

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

Applicant/Program: Cisco Montgomery Inc. / BUSTER! A Musical in Concert

Executive Summary of Request:

Cisco Montgomery Inc. is a organization that assists in broadening the understanding and strengthening community bonds that transcends race, class, age and gender through theatrical productions that put African-American Bluegrass history onstage.

BUSTER is a gospel musical in concert about Rev. Louis Coleman, at Henry Clay Theatre July 16th, 17th, 19th, 23rd, 24th, 25th and 26th. Funding will be used to help defray production costs of the musical including venue rental, paying 15 actors, director and musical director, lights, sound and set designers and more.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

<u>6</u> District #	 Primary Sponsor Signature	\$ <u>2,950</u> ⁰⁰ Amount	<u>6-29-2015</u> Date
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Primary Sponsor Disclosure

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

Approved by:

_____ Date
Appropriations Committee Chairman

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____
Original Appropriation: _____ Council Amended Appropriation: _____

**OFFICE OF METRO COUNCIL CLERK
REVIEWED**

DATE 7/16/15 TIME 9:55

Applicant/Program:

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

<u>5</u> District #	<u>Cheri B. Hamilton</u> Council Member Signature	<u>\$550.00</u> Amount	<u>7-1-15</u> Date
<u>2</u> District #	<u>Barbara Franklin (JLSD)</u> Council Member Signature	<u>500.00</u> Amount	<u>7-9-15</u> Date
<u>3</u> District #	<u>Mary C. Strickland</u> Council Member Signature	<u>\$500.</u> Amount	<u>7-13-15</u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Cisco Montgomery Inc.	
Program Name: BUSTER! A Musical In Concert	Request Amount: \$4,000
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	yes
Request form: Is the funding proposed less than or equal to the request amount?	yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	N/A
Application Page 1: Has prior Metro funds committed/granted been disclosed?	N/A
Application Page 1: Is the application properly signed and dated by authorized signatory?	yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	yes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	N/A
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?	N/A
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	yes
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 	yes
Separate Taxing Districts: 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
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	N/A
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	yes
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	yes
Operating Budget: Is the organization's current fiscal year operating budget included?	yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	NO
Board Members: Is the entity's board member list (with term length/term limits) included?	yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	yes
Annual Audit: Is the most recent annual audit (if required by organization) included?	N/A
Rent Requests: Is a copy of signed lease included?	N/A
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	yes
IRS Form W-9: Is the IRS Form W-9 included?	yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	N/A
Prepared by: Allison Owen	Date: 7/6/15



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Cisco Montgomery Inc	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: PO Box 3264, Louisville, Ky 40201			
Website:			
Applicant Contact:	Larry Muhammad	Title:	Producing Director
Phone:	502-727-7972	Email:	kyblackrep@gmail.com
Financial Contact:	Larry Muhammad	Title:	Producing Director
Phone:	502-727-7972	Email:	kyblackrep@gmail.com
Organization's Representative who attended NDF Training: Larry Muhammad			
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: BUSTER! A Musical in Concert			
Total Request: (\$)	\$4,000	Total Metro Award (this program) in previous year: (\$)	\$0
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input checked="" type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	\$0
Source:		Amount: (\$)	\$0
Source:		Amount: (\$)	\$0
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The vision of Cisco Montgomery Inc. DBA Kentucky Black Repertory Theatre is to broaden understanding and strengthen community bonds transcending race, class, age and gender through theatrical productions that put African-American Bluegrass history onstage.

Our mission is using literary and performing art to educate and culturally enrich Louisville audiences.

Our service is promoting the common good by bringing together people of varying backgrounds for heartwarming entertainment and showcasing a multiethnic ensemble of local theatrical talent.

Before the IRS granted us non-profit status we mounted other plays as a for-profit, including HENRY BAIN'S NEW ALBANY at Stage on Spring in New Albany, Ind., in 2013, and JOCKEY JIM at Actors Theatre in 2010. The Feb. 4, 2015 performance of the Larry Muhammad play "DOUBLE V" at the Ali Center was underwritten by Filson Historical Society.

