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

Applicant/Program: Highland Commerce Guild, Inc - Bardsto Applicant Requested Amount: 1,500	own Road Aglow
Appropriation Request Amount: 1,500	
Executive Summary of Request	
\$1,500 towards operating funds for the 32nd Annual Bardstown	n Rd Aglow Festival.
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 within Metro Council guidelines and request approval of fundi organization's statement of public purpose to be furthered by the purpose is legitimate. I have also completed the disclosure sec	ng in the following amount(s). I have read the se funds requested and I agree that the public
District # Primary Sponsor Signature	1500 9.21.17 Amount Date
Primary Sponsor Disclosure List below any personal or business relationship you, your fami organization, its volunteers, its employees or members of its bo	ily or your legislative assistant have with this ard of directors.
Approved by:	
Appropriations Committee Chairman	Date
Final Appropriations Amount:	

Legal Name of Applicant Organization Highland Commerce Guild, Inc

Program Name and Request Amount Bardstown Road Aglow - \$1,500

	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?	N/A
Is the application properly signed and dated by authorized signatory?	Yes <mark>▼</mark>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes✓
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Is the entity in good standing with: • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission?	Yes⊡
s the current Fiscal Year Budget included?	Yes <mark>▼</mark>
s the entity's board member list (with term length/term limits) included?	Yes⊡
s 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⊠
s the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
s the most recent annual audit (if required by organization) included?	N/AS
s a copy of Signed Lease (if rent costs are requested) included?	N/AS
s the Supplemental Questionnaire for churches/religious organizations (if requesting organization is aith-based) included?	N/A
are the Articles of Incorporation of the Agency included?	Yes▼
s the IRS Form W-9 included?	Yes▼
s the IRS Form 990 included?	Yes▼
re 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 equired to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant net the BBB Charity Review Standards?	N/A
Prepared by: Jasmine Masterson Date: 9/21/17	

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
 4/20/2017

 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

PresidentLarry RotherVice PresidentAaron GihvanSecretaryTerra LongTreasurerMark AbramsDirectorNick MorrisDirectorMary Beth Rother

DirectorJoee ConroyDirectorEd Fallon

Director <u>Karen Finlinson</u>

Individuals / Entities listed at time of formation

DirectorJACK KERSEYDirectorJOHN R MOSSDirectorRALPH BRIDGERS

Director MRS JOHN H BUFFAT (IDA

Director WILLIAM GOODELL

IncorporatorJACK KERSEYIncorporatorJOHN R MOSSIncorporatorRALPH BRIDGES

Incorporator MRS JOHN H BUFFAT (IDA

Incorporator WILLIAM GOODELL

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.

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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	<u>PDF</u>	
Annual Report	7/1/2011	1 page	<u>PDF</u>	
Annual Report	7/30/2010	1 page	<u>PDF</u>	
Annual Report	6/26/2009	1 page	<u>PDF</u>	
Annual Report	1/28/2008	1 page	<u>PDF</u>	
Annual Report	6/21/2007	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/3/2006	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	6/23/2005	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	6/10/2003	1 page	<u>tiff</u> .	<u>PDF</u>
Annual Report	3/28/2002	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/24/2001	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	6/16/2000	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	4/21/1999	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	6/26/1998	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Ch	<u>ange</u> 6/9/1998	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1997	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1996	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1994	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/24/1993	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/16/1992	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	7/1/1991	1 page	<u>tiff</u>	PDF
Annual Report	7/1/1990	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1989	1 page	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
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
Principal office change	5/7/1997	5/7/1997

Microfilmed Images

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.

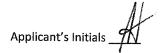
Annual Report	5/28/2004	1 page
Annual Report	6/10/2003	1 page
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Annual Report	7/1/1996	1 page
Annual Report	7/1/1995	1 page
Annual Report	7/1/1994	1 page
Annual Report	3/24/1993	1 page
Annual Report	3/16/1992	1 page
Annual Report	7/1/1991	1 page
Annual 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

		SECTION 1 - APPLI	CANT INFORMATION	
Legal Name of Applicant Organization: (as listed on: http://www.sos.ky.gov/business/records Highland Commerce Guild, Inc.				
Main Office Street & Mailing Address: P O Box 4516, Louisville, Kentucky 40204				
Website: www.thehighlandsoflouisville.com 222.thehighlandcommerceguild.com				
Applicant Contact:				Treasurer
Phone:	502-59		Email:	markaabrams@gmail.com
Financial Contact:	Mark A		Title:	Treasurer
Phone:	502-594		Email:	markaabrams@gmail.com
Organization's Repr		who attended NDF Train		markaabrams(ægman.com
V/		AL AREA(S) WHERE PROG		(III RF) PROVIDED
Program Facility Loc		District 8	The state of the s	ILL DLY I NOVIDED
Council District(s):		8th	Zip Code(s):	40204, 40205
	SECTI	ON 2 – PROGRAM REQUI		-
PROGRAM/PROJECT		017 Bardstown Road Aglo		
Total Request: (\$)	1,500		ward (this program) in p	revious year: (\$) 1,500
Purpose of Request	(check all t			7 1,300
		erally cannot exceed 33%	of agency's total operat	ing budget)
		s/events for direct benefi		
☐ Capital Pro	ject of the	organization (equipment,	, furnishing, building, etc)
The Following are Re	quired At	achments:		
■ IRS Exempt Status D	eterminatio	n Letter	Signed lease if rent co	sts are being requested
Current year project	ed budget		IRS Form W9	
Current financial sta	tement		Evaluation forms if use	ed in the proposed program
Most recent IRS For	n 990 or 11	20-H	Annual audit (if required by organization)	
Articles of Incorpora	tion (currer	nt & signed)	Faith Based Organizati	on Certification Form, if applicable
Cost estimates from proposed vendor if request is for capital expense				
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants,				
from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional			nt Funds). Attach additional	
sheet if necessary.		1		
Source:		t NDF Graffiti Clean Up	Amount: (\$) 15,0	
Source:		strictt NDF Garffiti Clean U _I Amount: (\$) 5,000		
Source:		t NDF Bardstown Road .	Amount: (\$) 6,00	00
Has the applicant contacted the BBB Charity Review for participation? Yes No				
Has the applicant me	t the BBB (Charity Review Standards	P ☐ 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 Louisvill in general. Our Porposew 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, elimante grattiti and liter.

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SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF Board Member Term End Date Larry Rother no end Aaron Gihvan no end Terra Long no end Mark Abrams no end Nick Morris no end Ed Fallon no end Karen Fillinson no end Joee Conroy no end Susan Rostov no end Heather Mullins (staff) no end

Describe the Board term limit policy:		
Board Members serve as long as they are willing to participate in the organization.		

Three Highest Paid Staff Names	Annual Salary	
Heather Mullins	\$4,800.	

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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.):
This year is the 32nd Annual Bardstown Road Aglow Festival. It is held on the first Saturday of December, every year. This year it will be held December 2, 2017. This festival promotes business traffic and family fun in the Highland of Louisville, partcularly along the Bardstown Road and Baxter Avenue corridors. The event is open to all who choose to attend or participate. We encourage family participation by supplying Santa, Business Docoration contest, Tree lighting, music and trolleys for all to enjoy.
B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): The funds are used to promote the festival through advertising, posters, street banners, and musicians. The funding is also used to hire professionals to help in the coordination of the event.

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 incurred after the application, but prior to the execution of the grant.
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.

