

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

Applicant/Program: Highland Commerce Guild/ Graffiti Abatement

Applicant Requested Amount: 17,500

Appropriation Request Amount: 17,500

Executive Summary of Request

\$17,500 to the Highland Commerce Guild in the amounts of \$12,500 from District 8 and \$5,000 from District 9 to fund graffiti removal in these two districts along their commercial corridors.

Is this program/project a fundraiser?

Yes No

Is this applicant a faith based organization?

Yes No

Does this application include funding for sub-grantee(s)?

Yes No

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

8
District #

Councilman Brandon Coan
Primary Sponsor Signature

12,500
Amount

7/17/2020
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.

N/A

Approved by:

Appropriations Committee Chairman

Date

Final Appropriations Amount: _____

Applicant/Program:

Highland Commerce Guild/ Graffiti Abatement

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

Council Member Signature and Amount

District 1 _____ \$ _____

District 2 _____ \$ _____

District 3 _____ \$ _____

District 4 _____ \$ _____

District 5 _____ \$ _____

District 6 _____ \$ _____

District 7 _____ \$ _____

District 8 _____ \$ _____

District 9 Bill Hollander _____ \$ \$5,000

District 10 _____ \$ _____

District 11 _____ \$ _____

District 12 _____ \$ _____

District 13 _____ \$ _____

District 14 _____ \$ _____

District 15 _____ \$ _____

Applicant/Program:

Highland Commerce Guild/ Graffiti Abatement

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

In Process

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization	Highland Commerce Guild
Program Name and Request Amount	Graffiti Abatement/ \$17,500
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="N/A"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="Yes"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="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?	<input type="text" value="N/A"/>
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="N/A"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="N/A"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="N/A"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="N/A"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="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?	<input type="text" value="N/A"/>
Prepared by: Jasmine weatherby	Date: 07/17/2020

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Highland Commerce Guild <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: P O Box 4516, Louisville, Kentucky 40204			
Website: www.thehighlandoflouisville.org			
Applicant Contact:	Mark Abrams	Title:	Treasurer
Phone:	502-594-7372	Email:	markaabrams@gmail.com
Financial Contact:	Mark Abrams	Title:	Treasurer
Phone:	502-594-7372	Email:	markaabrams@gmail.com
Organization's Representative who attended NDF Training: Mark Abrams			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	District 8 and District 9		
Council District(s):	District 8 and District 9	Zip Code(s):	40204, 40205, 40206, 40207
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Graffiti Abatement and Clean Up Program			
Total Request: (\$)	17,500	Total Metro Award (this program) in previous year: (\$)	17,500
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	8th District NDF Graffiti Clean Up <input checked="" type="checkbox"/>	Amount: (\$)	12,500
Source:	9th District NDF Graffiti Clean Up <input checked="" type="checkbox"/>	Amount: (\$)	5,000
Source:	8th District NDF BTR Aglow	Amount: (\$)	1,500
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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 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 litter.




LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Aaron Givhan	Dec 31, 2020
Nick Morris	Dec 31, 2020
Mark Abrams	Dec 31, 2020
Tom Sfura	Dec 31, 2020
Ed Fallon	Dec 31, 2020

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	

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

The Graffiti Abatement program has been an ongoing 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 the Highland Commerce Guild and we will 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 labor to remove the graffiti. The funds are used to purchase chemicals to remove grass and weeds in the commercial district.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

not applicable

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

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:
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. 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 Association know that the Highland Commerce Guild provides a Graffiti Abatement Program and utilize out services. Often, our neighbors serve as spotters in places our truck will usually not patrol. Alleys and parking lots for instance. We work in coordination with the Louisville Graffiti Abatement Coalliance and the Zoom Group, who also assist with the spotting, removing and elimination of graffiti.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
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	16000	750	16750
H: Program Materials	1500		1500
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	17,500	750	18,250
% of Program Budget	96 %	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)	750
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	750

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: January 1 to December 31

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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


Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	Jul 1, 2020
Legal Signatory: (please print):	Mark Abrams	Title:	Treasurer
Phone:	502-594-7372	Extension:	
Email:	markaabrams@gmail.com		



OGDEN UT 84201-0034

In reply refer to: 0425874015
Aug. 06, 2014 LTR 2694C 0 R
61-1237560 201312 67

00033793
BODC: TE

HIGHLAND COMMERCE GUILD INC
PO BOX 4516
LOUISVILLE KY 40204



028959

Taxpayer Identification Number: 61-1237560
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.

