	·····				irt.) See instruction	ons.				
	orga	nization is not a private foundation bed										
1	님	A church, convention of churches, o										
2	닏	A school described in section 170(t										
3	H	A hospital or a cooperative hospital										
4	Ц	A medical research organization open hospital's name, city, and state:	erated in conjunctio	n with a hospital describ	ed in <b>secti</b>	on 170(b)(	1)(A)(iii). Enter the					
5		An organization operated for the ben-	efit of a college or u	niversity owned or opera	ted by a go	vernmenta	l unit described in		•			
		section 170(b)(1)(A)(iv). (Complete		•								
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)(	A)(v).						
7	X	An organization that normally receive	s a substantial part	of its support from a gov	ernmental	unit or from	the general public					
		described in section 170(b)(1)(A)(vi	i). (Complete Part I	l.)			• .					
8		A community trust described in sect	ion 170(b)(1)(A)(vi	). (Complete Part II.)								
9		An agricultural research organization	described in secti	on 170(b)(1)(A)(ix) oper	ated in cor	njunction w	ith a land-grant colleg	e <sup>.</sup>				
		or university or a non-land-grant colle university:										
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributio	ns, membe	rship fees, and gross					
		receipts from activities related to its e										
		support from gross investment incom										
	_	acquired by the organization after Ju	ne 30, 1975. See s	ection 509(a)(2). (Comp	lete Part II	l.)						
11	Ц	An organization organized and opera										
12	Ш	An organization organized and operat										
		of 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 12	2d that describes the	e type of supporting orga	nization an	d complete	lines 12e, 12f, and 12	g.				
	а	Type I. A supporting organization	n operated, supervi	sed, or controlled by its s	supported of	organization	n(s), typically by giving	3				
		the supported organization(s) the			y of the dire	ectors or tru	istees of the					
		supporting organization. You mu										
	b	Type II. A supporting organizatio	n supervised or cor	ntrolled in connection with	h its suppo	rted organi	zation(s), by having					
		control or management of the sur	porting organization	n vested in the same per	sons that c	ontrol or ma	anage the supported					
	_	organization(s). You must comp										
	С	Type III functionally integrated						١,				
	d	its supported organization(s) (see										
	u	Type III non-functionally integr	ated. A supporting	organization operated in	connectio	n with its su	apported organization	(s)				
		that is not functionally integrated.	i ne organization ge	enerally must satisfy a dis	tribution re	quirement	and an attentiveness					
	e	requirement (see instructions). You										
	•	Check this box if the organization functionally integrated, or Type III	neceived a written o	etermination from the IR	S that it is:	a Type I, Ty	pe II, Type III					
	f	Enter the number of supported organiz										
		Provide the following information about		onization(a)		• • • • •	• • • • • • • • • •		L			
		Name of supported organization	(ii) EIN	(Iii) Type of organization	(See) to the	organization			·····			
			(,	(described on lines 1-10	,	ur governing	(v) Amount of monetary support (see	(vi) Amou other supp				
				above (see instructions))	docum	nent?	instructions)	instruct				
					Yes	No						
/^\						<del>                                     </del>						
(A)												
(B)												
(C)		**************************************										
(C)												
(D)												
(E)												
Total												