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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 Bardstown Road Aglow Festival provides a strong sense of community throughout the Highland neighborhoods and the bbusiness community. It brings thousands of neighbors and shoppers throught Metro Louisville onto the business corridors to enjoy the event. Businesses report significant increases in their business volume particulary
during the event, and it also make a great kick off of the entrie holiday shopping season.
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.
There is a strong collaborative relationship between the various businesses along the corridors to make Bardstown Road Aglow the #1 shopping and festive event of the year, with hope of starting a successful holiday shopping
season.
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SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

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

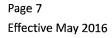
	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts	\$1,500	\$8,000	\$9,500
H: Program Materials		\$2,000	\$2,000
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	\$1,500	\$10,000	\$11,500
% of Program Budget	13 %	87 %	100%

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

· wiras.
\$8,000
\$8,000

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

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



Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	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			

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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
	W. V.		
	Total Value of In-Kind		
	(to match Program Budget Line Item.		
,	Volunteer Contribution &Other In Kind)		
gency	Fiscal Year Start Date:		
oes yo	our Agency anticipate a significant increase	e or decrease in your budget fro	
udget	projected for next fiscal year? NO	YES 🗌	om the current fiscal year to the
udget			om the current fiscal year to the
udget	projected for next fiscal year? NO		om the current fiscal year to the
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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.
- **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.

I certify under the penalty of law the inform accurate to the best of my knowledge. I am falsification. If falsification is shown after fu- repaid. I further certify that I am legally aut application.	aware my organizat nding has been appr	tion will not be e roved, any alloca	ligible for fu tigns alread	inding if investiga y received and ex	tion at any time shows pended are subject to be
Signature of Legal Signatory:	1 tod	4		Date:	7/14/2017
Legal Signatory: (please print): M	ark Abrams	/ l		Title:	Treasurer
Phone: 502-594-7372	Extension:		Email:	markaabrams	

SECTION 8 - CERTIFICATIONS & ASSURANCES

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Effective May 2016

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

Date: JUL 1 2 1993

HIGHLAND COMMERCE GUILD INC 1140 CHERDKEE ROAD LOUISVILLE, KY 40204 Employer Identification Number:

Contact Person:

ZENIA LUK

Contact Telephone Number;

(513) 684-3578

Internal Revenue Code
Seption 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 He 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 mails 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(D0/CG)

HIGHLAND COMMERCE GUILD INC

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

Highland Commerce Guild Profit & Loss July 2016 through June 2017

Event Expenses Community Clean-Up Events Petty Cash	Expense 2017 Councilman Lunch 2017 Taste of the Highlands 2016 Annual Dinner National Night Out Louisville Magazine Advertising Visitor Guide Advertising Street Banners Reconciliation Discrepancies	Gross Profit	Total COGS	Cost of Goods Sold Heather Pollard Coordinator for HCG	Total Income	Membership Dues	Total Grants	Grants Clean-Up Program LMPD Bicycle Donation	Total Event Participation Fees	Event Participation Fees - Other	Total Bardstown Road Aglow	Bardstown Road Aglow Members Ad/Participation Fee	Total Luncheon Series	Annual Dinner Luncheon Series Councilman's Lunch Luncheon Series - Other	Mural Account void Event Participation Fees	Ordinary Income/Expense	
20.00 0.01	646.60 8,436.42 981.15 245.97 224.00 1,580.00 535.00 120.92	54,731.02	4,000.00	800.00 3,200.00	58,731.02	11,905.00	20,089.00	20,000.00 89.00	26,792.22	8,722.66	16,027.96	16,027.96	806.60	1,235.00 136.60 670.00	-55.20 0.00		Jul '16 - Jun 17

Highland Commerce Guild Profit & Loss July 2016 through June 2017

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Membership Printing/Postage	Total General Expenses	Liability Insurance PO box #4516	Total Bank Service Charges	Bank Service Charges OnLine Fee	Secretary of State Filing Fee	General Expenses Office Expenses Monthly Meeting	Total Event Expenses	Total Bardstown Road Aglow	Event Advertising	Event Printing/Postage/Banner	Event Irolley Service/Limo Event Entertainment	Event Decorations/Candy	Event Decorating Contest	Event Charitable Donations Event Coordination	Reception	Storage for Aglow	Bardstown Road Aglow Map of the Highlands Aglow hanner installation	Total St Patrick's Day Parade	St Patrick's Day Parade Event Decorations/Candy St Patrick's Day Parade - Other	Total Luncheon Series	Total Event Advertising	Luncheon Series Event Advertising Councilman's Lunch
1,279.49	2,021.76	510.87 236.00	145.56	145.56	15.00 475.00	292.27 347.06	16,161.11	15,537.61	4,925.81	65.05	1,349.50 350.00	754.46	400.00	1,000.00 2.000.00	500.00	800.00	2,000.00 1 392 79	583.49	433.49 150.00	20.00	20.00	20.00

11:58 AM 07/14/17 Accrual Basis

Highland Commerce Guild Profit & Loss July 2016 through June 2017

Jul '16 - Jun 17

Net Income	Net Ordinary Income	Total Expense	Gifts	Total HCG Clean-up Program	HCG Clean-up Program Clean Up Program Supplies Clean Up Program Labor
1,982.06	1,982.06	52,748.96	500.00	20,016.54	1,086,54 18,930.00

2017 Highland Commerce Guild Board of Directors

Larry Rother	President	2 year term	no limit
Aaron Givahn	Vice President	2 year term	no limit
Mary Beth Rother	Secretary	2 year term	no limit
Mark Abrams	Treasurer	2 year term	no limit
Nick Morris	Director	2 year term	no limit
Joee Conroy	Director	2 year term	no limit
Ed Fallon	Director	2 year term	no limit
Karen Finlinson	Director	2 year term	no limit
Susan Rostov	Director	2 year term	no limit

11:58 AM 07/14/17 Accrual Basis

Highland Commerce Guild Balance Sheet As of July 14, 2017

	Jul 14, 17
ASSETS	
Current Assets	
Checking/Savings	1000
Commonwealth Bank Checking	33,149.80
Total Checking/Savings	48,482.96
Accounts Receivable	5
Unpaid Invoices	223.64
Total Accounts Receivable	223.63
Total Current Assets	48,706.59
TOTAL ASSETS	48,706.59
LIABILITIES & EQUITY Equity	
Opening Bal Equity	2,718.74
Retained Earnings	29,899.68
Net Income	16,088.17
Total Equity	48,706.59
TOTAL LIABILITIES & EQUITY	48,706.59

990 Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2016

Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service

For the 2016 calendar year, or tax year beginning

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

Form 990 (2016)

Open to Public Inspection

A		ne 2016 calendar year, or tax year beginning	, 2016, and ending	, 20
В		f applicable: C-Name of organization Highland Commerce Guild Inc		D. Employer identification n
		s change Doing business as		n noble
Ц	Name o	hange Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
닐	Initial re			a receptione number
	Final re	turn/terminated City or town, state or province, country, and ZIP or foreign postal code	-	40,778
Ц	Amende	Ed return Louisville, KY 40204		G Gross receipts\$
Ц	Applica	ion pending F Name and address of principal officer: Larry Rother	H(a) Is this a group return	
		Same as C above	H(b) Are all subordinate	
<u> </u>	Tax-exe	mpt status:	,	a list. (see instructions)
J	Website		H(c) Group exemption	
		organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐ L Year	of formation: 1977 M State of leg	
P	urt I	Summary	in State of leg	ar dorractie: K1
	1	Briefly describe the organization's mission or most significant activities: To fost	er a sense of communit	V Goognewati
ø		solving problems of the geographic area and encourage	property unkeep and ma	y cooperation in
Activities & Governance		the area.	F-spered abyseb and ma	Intenance in
ř				
Š	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of mor	e than 25% of its not see than	
<u>ල</u> න	3		1	1
Se	4	Number of independent voting members of the governing body (Part VI, line 1b)	3	1
Žį.	5			10
ţ.	6	Total number of volunteers (estimate if necessary)	5	
⋖.	7a	Total unrelated business revenue from Part VIII, column (C), line 12	6	200
	b			
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
Ę	9	Program service revenue (Part VIII, line 2g)	15,652	12,244
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,875	28,534
æ	11	Other revenue (Part VIII, column (A), lines 5, 4, and 70)		
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,527	40,778
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries other componentian employee benefits (Rad IV)	• • • • •	0
Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
ĕ	h	Professional fundraising fees (Part IX, column (A), line 11e)		0
쏬	17	Total fundraising expenses (Part IX, column (D), line 25)	0	
	10	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	51,369	53,856
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	51,369	
	19	Revenue less expenses. Subtract line 18 from line 12		
is or	00	T	Beginning of Current Year	End of Year
Net Assets Fund Balan		Total assets (Part X, line 16)	49,264	36,186
함		Total liabilities (Part X, line 26)		30,180
	22	Net assets or fund balances. Subtract line 21 from line 20	49,264	26 106
Par		Signature Block		36,186
true, c	penalile orrect, al	s of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to Indicomplete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	the best of my knowledge and belief, it is	
	T.	the based of all mornation of which preparer has any known	wiedge.	
Sign	. []			
, –		Signature of officer	Date	
Here		Mark Abrams, Treasurer		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature Date	Charle T	
Paid		Robert P Facilo CDA	Check if PT	IN
Prep		Firm's name Eagle and Company CPAs, PSC		
Use	Only	Firm's address ▶ 4400 Breckenridge Lane Suite 151	Firm's EiN ▶	
		Louisville KY 40218	Phone no.	
May th	e IRS	discuss this return with the preparer shown above? (ago instructions)	502-45	
For Pa	perwo	rk Reduction Act Notice see the separate instructions		🛛 Yes 🗌 No