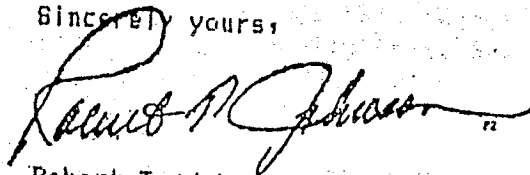
You need an employer identification number even if you have no employees. If an employer identification number has not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal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

Highland Commerce Guild Profit & Loss January through December 2019

	Jan - Dec 19
Ordinary Income/Expense	
Income	
Transferred Funds	-475.79
void	0.00
Event Participation Fees	
Luncheon Series	
Mayor's Lunch	1,005.00
Total Luncheon Series	1,005.00
Bardstown Road Aglow	11,334.00
Event Participation Fees - Other	634.00
Total Event Participation Fees	12,973.00
Grants	
Clean-Up Program	23,333.00
LMPD Bicycle Donation	75.79
Grants - Other	1,950.00
Total Grants	25,358.79
Membership Dues	8,350.00
Total Income	46,206.00
Cost of Goods Sold	
FaceBook Expenses	50.00
Total COGS	50.00
Gross Profit	46,156.00
Expense	
National Night Out	151.58
Louisville Magazine Advertising	168.00
Visitor Guide Advertising	1,501.00
Street Banners	413.40
Reconciliation Discrepancies	-463.27
Event Expenses	
Luncheon Series	
Event Catering/Food	815.00
Total Luncheon Series	815.00
St Patrick's Day Parade	
Event Decorations/Candy	237.69
St Patrick's Day Parade - Other	178.00
Total St Patrick's Day Parade	415.69
Bardstown Road Aglow	
Event Tips	200.00
Map of the Highlands	2,030.00
Aglow banner installation	1,325.00
Storage for Aglow	800.00
Pictures with Santa	450.06
Reception	549.28
Event Charitable Donations	1,050.00
Event Coordination	2,000.00
Event Decorating Contest	500.00
Event Trolley Service/Limo	624.00
Event Entertainment	350.00
Event Advertising	2,045.00
Total Bardstown Road Aglow	11,923.34
Total Event Expenses	13,154.03

11:11 AM
06/23/20
Accrual Basis

Highland Commerce Guild
Profit & Loss
January through December 2019

	<u>Jan - Dec 19</u>
General Expenses	
Office Expenses	716.81
Monthly Meeting	235.20
Secretary of State Filing Fee	15.00
Credit Card Service Fees	-22.50
Web Hosting	445.07
Accounting	525.00
Bank Service Charges	
OnLine Fee	100.66
Total Bank Service Charges	<u>100.66</u>
Liability Insurance	510.87
PO box #4516	268.00
Total General Expenses	<u>2,794.11</u>
Membership Advertising	709.77
HCG Clean-up Program	
Clean Up Program Supplies	700.63
Clean Up Program Labor	21,650.00
Total HCG Clean-up Program	<u>22,350.63</u>
Gifts	<u>50.00</u>
Total Expense	<u>40,829.25</u>
Net Ordinary Income	<u>5,326.75</u>
Net Income	<u><u>5,326.75</u></u>

Highland Commerce Guild
Balance Sheet
As of December 31, 2019

	<u>Dec 31, 19</u>
ASSETS	
Current Assets	
Checking/Savings	
CB&T - HCG Clean-Up Account	13,758.90
Commonwealth Bank Checking	27,904.37
Total Checking/Savings	41,663.27
Accounts Receivable	
paypal receivables transfer	-0.01
Unpaid Invoices	4,600.00
Total Accounts Receivable	4,599.99
Total Current Assets	46,263.26
TOTAL ASSETS	<u><u>46,263.26</u></u>
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	2,718.74
Retained Earnings	38,217.77
Net Income	5,326.75
Total Equity	46,263.26
TOTAL LIABILITIES & EQUITY	<u><u>46,263.26</u></u>

Return of Organization Exempt From Income Tax

(Rev. January 2020)

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

2019

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 For the 2019 calendar year, or tax year beginning, 2019, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization Highland Commerce Guild Inc. D Employer identification number 61-1237560. E Telephone number. G Gross receipts \$ 46,682. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3) 501(c)(6) 4947(a)(1) or 527. J Website: highlandcommerceguild.com. K Form of organization: Corporation Trust Association Other. L Year of formation: 1977. M State of legal domicile: KY.