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	odoli A. i ubilo ouppoit						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	61,650	70,496	54,527	40,778	59,944	287,39
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					·	
4	Total. Add lines 1 through 3	61,650	70,496	54,527	40,778	E0 044	005 005
5	The portion of total contributions by		.0,400	54,527	40,778	59,944	287,395
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	<u> </u>				*	287,395
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	61,650	70,496	54,527	40,778	59,944	287,395
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						201,393
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						005 005
2	Gross receipts from related activities, etc. (se	e instructions) .				12	287,395
13	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's first, se		or fifth tax year as a	= section 501(c)(3)	1	▶ □
	tion C. Computation of Public Su						
4	Public support percentage for 2017 (line 6, co	lumn (f) divided by I	line 11, column (f))			14 100	0.00 %
5	Public support percentage from 2016 Schedu			• • • • • • • • •		15 100	0.00 %
6a	33 1/3% support test - 2017. If the organization	tion did not check th	ne box on line 13, ar	nd line 14 is 33 1/3°	% or more, check the	his	
	box and stop here. The organization qualifies	s as a publicly supp	orted organization				▶ 🏻
b	33 1/3% support test - 2016. If the organization	iion did nót check a	box on line 13 or 16	a, and line 15 is 3	3 1/3% or more, ch	eck	
	this box and stop here. The organization qua	ilifies as a publicly s	supported organizati	on			▶ □
7a	10%-facts-and-circumstances test - 2017.	If the organization of	did not check a box	on line 13, 16a, or	16b, and line 14 is		<del></del>
	10% or more, and if the organization meets the	ne "facts-and-circun	nstances" test, chec	k this box and sto	p here. Explain in		
	Part VI how the organization meets the "facts-	and-circumstances'	" test. The organizati	on qualifies as a pu	ublicly supported		
	organization - · · · · · · · · · · · · · · · · · ·	• • • • • • • • •	• • • • • • • • •	· · · · · · · · · · ·			▶ □
b	10%-facts-and-circumstances test - 2016.	If the organization d	fid not check a box o	on line 13, 16a, 16b	o, or 17a, and line		
	15 is 10% or more, and if the organization me	ets the "facts-and-o	circumstances" test,	check this box and	d stop here.		
	Explain in Part VI how the organization meets	the "facts-and-circu	mstances" test. The	organization qualif	ies as a publiciy		
	supported organization Private foundation. If the organization did no				· · · · · · · · · · · · ·		▶ 🔲
	instructions	C. ICON G DOX OI III	10, 10a, 10b, 17a	, or tru, check this	s nox and see		
	instructions				• • • • • • • • • •		•• ▶ 📙

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.)

Se	ction A. Public Support			,	•	,			
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	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								
3	Gross receipts from activities that are not an unrelated trade or business under section 513				·				
4	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								
	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 Add lines 7a and 7b					,			
8	Public support. (Subtract line 7c from								
Se	ction B. Total Support	<u> </u>	1			1			
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(a) 2015	(4) 2016	(-) 2047	1 10 7 1 1		
	Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
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								
C	Add lines 10a and 10b · · · · · ·								
11	Net income from unrelated business activities not included in 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 (Explain in Part VI.)	•							
3	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						<del></del>		
	First five years. If the Form 990 is for the org organization, check this box and stop here			or fifth tax year as	a section 501(c)(3	)	▶□		
	tion C. Computation of Public Sup	port Percent	tage				<u> </u>		
	Public support percentage for 2017 (line 8, colu					15	%		
6	Public support percentage from 2016 Schedule	A, Part III, line 15				16	%		
	tion D. Computation of Investmen								
_	%								
	Investment income percentage from 2016 Sch	•		• • • • • • • • • •	• • • • • • • • • •	18	%		
	33 1/3% support tests - 2017. 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 - 2016. If the organizat line 18 is not more than 33 1/3%, check this bo	ox and stop here.	The organization q	ualifies as a public	ly supported organ	1/3%, and ization			
0 = A	Private foundation. If the organization did not	check a box on li	ne 14, 19a, or 19b,	check this box and	see instructions		· · · · · •		

Part IV Supporting Organizations

> (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 1 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 4a 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 (b) and (c) below.
- b 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a 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.
- b Did one or more disqualified persons (as defined in 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 in 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b 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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Schedule A (Form 990 or 990-EZ) 2017 Highland Commerce Guild Inc  Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	~~~:-		Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying	yanız	cauons	: : D 116
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non functionally integrated supporting organ	j uust !*:-	tion Nov. 20, 1970 (explant	ain in Part VI). See
			(B) Current Year
Section A. A. Freduction theory.		(A) Prior Year	(optional)
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4 Cash deemed held for exempt use. Enter 1 1/2% of line 2 (for greater amount	13		
see instructions)	4		
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	edule A (Form 990 or 990-EZ) 2017 Highland Commerce Guild art V Type III Non-Functionally Integrated 509(a)	Inc		Page				
200	art V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	izations (continuea)					
				Current Year				
	Amounts paid to supported organizations to accomplish examounts paid to perform activity that directly furthers exem							
_	organizations, in excess of income from activity							
3								
	Administrative expenses paid to accomplish exempt purpos  Amounts paid to acquire exempt-use assets	ses of supported organizat	ions					
<u>.</u>								
-6								
7		**************************************		<u> </u>				
	8 Distributions to attentive supported organizations to which the organization is reasonable.							
	8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount		·					
			/#\	/***				
	Section E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii)				
		Excess Distributions	Pre-2017	Distributable				
1	Distributable amount for 2017 from Section C, line 6		F16-2017	Amount for 2017				
2	Underdistributions, if any, for years prior to 2017							
	(reasonable cause required - explain in Part VI). See		·					
	instructions.							
3	Excess distributions carryover, if any, to 2017							
а								
b	From 2013							
С	From 2014							
d	From 2015			- Constant				
е	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years			Sept.				
	Applied to 2017 distributable amount							
i	Carryover from 2012 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2017 from							
	Section D, line 7: \$			488				
а	Applied to underdistributions of prior years							
	Applied to 2017 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2017. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2013							
	Excess from 2014							
	Excess from 2015			Anna Tanana				
	Excess from 2016							
е	Excess from 2017							