-	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: To foster a sense of community cooperations.	
1	Briefly describe the organization at response or note to any line in this Part III	
	To foster a remarkation's mission:	
	To foster a sense of community cooperation in solving problems of the geographic area and encourage property upkeep and maintenance in the area.	<u> </u>
	encourage property upkeep and maintenance in the area.	
	the area.	<u> </u>
2	Did the area in the second of	
-	and the digarilization undertake any significant program persistent to	
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant charges.	
_	" Co, describe these new consists and	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	No
	services?	
	" (CS), UESCribe those shows	
4	Describe the organization's program service access it is	Va.
	expenses. Section 501(c)(2) and Service accomplishments for each of its three largest and	10
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by the total expenses, and revenue, if any, for each program service reported.	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(O = 1	
	The Guild participates in a Grafittian	
	The Guild participates in a Grafitti Abrilla British (Revenue 1)	
	The Guild participates in a Grafitti Abatement program, removing unsightly grafitti from ar public structures.	3)
	ansigntly grafitti from ar	ea
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-		
_		_
_		
-		
_		_
-		
- (C	Code:) (Expenses \$ 14 917 14 15	
(C Ba	Code:) (Expenses \$ 14,817 including grants of \$) (Power and Aglow, encouraging the standard of the standard	
(C Ba	Code:) (Expenses \$ 14,817 including grants of \$) (Revenue \$ 9,722) natural holiday event.	
(C Ba	Code:) (Expenses \$ 14,817 including grants of \$) (Revenue \$ 9,722) ardstown Road Aglow, encouraging merchant, church, and community group participation in this	
(C Ba	Code:) (Expenses \$ 14,817 including grants of \$) (Revenue \$ 9,722) ardstown Road Aglow, encouraging merchant, church, and community group participation in this	3
(C Ba ar	Code:) (Expenses \$ 14,817 including grants of \$) (Revenue \$ 9,722) ardstown Road Aglow, encouraging merchant, church, and community group participation in this named holiday event.	3
(C Ba ar	Code: (Expenses \$ 14,817 including grants of \$) (Revenue \$ 9,722) (ardstown Road Aglow, encouraging merchant, church, and community group participation in this name are constants.	3
(C Ba ar	Code:) (Expenses \$ 14,817 including grants of \$) (Revenue \$ 9,722) ardstown Road Aglow, encouraging merchant, church, and community group participation in this named holiday event.	3
(C Ba ar	Code:) (Expenses \$ 14,817 including grants of \$) (Revenue \$ 9,722) ardstown Road Aglow, encouraging merchant, church, and community group participation in this name and the state of the state o	3
(C)	Code:) (Expenses \$ 14,817 including grants of \$) (Revenue \$ 9,722) ardstown Road Aglow, encouraging merchant, church, and community group participation in this name and the state of the state	3
(COBaar	Code: (Expenses \$ 14,817 including grants of \$) (Revenue \$ 9,722) (ardstown Road Aglow, encouraging merchant, church, and community group participation in this name are also as a second participation of the second participation in this seco	
(C Ba ar	Code:) (Expenses \$14,817 including grants of \$) (Revenue \$9,722) ardstown Road Aglow, encouraging merchant, church, and community group participation in this nnual holiday event.	3
(C Ba ar	Code:) (Expenses \$14,817 including grants of \$) (Revenue \$9,722) ardstown Road Aglow, encouraging merchant, church, and community group participation in this name are set to the set of	3
(COBar	Code:)(Expenses \$ 14,817 including grants of \$)(Revenue \$ 9,722) ardstown Road Aglow, encouraging merchant, church, and community group participation in this nnual holiday event.	3
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Baar	ardstown Road Aglow, encouraging merchant, church, and community group participation in this notation in this series are also as a series of the series of t	
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Ba ar	ardstown Road Aglow, encouraging merchant, church, and community group participation in this name and all the state of the Highlands for community coheasiveness. 14,817 including grants of \$ (Revenue \$ 9,722)	
Ba ar	ardstown Road Aglow, encouraging merchant, church, and community group participation in this name and community group participation in this name and community group participation in this decrease and community group participation in this decrease are group and community group participation in this group parti	5
Ba ar	ardstown Road Aglow, encouraging merchant, church, and community group participation in this number of the Highlands of the H	5
Ba ar	ardstown Road Aglow, encouraging merchant, church, and community group participation in this name and all the state of the Highlands for community coheasiveness. 14,817 including grants of \$ (Revenue \$ 9,722)	3

Form 990 (2016) Part IV Checklist	Highland Commerce
Checklist	of Required Schedules
	2,,000162