Handwritten initials "LM" in black ink, written over the printed text "Applicant's Initials".



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – 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.):

We are doing BUSTER! a gospel musical in concert about Rev. Louis Coleman, at the Henry Clay Theatre July 16, 17, 19, 23, 24, 25, 26.

Bullhorn in hand, Rev. Coleman crusaded against drugs and violence in the West End and protested job discrimination at major Louisville employers. He fought for minority subcontractors on building projects. He won a state-funded clean air program limiting pollution by chemical plants.

Rev. Coleman's inspiring saga of faith and hope will be brought to the stage in a concert format set to a rousing musical score.

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

The funding will be used to help defray production costs of BUSTER! – venue rental, paying 15 actors, director and musical director, light, sound and set designers, stage management, script rights, and marketing and advertising expenses.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Not a fundraiser

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:

Effective October 24, 2013, reimbursements should not be made 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.

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.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The project benefits the community if it is promoted well, is well attended, and demonstrates the cultural diversity of Louisville's vibrant theatre community. Henry Clay Theatre seats 140 patrons, and conservatively estimating 50 percent attendance of 7 shows, nearly 500 people will see it. Bringing Rev. Coleman to life onstage will remind them that in our troubled times how the religious belief and determination of one person overcame adversity and made great, healing contributions to Louisville and Kentucky. Also an often underappreciated benefit is providing local theatre artists a paid opportunity to practice their craft and share their passion for this uplifting story.

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.

First Unitarian Church, 809 S. 4th St, has donated 120 hours of rehearsal space and use of choir room piano for BUSTER!



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities	1,500	4,000	5,500
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts	2,000	7,700	9,700
H: Program Materials	500	2,300	2,800
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment		700	700
K: Capital Equipment			
L: Other Expenses (Attach Detail List)		2,000	2,000
*TOTAL PROGRAM/PROJECT FUNDS	4,000	16,700	20,700
% of Program Budget	19 %	80 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$7,500
Fees Collected from Program Participants	
Other (please specify)	\$10,000 ticket sales
Total Revenue for Columns 2 Expenses **	\$16,700 <i>α m</i>

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

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail 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
First Unitarian Church/rehearsal sp	\$6,000	daily rate, 120 h
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

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

Agency Fiscal Year Start Date: *Start Jan 1 end Dec 31 2m*

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

If YES, please explain:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant 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.
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 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.

Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	<i>Larry Muhammad</i>	Date:	7-2-15
Legal Signatory: (please print):	Larry Muhammad	Title:	Producer/director
Phone:	502-727-7972	Extension:	
Email:	Kyblackrep@gmail.com		

IRS Exempt Status Determination Letter
Enclosed.

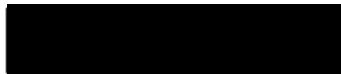
Current Year Projected Budget

BUSTER! is first event produced by Kentucky Black Repertory Theatre and currently the only one scheduled this fiscal year. Here is budget for it.

Venue Rental	\$ 5,500	
Insurance	1,000	
Keyboard, mikes	700	
Songs, scripts	2,800	
<u>Marketing, playbill</u>	<u>1,000</u>	
TOTAL rent, supplies etc.		\$11,000
15 actors	4,400	
Director	1,000	
Musical Director	1,000	
Light/Sound Design	400	
Stage Manager	700	
Set, props design	1,000	
Choreographer	200	
<u>Producer</u>	<u>1,000</u>	
TOTAL contracts		\$ 9,700
<hr/>		
TOTAL BUDGET		\$20,700

Board of Directors, two-year term from October 2014

Larry Muhammad



John I. Gilderbloom



Larry Magnes



Current Financial Statement

BUSTER! is first event produced by Kentucky Black Repertory Theatre and currently the only one scheduled this fiscal year. See projected budget above.