#### **Statement of Program Service Accomplishments**

2017 PG01

Name(s) as shown on return

Highland Commerce Guild Inc

Your Social Security Number

## Form 990-Part III(a) Statement of Service Accomplishment

Statement #4

Program Service Code
Program Service Expenses \$707
Grants and allocations included in above expense \$0
Program Services Revenue \$0

#### Explanation

To promote and endorse the "Spirit of the Highlands" for community coheasiveness.

# Commonwealth of Fentucky Office of State Office of State

DREXELL R. DAVIS

Secretary



FRANKFORT, KENTUCKY

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

	L R. DAVIS, Secretary of State of the Commonwealth of Kentucky re has been delivered to my office articles of incorporation of HIGHAND COMMERCE GUILD, INC.
The name and a	ddress of the registered agent of this corporation is  DAVID K. KAREM, ATTORNEY
NAME	564 LINXIN FEWRAL BUILDING
STREET ADDRESS	LOUISVILLE, KENTUCKY 40202
and that all fees	REFORE, finding that these articles of incorporation conform to law therefore having been paid as prescribed by law, I, DREXELL R. y of State, issue this Certificate of Incorporation.



SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

rinal copy filed tany of State of Bentucky

OCT 2 6 1977

ARTICLES OF INCORPORATION OF THE

HIGHLAND COMMERCE GUILD, INC.

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.
- 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 groups, 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:

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 Bùffat 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

c/o Por Que No Restaurant, 1007 Bardstown Road, Louisville, KY Patrick M. Payne

c/o Spindletop Draperies, 1064 Bardstown Road, Louisville, KY

Ray Barrett

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 Outlook Isn, 916 Baxter Avenue, Louisville, Kentucky

Mrs. John M. Buffet (1ds) \

c/o Buffat Plumbing, 1277 Bardstown Road, Louisville, KY

William Goodell

c/o Bational Products, 900 Bazter Avenue, Louisville, KY

Jack Kersey

c/o 1231 Bardatown Road, Louisville, Kentucky

John R. Moss

c/o John Moss Upholstering, 967 Baxter Avenue, Louisville, KY

Mrs. James Olde

c/o Por Que No Restaurant, 1007 Bardstown Road, Louisville, KY

Patrick M. Paymo

c/o Spindletop Braperies, 1064 Bardstown Road, Louisville, KY

Ray Barrett

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

In witness whereof, we have bereunto subscribed our names

Mary Greedy J. 1977.

May Greedy J. Chan

Mrs. John H. Tuffet Man James Olds

Felicity Payse

Report of Payse

Report of the Company of the C

STATE OF KENTUCKY

: 35

COUNTY OF JEFFERSON:

The foregoing instrument was acknowledged before me this

24		day	of	01		,	1977,	bу	Ralph	Bric	dgers,	, P	Vrs.
				Buffat,									Moss,
Mrs.	Ja	nes	010	ls, Patri	ick M. P	ayne	and'	Ray Nelez	Barret y Public. St	it. Olo el L	orge, Ky.		
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### Form W-9

(Rev. December 2014) Department of the Treasury Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