		1	is the organization described in section 501(1)(a)			Page 3
	•		is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete S.			
		2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? If "Yes," Did the organization engage in direct or indirect political campaign activities as the contributors (see instructions)?			Yes No
		3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Section 501(c)(3) organizations. Did it			
			Candidates for a structions of the control of the c	• • • • •	1	X
		4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did to.		. 2	X
		-	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Is the organization a section 501(c)(4). For the complete Schedule C, Part II			
		_	election in effect during the tax year? If "Yes," complete Schedule C, Part II		. 3	
		5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Part III		13	X
			assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Did the organization maintain any dean			
			Part III		4	1
		6	Part III		I T	
		-	on the organization maintain any donor advised funds are			
			Did the organization maintain any donor advised funds or any similar funds or accounts for which donors "Yes," complete Schedule D. Port I		5	1
	_	_	"Yes," complete Schedule D. Part I.	•	 	X
	-	7	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Did the organization receive or hold a conservation easement, including conservation entering the strategy of the such funds or accounts?		i I	
			the environment, historical final a conservation easement, including and		- 1	
	8	1	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Complete Schedule D, Part III Did the organization report an amount is B.		6	_ X
		-	Complete Selection Software of Works of art historical to	- 1	1	
	9	-	Did the organization report an amount in Part X, line 21, for access		7	X
	•	-	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a ebt negotiation services? If "Yes," account a count of the cou	ľ		- A
		C	activated for amounte not line at the second of custodial -	.	8	
		d	ebt negotiation services? If "Yes " accord, or provide credit counseling, debt management liability, serve as a	· · · · · · · · · · · · · · · · · · ·		X
	10	D.	id the organization diseast. The street of t			
		er	idowments, permanent	- 1		1
	11	lf t	the organization:	• • • • _	9	X
		VII	Indowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V I, VIII, IX, or X as applicable. If the organization report an amount for the following districtions is "Yes," then complete Schedule D, Parts VI, and the organization report an amount for the following districtions is "Yes," then complete Schedule D, Parts VI,	1		+
	9	Dia	s, viii, IA, or X as applicable.		10	1
	•	Dic	The organization report an amount for land, building		-	$\frac{1}{X}$
		COL	the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	D	Did	Implete Schedule D, Part VI	[48]		1
		OUT	S IOIal assets reported to a securities of the securities in the s			1
	C	Did	the organization report. In Part X, line 16? If "Yes," complete Schedule D. D. at X, line 12 that is 5% or more	11	3	X
		of its	the organization report an amount for investments - program related in Part X, line 12 that is 5% or more stotal assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII stotal assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	d	Did t	s total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 13 that is 5% or more the organization report an amount for other assets in Part X, I'm Part X, I'	· · . 11E	ا ا د	X
	-	ropo	the diganization report an amount for other assorts is Described.		++	
		QDO:	IGU III PART X line 100 ir iii	· · · 11c	1 1	
	e i	Jia ti	he organization report an amount for other life or the control of	110	+	X
	f [oid th	ne organization report an amount for other liabilities in Part X, line 25? If "Yes " complete or consolidated is			
	t	ne oi	rganization's liet in a consultated financial statements to use of complete Schedule D. Part V.	· · 11d	+	X
1	2a [id th	the organization obtain separate, independent audited financial statements for the tax year include a footnote that addresses adule D, Parts XI and XII the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete the organization included in consolidated, independent and independent audited financial statements for the tax year? If "Yes," complete	· · 11e		X
	S	chec	dule D. Parts V.			
	ЬИ	ae H	be even the tax year? If "Yes" and XII	11f	.	X
	··	'CO !!	he organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete and if the organization answered "No" to line 12a, then completing Schedule D. Destruction as school described in the school d			Δ
12	, , , , , , , , , , , , , , , , , , ,	es,	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional organization maintain an office, employees.	120	_	
13) IS	the c	organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E organization maintain an office, employees, or agents outside of the U.	12a		<u>Σ</u>
14	a Di	the the	organization have aggregate revenues or expenses of more than the surface of the United States?	1	- 1	
	שוט טונ	i tne	Organization have	· 12b	X	r
	fun	drais	sing, business, investment, and program service activities outside the United States? siny, business, investment, and program service activities outside the United States, or aggregate organization report on Part IV. and	. 13	X	
				. 14a	X	
15	Did	tha	investments valued at \$100,000 or more? If "Voc."		<u></u> →	
	for	uie (investment, and program service activities outside the United States, or aggregate organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		- 1	
40	ior a	iny f	oreign organization? If "Yes," complete Schedule F, Parts I and IV organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or organization report on Part IX, column (A), line 3, more than 10.			
16	Did	the c	organization report on Part IV	. 14b	X	
	assi	stand	Ce to or for form.			_
17	Did t	he o	rganization rope individuals? If "Yes," complete Schedule F. Boot William grants or other	. 15	X	•
	Part	X. n	ce to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) If "Yes," complete Schedule G, Part I (see instructions)	1	1	- Means
18				16	1 32	Palana
	ייים נו	ie Ol	ganization report more than \$15,000 total of the state of		<u>X</u>	- 10
10	rant \	/III,	rganization report more than \$15,000 total of fundraising event gross income and contributions on ganization report more than \$15,000 total of fundraising event gross income and contributions on ganization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a2	4	1	į
19	Did th	e or	ganization report more than \$15,000	17	X	Participation of the Control of the
	If "Yes	," co	Omplete Schedule G. Port III	1		444
EΑ			ganization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	ab lander
					+	- A
			omplete Schedule G, Part III	19	1	in the second
					<u>X</u>	distance;
				Form 990	(2016)	Weaking

Form 990 (2016)

Highland Commerce Guild Inc

Part IV Checklist of Required Schedules (continued)

	ž	20a Did the organization operate one say					Page 4
	e	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization report more than \$5,000 of grants or other assistance to enough.					
	2	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization report more than \$1,000 of grants or other assistance to any domestic organization or Did the organization report more than \$2,000 of grants or other assistance to any domestic organization or Did the organization report more than \$2,000 of grants or other assistance to any domestic organization or		_		Yes	No
		domestic generation report more than \$5,000 of grants or other casis.		[20a		X
	22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Part IX, column (A) line 0.0 (and the content of the cont		٠ . [20b		
		Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II Did the organization answer "Yes," complete Schedule I, Parts I and III					
	00			[21		77
	23	Did the organization answer "Yes" to Destruct Schedule I, Parts I and III		· -			_X_
		organization's current and forman of				- 1	
		Did the organization answer "Yes," complete Schedule I, Parts I and III organization's current and former officers, directors, trustees, key employees, and highest compensated Did the organization have a toy.	• • •	-	22		X
	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than through 24d and complete School with the size of the last day of the year, that was issued after December 31, 20000 to the size of the last day of the year, that was issued after December 31, 20000 to the size of the last day of the year, that was issued after December 31, 20000 to the size of the last day of the year, that was issued after December 31, 20000 to the size of the last day of the year, that was issued after December 31, 20000 to the size of the last day of the year, that was issued after December 31, 20000 to the size of the last day of the year, that was issued after December 31, 20000 to the size of the last day of the year, that was issued after December 31, 20000 to the size of the last day of the year, that was issued after December 31, 20000 to the size of the last day of the year, that was issued after December 31, 20000 to the size of the last day of the year, that was issued after December 31, 20000 to the year.					
		\$100 poo _		- 1	- 1	- 1	
		thoughout as of the last day of the year, that was included in outstanding principal amount of more than		. 2	23		V
		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Did the organization invest any process to 1, 25a			-		X
	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? to defease any tax-exempt bonds beyond a refunding excrement bonds.			-		
	C	Did the organization maintain on a state of tax-exempt bonds beyond a temporary part			.	- 1	
		to defease any tax-average to	• • • •	. 24		:	X
	ď	Did the organization maintain an escrow account other than a refunding escrow at any time during the year Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are during the year?		. 24	b		
	25a	Section Fold and act as an "on behalf of" issuer for bonds and		-		\top	
		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit is the organization aware that it engaged in	٠.,	. 24			
		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I year, and that the transaction with a managed in an excess benefit transaction.		. 240		+-	
	b	Is the organization aware that it engaged in an excess benefit year, and that the transaction has not been reported on any of the organization's prior form.		-	<u>-</u>		
		with a diameter transaction has a second transaction transaction and transaction has a second tr		-			
		If "Yes," complete Schedule L, Part I Did the organization report any complete Schedule L, Part I	• • • •	25a	-		
	26	Did the organization and the property of the p			1		_
		Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any disqualified persons? If "Yes." correct or some officers, directors, trustees, key employees, highest compensated any disqualified persons?		1	1		
	,	current or former officers, directors, trustees, key employees, highest compensated employees, or Did the organization provides.		25b	1	1	
	27	disqualified persons? If "Yes," complete Schedule L, Part II				 	-
	۱ ۱	Did the organization provide a grant or other actions and the organization provide a grant or other actions and the organization provide a grant or other actions are actions as a second or other actions and the organization provides a grant or other actions are actions as a second o				1	
	S	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, entity or family member of any of these persons? If "Yes," complete Schedule I, Part II		00			
	е	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		26		X	
	28 V	Vas the organization a party to a business transaction with one of the following parties (see Schedule L, current or former officer, directory).	- 1	- 1			-
	P	art IV instructions a party to a business transaction with one of the resolution.	1	- 1	- 1		
	аΔ	art IV instructions for applicable filing thresholds, conditions, and exceptions): current or former officer, director, trustee, or key omelance and exceptions):		27	- 1	X	
	b A	current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV					
	• ^	family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV entity of which a current or former officer.		- 1			,
	Sa	chedule L, Part IV	1 %	20-		Water of	
	c An	entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) the organization receive more then for one	, F.	28a		<u>X</u>	
	wa	is an officer director trustee, or key ample	1		- 1	_	
	29 Did	the organization and using or direct or indirect owner? If "Vos " correct or a family member thereof)	2	28b		X	
;	30 Did	is an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV If the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV Is the organization receive contributions of art, historical treasures, or other similar accounts the contributions? If "Yes," "Yes," complete Schedule M	- 1	T			
	con		2	8c	.	v	
-	II Did	servation contributions? If "Yes," complete Schedule M the organization liquidate, towards.	_	29		<u>X</u>	
•	n Dia	the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, the organization sell, exchange dispose the organization sell, exchange dispose the organization sell.	_	-		X	
_	Part	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1 -	_	-		
3.	2 Did t	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," he organization own 100% of the control	· · 3	0		ζ	
	com	plete Schedule N. D	1				
33	B Did to	he organization.	· · _ 31	1	_ X	-	
	Section	one and a second of an entity disregarded as a second of a second			 	-	
34	IA/a-	the organization own 100% of an entity disregarded as separate from the organization under Regulations the organization related to any toy, and the organization under Regulations	. 32	.	1 37		
0.7				+	+X		
	or IV,	ons 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I and Part V, line 1 e organization have a controlled entity within the meaning of section 512(b)(13)?	1 20		1		
35			. 33	-	X		
Ł	If "Yes	5" to line 353 did 4	- 1	1			
	contro	e organization have a controlled entity within the meaning of section 512(b)(13)? "to line 35a, did the organization receive any payment from or engage in any transaction with a property of the section 512(b)(13)? "To 501(c)(3) organizations. By the section 512(b)(13)? If "Yes," complete Separt to the section 512(b)(13)?	. 34		X		
36	Section	FOLLOW: Within the meaning of section 512(b)(13)2 (**)25.	. 35a		X	-	
						-	
27	related	organization? If "Yes," complete Schedule P. Post V."	354				
37	Did the	organizations. Did the organization make any transfers to an exempt non-charitable organization conduct more than 5% of its activities through an entity that is not a related organization to the conduct more than 5% of its activities through an entity that is not a related organization.	35b		X		
	and tha	t is treated as a	1 1		_		and the second
			36	_			who will place
38	Did the	organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1				Name of
	197 Na	AN 5	1 1	1			West proges
EEA	· 01 1401	e. All Form 990 filers are required to complete Schedule O.	37		7.7		
		orniplete Schedule O.	 " 		<u>X</u>		Villanopa
			1 00 1				The second second
				X			ĺ
			Form 9	90 (20	16)		A STATE OF