Part I Summary

Table with 22 rows and 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer, Date 02-01-2020, Mark Abrams, Treasurer, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name Robert R Eagle, CPA, Preparer's signature, Date 01-31-2020, Check self-employed, PTIN P01072913, Firm's name Eagle and Company CPAs, PSC, Firm's address 4400 Breckenridge Lane Suite 151 Louisville KY 40218, Firm's EIN, Phone no. 502-458-8610.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)

Commonwealth of Kentucky

OFFICE OF
SECRETARY OF STATE

DREXELL R. DAVIS
Secretary



FRANKFORT,
KENTUCKY

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

I, DREXELL R. DAVIS, Secretary of State of the Commonwealth of Kentucky certify that there has been delivered to my office articles of incorporation of
HIGHLAND COMMERCE GUILD, INC.

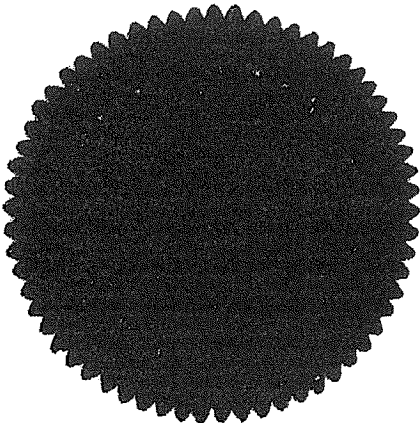
The name and address of the registered agent of this corporation is
DAVID K. KAREM, ATTORNEY

NAME
564 LINCOLN FEDERAL BUILDING

STREET ADDRESS
LOUISVILLE, KENTUCKY 40202

CITY, STATE

NOW, THEREFORE, finding that these articles of incorporation conform to law and that all fees therefore having been paid as prescribed by law, I, DREXELL R. DAVIS, Secretary of State, issue this Certificate of Incorporation.



Issued this 26TH day of OCTOBER, 19 77,
at Frankfort, Kentucky.

Drexell R. Davis

SECRETARY OF STATE

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

OCT 26 1977

Daniel P. Davis
SECRETARY OF STATE

ARTICLES OF INCORPORATION OF THE
HIGHLAND COMMERCE GUILD, INC.

SECRETARY OF STATE
RECEIVED
OCT 26 1977
75989
Commonwealth of Kentucky

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

ARTICLE I

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

ARTICLE II

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

ARTICLE III

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

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

(f) To improve traffic flow and traffic law enforcement in the area.

(g) To be concerned with youth problems of the area.

(h) To insure a reasonable and adequate zoning scheme for the area.

(i) To cooperate with all area church 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 Buffat Plumbing, 1277 Bardstown Road, Louisville, KY

William Goodell
c/o National Products, 900 Baxter Avenue, Louisville, KY

Jack Kersey
c/o 1231 Bardstown Road, Louisville, Kentucky.

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

Mrs. James Olds
c/o Por Que No Restaurant, 1007 Bardstown Road, Louisville, KY

Patrick M. Payne
c/o Spindletop Draperies, 1064 Bardstown Road, Louisville, KY

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 Inn, 916 Baxter Avenue, Louisville, Kentucky
- Mrs. John H. Buffat (Ida)
c/o Buffat Plumbing, 1277 Bardstown Road, Louisville, KY
- William Goodell
c/o National Products, 900 Baxter Avenue, Louisville, KY
- Jack Kersey
c/o 1231 Bardstown Road, Louisville, Kentucky
- John R. Moss
c/o John Moss Upholstering, 967 Baxter Avenue, Louisville, KY
- Mrs. James Olds
c/o Por Que No Restaurant, 1007 Bardstown Road, Louisville, KY
- Patrick M. Payne
c/o Spindletop Draperies, 1064 Bardstown Road, Louisville, KY
- Ray Barrett
c/o Barrett Funeral Home, 1230 Bardstown Road, Louisville, KY

In witness whereof, we have hereunto subscribed our names
this 24th day of Oct., 1977.