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

	1 Name (as shown on your income tay return) Name is required on this line.	do Alexandria P. 11 1									
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  Highland Commerce Guild Inc.										
તં	2 Business name/disregarded entity name if different from above										
page (											
Print or type See Specific Instructions on pa	3 Check appropriate box for federal tax classification; check only one of the ☐ Individual/sole proprietor or ☑ C Corporation ☐ S Corporation ☐ Single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, state of the corporation).	Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)								
e er	Note. For a single-member LLC that is disregarded, do not check LLC;		Exemption from FATCA reporting								
int	the tax classification of the single-member owner.	oncor the appropriate box in	the line above for	code (if any)							
ᇫ	☐ Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)								
ecif	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)									
Sp	2000 Lancashire Avenue, Unit 304 6 City, state, and ZIP code										
966	Louisville, Kentucky 40205										
0,	7 List account number(s) here (optional)										
	Last about it manifest (s) hard (optional)										
Par	Taxpayer Identification Number (TIN)										
Enter	your TIN in the appropriate box. The TIN provided must match the na	me given on line 1 to avo	id Social sec	curity number							
backu	p withholding. For individuals, this is generally your social security or	imber (SSN) However for	ra T								
reside entitie	nt alien, sole proprietor, or disregarded entity, see the Part I instructic s, it is your employer identification number (EIN). If you do not have a	ons on page 3. For other	_	-							
TIN or	page 3.	indifiber, see now to ger	a or								
Note.	If the account is in more than one name, see the instructions for line	1 and the chart on page 4		identification number							
guideli	ines on whose number to enter.										
Part	Charles and the charles are the charles and the charles are th										
	penalties of perjury, I certify that:										
1. The	number shown on this form is my correct taxpayer identification nur	nber (or I am waiting for a	number to be iss	sued to me); and							
OCI	n not subject to backup withholding because: (a) I am exempt from b vice (IRS) that I am subject to backup withholding as a result of a faili onger subject to backup withholding; and	ackup withholding, or (b) ure to report all interest or	I have not been n dividends, or (c)	otified by the Internal Revenue the IRS has notified me that I am							
3. I an	n a U.S. citizen or other U.S. person (defined below); and										
4. The	FATCA code(s) entered on this form (if any) indicating that I am exem	npt from FATCA reporting	is correct.								
Certific because interest generationstructions	cation instructions. You must cross out item 2 above if you have be se you have failed to report all interest and dividends on your tax retu t paid, acquisition or abandonment of secured property, cancellation lly, payments other than interest and dividends, you are not required tions on page 3.	en notified by the IRS tha	t you are currentle tions, item 2 doe	s not apply. For mortgage							
Sign Here	Signature of		n 5	2 10							
<del>nere</del>	U.S. person	Date	1 7-20	0-18							
	eral Instructions	<ul> <li>Form 1098 (home mortg (tuition)</li> </ul>	gage interest), 1098-	E (student loan interest), 1098-T							
	references are to the Internal Revenue Code unless otherwise noted.  developments. Information about developments affecting Form W-9 (such	<ul> <li>Form 1099-C (canceled</li> </ul>									
as legisl	ation enacted after we release it) is at www.irs.gov/fw9.	<ul> <li>Form 1099-A (acquisitio</li> </ul>									
_	ose of Form	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.									
return w	idual or entity (Form W-9 requester) who is required to file an information ith the IRS must obtain your correct taxpayer identification number (TIN)	то раскир withholding. Se	ee What is backup w	ster with a TIN, you might be subject ithholding? on page 2.							
number	ay be your social security number (SSN), individual taxpayer identification (ITIN), adoption taxpayer identification number (ATIN), or employer	By signing the filled-out									
identifica you, or o	ation number (EIN), to report on an information return the amount paid to other amount reportable on an information return. Examples of information	to be issued),		ect (or you are waiting for a number							
	nclude, but are not limited to, the following:	2. Certify that you are no									
- FOITH 1	099-INT (interest earned or paid)	<ol> <li>Usaim exemption from</li> </ol>	n backup withholdir	id if you are a U.S. exempt payed. If							

- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

Form 1099-DIV (dividends, including those from stocks or mutual funds)
 Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

• Form 1099-B (stock or mutual fund sales and certain other transactions by

- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.