Part V

16) Highland Commerce Guild Inc Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

		Solution of Contains a response or note to any line in this Part V			Г
*	1a	and remoti reported in Box 3 of Form 1006 Enter A 1/2		Yes	N
	b	- 2 The harmoet of Forms W-XG included in line to Enter 0 "	ď	1	
	С	and a garrization comply with packing withholding rules for reserved.	d		
٠,	_				
	2a	Enter the number of employees reported on Form W. 3. Transport	· · · 1c	1	
		mod for the calcinual year photos with as with:			
	b		d		
		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business great income of the control of t	2b	1	Χ
	3a				21
	b		3a	1	Χ
	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	 	-21
		over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	_	account)?			
	b	If "Yes," enter the name of the foreign country:	4a		X
		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	_	(FBAR).			
	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was a simple party notified that it was a simple party notified that the organization that it was a simple party notified that the organization that it was a simple party notified that the organization that it was a simple party notified that the organization that it was a simple party notified that the organization that it was a simple party notified that the organization that			
			5a	1 -	X
	C C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		X
٠ (oa	Does the organization have annual gross receipts that are	5c		
		organization solicit any contributions that were not tax deductible as charitable contributions?			
		Some and thickness will every solicitation an oversee and	. 6a	2	ζ
_		gifts were not tax deductible?		- -	
7		Organizations that may receive deductible contributions	. 6b	.	
		3 San Lation receive a payment in excess of \$75 mode +			
	8 	and services provided to the payor?			
	b ii	f "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7a	X	. 19866
			. 7b		
	-1 1: -1 1:	equired to file Form 8282?			
	d If	f "Yes," indicate the number of Forms 8282 filed during the year Old the organization receive any funds, directly or indicate.	. 7c	_ X	
í	• D	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
	ש ו	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? the organization received a contribution of qualified intellectual.	. 7e	_ X	NO.
g h	§ 11	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7f	X	-
8		the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? ponsoring organizations maintaining donor advised funds. Did a decrease of the organization file a Form 1098-C?	. 7g	X	_
Ŭ	on of	ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	. 7h	X	_
9	Sr.	consoring organization have excess business holdings at any time during the year?			
a			8	X	17-
b	Dic	d the sponsoring organization make any taxable distributions under section 4966?			Ž.
10		3 organization indice a distribution to a deserve	9a	X	
а			9b	X	-
b	Gro	tiation fees and capital contributions included on Part VIII, line 12			
11	Sec	oss receipts, included on Form 990, Part VIII, line 12	1		
а		· · · · · · · · · · · · · · · · · · ·			
b	Gro	oss income from members or shareholders			
	aga	oss income from other sources (Do not net amounts due or paid to other sources ainst amounts due or received from them.)			
12a					
b	If "Y	restriction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
13	Sec	/es," enter the amount of tax-exempt interest received or accrued during the year	12a		
а	ls th	etion 501(c)(29) qualified nonprofit health insurance issuers.			
	Note	ne organization licensed to issue qualified health plans in more than one state?			
b			13a		
		or the amount of the			
4a	Did t	the organization receive any payments for indeer topping.			
b	lf "Ye	the organization receive any payments for indoor tanning services during the tax year?			
EA		25 to report triese payments? If "No," provide an explanation in School to C	14a	X	
			14b		
		I	Form 990 (2	2016)	

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

Section A. Governing Body and Management

40	action A. doverning body and management			
	Enter the number of voting members of the governing body at the end of the tax year		Ye	s N
•	If there are material differences in voting rights among members of the governing body, or	0		T
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
2	to the state of th	0		
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			1
3	Did the organization delegate assistation	. 2		X
·	and a subject of the hard over management duties customarily performed by or under the direct			+
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		Х
4	the dry digital data changes to its governing documents since the prior Form 990 was filed?			X
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	121
7	o manufactor, discontinuers, or other persons with final the power to elect or appoint	.	121	+
	one or more members of the governing body?	. 7a	X	
İ	Are any governance decisions of the organization reserved to (or subject to approval by) members	· /a	1	
	stockholders, or persons other than the governing body?	74	77	
8	bid the diganization contemporaneously document the meetings held or written actions undertaken during	7b	X	
	the year by the following:			
4			+	
ł	and the state of the dot of person of the doverning body.	8a		↓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	X	ļ
	the organization's mailing address? If "Yes," provide the names and addresses in Schodulo O			
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
	, and the required by the internal nevertue Code.)		т	,
10a	Did the organization have local chapters, branches, or affiliates?		Yes	No
b		10a		X
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
	describe in Schedule O how this was done			
13	Did the organization have a written whistleblower policy?	12c		
14	Did the organization have a written document retention and destruction policy?	13		X
15	Did the process for determining componentian and destruction policy?	14		X
	Did the process for determining compensation of the following persons include a review and approval by			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	11149755500000	Χ
~	outer emblors of key employees of the organization	15b		X
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			21
IVa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
h	with a taxable entity during the year?	16a		Х
b	res, did the organization follow a written policy or procedure requiring the organization to evolute its	100		<u> </u>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
600	criganization's exempt status with respect to such arrangements?	16b		
		TOD		
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 900 T (our in Fact Note)			
	The past in postalin malicate now you made these available. Check all that apply			
	☐ Own website ☐ Another's website ☐ ☐ Other () ()			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, applied to the control of the c			
	and the state of the public duling the lax veal.			
20	State the name, address, and telephone number of the person who possesses the organizations.			
	Mark Abrams (502)594-7372, 2000 Lancashire Avenue, Louisville, KY 40205			
	LOUISVILLE, KY 40205			

20

Form 990 (2016	Highland Commerce Guild Inc	Pag
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Section A.