<u>Ralph Bridgers</u>	<u>John R. Moss</u>
<u>Mrs. John H. Buffat</u>	<u>Mrs. James Olds</u>
<u>William Goodell</u>	<u>Patrick M. Payne</u>
<u>Jack Kersey</u>	<u>Ray Barrett</u>

STATE OF KENTUCKY :
 : SS
COUNTY OF JEFFERSON:

The foregoing instrument was acknowledged before me this

24 day of 02, 1977, by Ralph Bridgers, Mrs.
John H. (Ida) Buffat, William Goodell, Jack Kersey, John R. Moss,
Mrs. James Olds, Patrick M. Payne and Ray Barrett.

Notary Public, State at Large, Ky.
My commission expires September 2, 1981.

My commission expires: _____

David K. Kersey
NOTARY PUBLIC, STATE AT LARGE, KY

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR

P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 12 1993

HIGHLAND COMMERCE GUILD INC
1140 CHEROKEE ROAD
LOUISVILLE, KY 40204

Employer Identification Number:
41-1237560

Contact Person:
ZENIA LUK

Contact Telephone Number:
(513) 684-3578

Internal Revenue Code
Section 501(c)(6)

Accounting Period Ending:
October 31

Form 990 Required:
Yes

Addendum Applies:
No

Dear Applicant:

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

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

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

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

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

Letter 948(DO/CG)

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

DEPARTMENT OF THE TREASURY

Date: JUL 12 1993

HIGHLAND COMMERCE GUILD INC
1140 CHEROKEE ROAD
LOUISVILLE, KY 40204

Employer Identification Number:
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ZENIA LUK

Contact Telephone Number:
(513) 684-3578

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

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

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Letter 948(DO/CG)

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 2/12/2020
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](#)
Director [Joe Conroy](#)
Director [Karen Finlinson](#)
Director [Tom Sfora](#)

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.

Annual Report	2/12/2020	1 page	PDF
Annual Report	1/14/2019	1 page	PDF
Annual Report	2/21/2018	1 page	PDF
Annual Report	4/20/2017	1 page	PDF
Annual Report	1/18/2016	1 page	PDF
Annual Report	1/30/2015	1 page	PDF
Annual Report	2/13/2014	1 page	PDF
Annual Report	1/18/2013	1 page	PDF
Annual Report	2/23/2012	1 page	PDF
Annual Report	7/1/2011	1 page	PDF

Annual Report	6/26/2009	1 page	PDF	
Annual Report	1/28/2008	1 page	PDF	
Annual Report	6/21/2007	1 page	tiff	PDF
Annual Report	4/3/2006	1 page	tiff	PDF
Annual Report	6/23/2005	1 page	tiff	PDF
Annual Report	6/10/2003	1 page	tiff	PDF
Annual Report	3/28/2002	1 page	tiff	PDF
Annual Report	7/24/2001	1 page	tiff	PDF
Annual Report	6/16/2000	1 page	tiff	PDF
Annual Report	4/21/1999	1 page	tiff	PDF
Annual Report	6/26/1998	1 page	tiff	PDF
Statement of Change	6/9/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	1 page	tiff	PDF
Annual Report	7/1/1994	1 page	tiff	PDF
Annual Report	3/24/1993	1 page	tiff	PDF
Annual Report	3/16/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	1 page	tiff	PDF
Annual Report	7/1/1989	1 page	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/12/2020 8:50:39 AM	2/12/2020 8:50:39 AM	
Annual report	1/14/2019 9:43:47 AM	1/14/2019 9:43:47 AM	
Annual report	2/21/2018 10:21:30 AM	2/21/2018 10:21:30 AM	
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 3:26:43 PM	2/23/2012 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	

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents 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	1 page
Annual Report	6/16/2000	1 page
Annual Report	4/21/1999	1 page
Annual Report	6/26/1998	1 page
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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

Request for Taxpayer Identification Number and Certification

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

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

See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Highland Commerce Guild

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► **C**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ►

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

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
2000 Lancashire Avenue Unit 304

6 City, state, and ZIP code
Louisville, Kentucky 40205

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

or


Employer identification number

6	1	-	1	2	3	7	5	6	0
---	---	---	---	---	---	---	---	---	---

Part II Certification

- Under penalties of perjury, I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 - I am a U.S. citizen or other U.S. person (defined below); and
 - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ►  Date ► **07/27/2020**

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- 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 brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.