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 compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average box, unless person is both an Reportable Reportable Estimated hours per officer and a director/trustee) compensation compensation from amount of week (list any from related other hours for organizations compensation related Individual or director (ey employee lighest compensated organization (W-2/1099-MISC) from the organizations (W-2/1099-MISC) organization below dotted and related (ine) organizations (1) Larry Rother 12.00 President X 0 (2) Aaron Givan 12.00 Vice President X 0 0 (3) Mark Abrams 12.00 Treasurer X 0 0 (4) Nick Morris Secretary Х 0 0 (5) (7) (8) (9) (10)(11)(12)(13)(14) EEA Form 990 (2016)

Pa	Section A. Officers, Directors, Trustees			and	Higl	nest	Comp	pens	sated Employees	(continued)		Pag
	(A) Name and title	(B) Average hours per week (list any	(do r box, office	not ch unle: er an	Pos neck m ss pers d a dir	c) lition lore the son is ector/	nan one both an trustee)	1	(D) Reportable compensation from	(E) Reportable compensation trelated		(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	inslitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MIS		compensation from the organization and related organizations
(15)												
(16)_												
(17)_						\dashv						
(18)_												
(19)_				-							_	
(20)					+	_						
<u>(21)</u> _					+			+				
(22)					-	-		+				
(23)_												
(24)					+	+		\dashv				*
(25)					+	+						
1b c	Sub-total	n A					· · »					
d 2	Total (add lines 1b and 1c)	o those listed	· · ·	٠	ho re	···	· · Þ	ro th	2		0	0
	reportable compensation from the organization	- 11.000 %0100		-/ **	. 10 10	CCIV	eu mo	ne u	nan \$100,000 or		0	
3	Did the organization list any former officer, director, o	or trustee, key	y empl	oye	e, or	high	est co	mpe	ensated			Yes No
4	employee on line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the sum of repo organization and related organizations greater than \$ individual.	rtable compe 150,000? <i>If</i> ")	nsatior <i>res," c</i>	n an	d oth	er co	omner	neati	on from the	• • • • • • •	3	X
5	individual	npensation fr	om an	 y un	 relat	ed o	 rganiz	 atior	or individual		4	X
Section	for services rendered to the organization? If "Yes," coon B. Independent Contractors								· · · · · · · · · · · · ·	***************************************	5	X
1	Complete this table for your five highest compensated compensation from the organization. Report compens year.	l independent ation for the o	t contra	acto ar y	rs tha	at red	ceived g with	i mo or v	re than \$100,000 o vithin the organizat	of ion's tax		
	(A) Name and business address								(B) Description of ser	vices	Con	(C)
			-									
2 EA	Total number of independent contractors (including bu received more than \$100,000 of compensation from th	t not limited to e organizatio	o those		ed a	oove) who	- L				

Statement of Revenue

20000		Constant	Check if Schedule O cor	ntains a response	or note to any lin	e in this Dod VIII					
					or note to any in	(A) Total reven	ue	(B) Related or exempt function	(C) Unrelated business revenue	excluded fro	m tax
ţ	şt	1a	and dampaigns		1a	-		revenue	.ovenide	under secti 512-51	ions 4
Contributions, Gifts, Grants	ño	b	Membership dues		1b 10,	220		en e			
ģ	An	C			1c	720					
E.	Ē	d			1d						
Š	Sim	е		outions)	1e						
윺	Ē	f		grants							
ğ	5		and similar amounts not inc		if 1.3						
ő	auc	g	Noncash contributions inclu	ded in lines 12-1f-	lf 1,3	24					
		h	T-4-1 A (1)								
				<u> </u>			244	***************************************			
a re	1	2a	Grafitti Abatement		Business Coo 900099						
Reve			Bardstown Road Aglo				,433	13,43	33		GHATSANS,
le F		С	Highlands Mural Pro	orem	900099		722	9,72	22		
Serv		d	Mayors Luncheon Pro	ogram	900099		354	3,35	54		
E		е		-gram	900099	2,	025	2,02	25		
Program Service Revenue		f	All other program service reve	PILIE	-						
		g	Total. Add lines 2a-2f	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		3 1	Investment income (including and other similar amounts)	dividends, interesi	t,		534				
		→ 1	income from investment of tax	 exempt bond pro 	ceeds						
		5 F	Royalties	<u></u>		»			-		
				(i) Real	(ii) Personal						
			Gross rents								
		b L	ess: rental expenses						Process of the second		
		C F	Rental income or (loss)								
		d N	let rental income or (loss) .	· · · · · · · · · ·		-	Ì				
		/a G	iross amount from sales of ssets other than inventory	(i) Securities	(ii) Other						
		aı	ess: cost or other basis nd sales expenses								
			ain or (loss)								
ø)		d No	et gain or (loss)								
Revenue	8	a G	ross income from fundraising				-				
eve			ents (not including \$								
		of	contributions reported on line	1c).							
Other		Se	ee Part IV, line 18	a							
0		b Le	ess: direct expenses	h		-					
	1 -	c Ne	et income or (loss) from fundra	ising events .							
	98	a Gr	oss income from gaming activ	ities.							
		Se	e Part IV, line 19	a							
		Les	ss: direct expenses	b							
	(: Ne	t income or (loss) from gaming	activities		-					
		retu	oss sales of inventory, less urns and allowances	a		***************************************				The state of the s	
	İ	Les	ss: cost of goods sold	b							
	<u> </u>	Net	l income or (loss) from sales o	£							
1			Miscellaneous Revenue		Business Code					l l l l l l l l l l l l l l l l l l l	
1	11a						1				
İ	b					 	+				
1	C						 				-
	d	All o	other revenue			<u> </u>	 				_
-	_		al. Add lines 11a-11d								_
	12	ı ota	al revenue. See instructions		· · · · · >	40,77	-	28.534			

Form 990 (2016) Highland Commerce Guild Inc Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All

ection butte	7(3) and 501(c)(4) organization	20 march 1 1 11 1	a. All other organizations must complete	
	ATT UIGHT OF THE STATE OF THE S	ns must complete all columns	All other organizations	
	Chook if Cohodula O		- 7 III Ou let Organizations must complete	e column (A)
	CHECK II OCHECHIE CI COntain	C 2 foenonos ex mata talla la		o ociumini (A).

	Check if Schedule O contains a response or note to not include amounts reported on lines 6b, 7b,	(A)			
8b, 9	b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and	(D)
•	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	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				
	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				
0	Compensation not included above, to disqualified				
I	persons (as defined under section 4958(f)(1)) and				
ŀ	persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages				1
	Pension plan accruals and contributions (include				
s	section 401(k) and 403(b) employer contributions)				
9 (Other employee benefits				
D P	Payroll taxes				
1 F	ees for services (non-employees):				+
a M	Anagement				
b Le	Management				
c A	egal	8			
d Lo	counting	445		8	
e Pr	obbying			445	
f in	rofessional fundraising services. See Part IV, line 17				200
- 0	vestment management fees				
g Ot	ther. (If line 11g amount exceeds 10% of line 25, column				
(A)	amount, list line 11g expenses on Schedule ()				
Ad	vertising and promotion				
Oli	rice expenses				
11116	ormation technology				
no	yaines				
OU	cupancy				
ıra	ivel				
Pay	ments of travel or entertainment expenses				
for a	any federal, state, or local public officials				
Cor	Iferences conventions and and				
Inte	rest			-	
Pay	ments to affiliates				
Dep	preciation, depletion, and amortization				
Insu	irance				
Othe	er expenses. Itemize expenses not covered	968		968	
abov	ve (List miscellaneous expenses in line 24e. If	T		708	
line 2	24e amount exceeds 10% of line 25, column				
(A) a	amount, list line 24e expenses on Schedule O.)				
Bar	dstown Road Aglow				
Him	hlands Munal D	14,817	14,817		
HCC	hlands Mural Project	5,330	5,330		
T	Cleanup Project	21,525			
	cheon Program	1,347	21,525		
	her expenses		1,347		
Total	functional expenses. Add lines 1 through 24e .	9,416		9,416	
ACIII	Costs. Complete this line only if the	53,856	43,019	10,837	^
organ	IIZATION reported in column (D) initiate and in				0
fundra	a combined educational campaign and aising solicitation. Check here				
	ing SOP 98-2 (ASC 958-720)	1	ł		

Part X Balance Sheet
Check if Schedule O.c.

		Check if Schedule O contains a response or note to any line in this Part X	(A)	Ī	(B)
	1	Cash - non-interest-bearing	Beginning of year	+-	End of year
	2	Savings and temporary cash investments	49,203	2	36,186
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	61	4	
	5	Loans and other receivables from current and former officers, directors,	01	-	
		trustees, key employees, and highest compensated employees.			100
		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	
m	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Asi	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		- 3	
		other basis. Complete Part VI of Schedule D 10a	40.000.000		
	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)	49,264	16	36,186
	17	Accounts payable and accrued expenses		17	30,100
	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	
es	22	Loans and other payables to current and former officers, directors,			
1		trustees, key employees, highest compensated employees, and			
Liabilities		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	
ļ	25	Other liabilities (including federal income tax, payables to related third			
ĺ		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
ğ		complete lines 27 through 29, and lines 33 and 34.			CONTROL OF THE CONTRO
ig	27	Unrestricted net assets	49,264	27	36,186
<u>m</u>	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Ĕ		Organizations that do not follow SFAS 117 (ASC 958), check here			
ş	20	complete lines 30 through 34.			
SSe	30 21	Capital stock or trust principal, or current funds		30	
¥		Paid-in or capital surplus, or land, building, or equipment fund		31	
Še	32	Retained earnings, endowment, accumulated income, or other funds		32	
		Total net assets or fund balances	49,264	33	36,186
	34	Total liabilities and net assets/fund balances	49.264	34	36 186

	Form 990 (2016) High land Common and the		
-	Part XI Reconciliation of Net Assets		
			Page 1:
	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)		
•	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses (must equal Part IX, column (A), line 25)	. 1	· · · · · ·
	The Cost Capelises Stintroot line of the Property of the Cost Capelises Stintroot line of the Cost Capelises Stintroot lin	. 2	40,778
	Their assers or fund balances at heginning of the control of the c	3	53,856
•	Net unrealized gains (Ignores)	4	(13,078)
	Bonateu services and use of facilities	5	49,264
	• Investment expenses	6	
	tion period adjustments	7	
	 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at and of 	8	
	Net assets or fund balances (explain in Schedule O) 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9	
	Part XII Financial Statements and Reporting Check if Schedule O goods	- -	0
i	Part XII Financial Statements and Reporting	10	<u></u>
	Check if Schedule O contains a response or note to any line in this Part XII		36,186
	1 Accounting method used to prepare the Form one 17		F1
	1 Accounting method used to prepare the Form 990: Cash Accrued Accounting method used to prepare the Form 990: Cash Accrued Accounting method used to prepare the Form 990: Cash		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		Yes No
	2a Were the organization and a second control of the control of th	-	
	2a Were the organization's financial statements compiled or reviewed by an independent accountant?		
	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:		2a v
	reviewed on a separate basis, consolidated basis, or both:		2a X
	- Transition Vigoro I I Connected a visit of the connected at the connecte		
	b Were the organization's financial statements audited by an independent accountant? Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements.		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2b y
	separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both:		2b X
	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?		
	If the organization changed either its oversight process or selection process during the tax year, explain in		2c
38	As a result of a fodoral and a		20
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
b	the Single Audit Act and OMB Circular A-133? If "Yes," did the organization was the organization required to undergo an audit or audits as set forth in	P.	
	of "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the		3a y
EEA	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	· · · · · · · · · · · · · · · · · · ·	3a X
	y supertaken to undergo such audits		3ь

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 2016 Name of the organization Open to Public Highland Commerce Guild Inc Inspection Reason for Public Charity Status (All organizations must complete this part.) See instructions. number The organization is not a private foundation because it is: (For lines 1 through 12, check only or

33 1/3% of its sit subject to certa business taxable section 509(a)(c) test for public sit of the benefit of, to bed in section 5 the type of supportised, or controlled y appoint or elect IV, Sections A antrolled in connecton vested in the son vested in the sons A and C. Inization operated must complete organization operated per panization operated programization operated programization operated by subject to complete organization operated by subject to certain the subject to complete organization operated by s	iety. See se perform the 9(a)(1) or setting organization with its ame persons in connection and D, a	Part III.) ction 509(a functions of ection 509(a ation and or orted organ the director supported of that contro n with, and tions A, D, ection with i tion require nd Part V. t it is a Type n. he organization your governin cument?	1 tax) from busines 1 tax) fr	ses purposes 509(a)(3). 2f, and 12g. by giving aving poported ed with, zation(s) veness
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or our clies desc	ibed in secti	on 170/6\/	41/ A 1/15	
ttach Schedule E	(1bed in sect i (Form 990 o	(Form 990 or 900 ET)	Ons must complete this part.) See 12, check only one box.) ribed in section 170(b)(1)(A)(i). (Form 990 or 990-EZ).) n section 170(b)(1)(A)(iii).

990 or 990-EZ) 2016 Highland Commerce Guild Inc
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.)

S	ection A. Public Support		ilo tooto notou	bolow, picaco		****	
_	llendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					(0) 2010	(i) Total
2	-						
, -	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 anning of the state of						
3	The value of services or facilities furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
/8	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a), 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
3	Amounts from line 6						
	•						
10a	Gross income from interest, dividends,						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	payments received on securities loans, rents, royalties and income from similar sources						
	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
b	payments received on securities loans, rents, royalties and income from similar sources						
b	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
b	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
b	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b					·	
b c 11	payments received on securities loans, rents, royalties and income from similar sources					·	
b c 11	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
b c 11	payments received on securities loans, rents, royalties and income from similar sources	•					
b 11	payments received on securities loans, rents, royalties and income from similar sources	,					
b c 11 12	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organizations.	, anization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3		
b c c 111 12 13 14	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organizations.			or fifth tax year as	a section 501(c)(3	3)	
b c 111 12 13 14 Sec 15	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2016 (line 8, col	pport Percen umn (f) divided by	tage v line 13, column (f)				
b c 111 12 13 14 Sec 15 16	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the orgogranization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2016 (line 8, col	pport Percen umn (f) divided by A, Part III, line 1	tage v line 13, column (f))		15 16	%
b c 11 12 13 14 Sec 15 16 Sec 16	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the orgonganization, check this box and stop here extion C. Computation of Public Su Public support percentage for 2016 (line 8, col Public support percentage from 2015 Schedulettion D. Computation of Investment	pport Percen umn (f) divided by e A, Part III, line 1 tt Income Per	tage line 13, column (f) tine 13, column (f))		15	
11 12 13 14 Sec 15 16 Sec 17	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here conganization, check this box and stop here conganization. Public Support percentage for 2016 (line 8, collection D. Computation of Investment Investment income percentage for 2016 (line 1	pport Percen umn (f) divided by e A, Part III, line 1 at Income Per 0c, column (f) div	tage line 13, column (f) centage ided by line 13, col	umn (f))		15	%
11 12 13 14 Sec 15 16 Sec 17 18	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ction C. Computation of Public Su Public support percentage for 2016 (line 8, col Public support percentage from 2015 Schedulation D. Computation of Investment Investment income percentage from 2015 Schedul Investment income percentage from 2015 Schedul Investment income percentage from 2015 Schedul Investment income percentage from 2015 Schedul Investment income percentage from 2015 Schedul Investment income percentage from 2015 Schedul Investment income percentage from 2015 Schedul Investment income percentage from 2015 Schedul Investment income percentage from 2015 Schedul Investment income percentage from 2015 Schedul Investment income percentage from 2015 Schedul Investment income percentage from 2015 Schedul Investment income percentage from 2015 Schedul Investment income percentage from 2015 Schedul Investment Investment income percentage from 2015 Schedul Investment	pport Percen umn (f) divided by e A, Part III, line 1 tt Income Per Oc, column (f) div edule A, Part III, li	tage line 13, column (f) centage ided by line 13, column ine 17	umn (f))		15 16	% %
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

Highland Commerce Guild Inc
01. Members or stockholder classes and rights (Part VI, line 6)
The organization is open for membership to proprietary businesses and organizations.
Members have the right to vote upon all issues brought before the Guild.
02. Member election for additional members (Part VI, line 7a)
Members have full voting rights to elect officers of the Guild.
03. Governing body decisions (Part VI, line 7b)
All matters brought before the Guild are voted upon by its members.
04. Form 990 governing body review (Part VI, line 11)
Prepared Form 990 is submitted to the treasurer. Treasurer reviews with members before
approving and signing.
05. Governing documents, etc, available to public (Part VI, line 19)
All documents are available to the public upon written request.
06. List of other expenses (Part IX, line 24e)
Street Banners, Annual Dinner Meeting Expenses, and activities coordination.
07. General explanation attachment
Part III, Paragraph 4d - Other Program Services
To provide a community forum relating to governmental and civic issues through a regularly
scheduled community luncheon program, meeting with the mayor and city councilmen.
Expenses of \$ 1,347, Revenues of \$ 2,025.

Statement of Program Service Accomplishments

Name(s) as shown on return

Highland Commerce Guild Inc

2016

PG01

Your Social Security Number

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

Statement #4

Program Service Code
Program Service Expenses
Grants and allocations included in above expense \$0
Program Services Revenue \$2025

Explanation

To provide a community forum relating to governmental and civic issues through a regularly scheduled community luncheon program, meeting with the mayor and city councilmen.

Commonwealth of Apriliant Secretary of State

DREXELL R. DAVIS Secretary



FRANKFORT, KENTUCKY

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

I, DREXELL R. DAVIS, S certify that there has been of HIGHLAND (COMMERCE CHIEF TO THE MAN	
The name and address of the re	onieta.	
, B &	- PA USSUET FULL RATIONERS R N	

The name and address of the registered agent of this corporation is

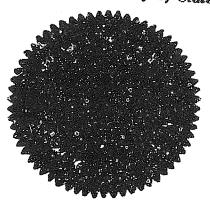
DAVID K. KAREM, ATTORNEY

STREET ADDRESS

564 LINCOLN FEDERAL BUILDING

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.



SECRETARY OF STATE

Issued this _____ day of__ at Frankfort, Kentucky. rejell P. Warie

BECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

Commonwealth of Fentucky Office of Secretary of State

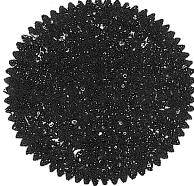
DREXELL R. DAVIS
Secretary



FRANKFORT, KENTUCKY

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

I, DREXELL	R. DAVIS, Secretary of State of the Commonwealth of Kentucky
	e has been delivered to my office articles of incorporation of HIGHLAND COMMERCE GUILD, INC.
The name and ad	Idress of the registered agent of this corporation is DAVID K. KAREM, ATTORNEY
NAME	564 LINXEN FEDERAL BUILDING
STREET ADDRESS	LOUISVILLE, KENTUKY 40202
CITY. STATE	
NOW, THER	REFORE, finding that these articles of incorporation conform to law
	therefore having been paid as prescribed by law, I, DREXELL R.
	of State, issue this Certificate of Incorporation.



SECRETARY OF STATE

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

Drefell R. Warin SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

ORIGINAL COPY FILED SECRETARY OF STATE OF KENTUCKY

OCT 2 6 1977

ARTICLES OF INCORPORATION OF THE

HIGHLAND COMMERCE GUILD, INC.

75989

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.

- (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.
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- (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 Gutlook Inn, 916 Baxter Avenue, Louisville, Kentucky
Mrs. John H. Buffat (Ida)
c/o Búffat 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 Avenus, 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

1. 1. 1.

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/c 1231 Bardstown Road, Louisville, Kentucky
John R. Moss
c/o John Moso 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, 1364 Bardstown Road, Louisville, KY

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

In witness whereof, we have hereunto subscribed our names

Mrs. John H. Puffet Mrs. James Olds

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Polit

STATE OF KENTUCKY

Ray Barrett

:SS

COUNTY OF JEFFERSON:

The foregoing instrument was acknowledged before me this

24	_ day	of.	<u> </u>	angana, gang dalam dalam kanggarangan ang ang	9	1977,	by	Ralph	Brid	lgers,	, Mı	îs.
John	н. (Т	da)	Buffat,	William	God	dell,	Jac	k Kers	sey,	John	R. 1	loss,
Mrs. James Olds, Patrick M. Payne and Ray Barrett. Notary Public, State at Large, Ky. My commission expires: My commission expires:							l.					
NOTARY PUBLIC, STATE AT LARGE, KY												

Form (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 tax return). Name is required on this line; do not leave this line blank.							
	Highland Commerce Guild Inc.							
ge 2.	2 Business name/disregarded entity name, if different from above							
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners		Exempt payee code (if any)					
	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.	n the line above for	code (if any) (Applies to accounts maintained outside the U.S.)					
ت ته	Other (see instructions)	Poguester's name	ter's name and address (optional)					
3Cif	5 Address (number, street, and apt. or suite no.)	nequester s name :	and address (optional)					
Sp	2000 Lancashire Avenue, Unit 304							
See	6 City, state, and ZIP code							
Ø	Louisville, Kentucky 40205		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	7 List account number(s) here (optional)							
Par	Taxpayer Identification Number (TIN)							
Mary and Street at	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid Social se	curity number					
backup withholding. For individuals, this is generally your social security number (SSN). However, for a								
	ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>		- -					
	n page 3.	or						
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for Employer identification number								
guidelines on whose number to enter.								
Par	Section 1. Control 1.							
	r penalties of perjury, I certify that:							
1. Th	e number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be is	sued to me); and					
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and								
3. I a	m a U.S. citizen or other U.S. person (defined below); and							
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.								
becau intere gener	fication instructions. You must cross out item 2 above if you have been notified by the IRS the use you have failed to report all interest and dividends on your tax return. For real estate transest paid, acquisition or abandonment of secured property, cancellation of debt, contributions trally, payments other than interest and dividends, you are not required to sign the certification ctions on page 3.	actions, item 2 do o an individual ret	es not apply. For mortgage rement arrangement (IRA), and					
Sign Here	Signature of U.S. person Da	ate ▶ 7-17	4-17					
Ger	neral Instructions • Form 1098 (home month) (tuition)	ortgage interest), 109	8-E (student loan interest), 1098-T					

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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 (ATIN), 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 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? on page 2.

By signing the filled-out form, you:

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