Most Recent Form 990

Cisco Montgomery Inc./Kentucky Black Repertory Theatre filed a Form 990 N in 2014, copy enclosed, but due to IRS confusion over our nonprofit EIN and the EIN used as a for profit S Corporation we may not be listed on GuideStar. For clarification please contact our accountant Doug Wise, 502-992-3831 and dwise@blueandco.com

Articles of Incorporation

Enclosed

Signed Lease

Enclosed

IRS Form W9

Enclosed

Staff

No paid staff

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

DEPARTMENT OF THE TREASURY

Date: 00T 20 2014

CISCO MONTGOMERY INC
PO BOX 3264
LOUISVILLE, KY 40201

Employer Identification Number:

DLN:

17053098319004

Contact Person:

MS. LEE

ID# 31208

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

November 25, 2013

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

Letter 947

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE



0872933.09 dorrnich ADD
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
1/28/2013 10:19 AM
Fee Receipt: \$8.00

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3480
www.sos.ky.gov

Articles of Incorporation
Non-profit Corporation
NAI
Please note: This form does not comply with dot (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.

Pursuant to KRS 14A and KRS 273, the undersigned applies to qualify and for that purpose submits the following statement:

Article I: The name of the corporation is Clisco Montgomery, Inc

Article II: The purpose for which the corporation is organized, educational and culturally enriching stage plays

Article III: The name of the registered agent is Larry Muhammad

and the street address of the corporation's initial registered office in Kentucky is
214 E. Magnolia Ave. Louisville KY 40208

Street Address (for Post Office Box Numbers) City State Zip Code

Article IV: The mailing address of the corporation's principal office is
PO Box 3264 Louisville KY 40201

Street or PO Box Number City State Zip Code

Article V: The number of directors (minimum of three (3) required) constituting the initial board of directors is three

The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

Name Street or PO Box Number City State Zip Code

Larry Muhammad 214 E. Magnolia Ave. Louisville KY 40208

John I. Gilderbloom 1405 Morton Ave. Louisville KY 40204

Larry Magnea 1107 Everett Ave. Louisville KY 40204

Name Street or PO Box Number City State Zip Code

Article VI: The name and mailing address of the incorporator is
Larry Muhammad 214 E. Magnolia Ave. Louisville KY 40208

Name Street Address or Post Office Box Number City State Zip Code

Name Street Address or Post Office Box Number City State Zip Code

Article VII: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is: (Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of incorporator Larry Muhammad, director November 22, 2013

Print Name & Title Date

1. Larry Muhammad consent to serve as the registered agent on behalf of the corporation

Print Name of Registered Agent Title Date

Larry Muhammad, director November 22, 2013

Signature of Registered Agent Print Name & Title Date

001173

To download full page copies of the document, please visit our web site at www.sos.ky.gov/online.htm. If you would like to request copies of the document from our office, please download the Records Request Form at www.sos.ky.gov/business/records and submit to our Records department.

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE



0872933.09 bellmonroe ASN
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
2/7/2014 8:50 AM
Fee Receipt: \$20.00

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3480
www.sos.ky.gov

Certificate of Assumed Name
(Domestic or Foreign Business Entity)
ASN

Pursuant to the provisions of KRS 366, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Kentucky Black Repertory Theatre

2. The name of the business entity (and in the case of general partnership, the partners) that, before adopting the assumed name, Clisco Montgomery, Inc.

Name must be identical to the name on record with the Secretary of State.

3. The "real name" is (you must check one):

a Domestic General Partnership a Foreign General Partnership

a Domestic Limited Liability Partnership a Foreign Limited Liability Partnership

a Domestic Business Trust a Foreign Business Trust

a Domestic Corporation a Foreign Corporation

a Domestic Limited Liability Company a Foreign Limited Liability Company

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is: (Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Kentucky, USA

6. The mailing address is:

PO Box 3264 Louisville KY 40201

Street Address or Post Office Box Numbers City State Zip

1. I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

Authorized Party Signature Larry Muhammad Director Feb. 7, 2014

Printed Name Title Date

2. Larry Muhammad consent to serve as the registered agent on behalf of the corporation

Print Name of Registered Agent Title Date

Larry Muhammad, director Feb. 7, 2014

Signature of Registered Agent Print Name & Title Date

001173

To download full page copies of the document, please visit our web site at www.sos.ky.gov/online.htm. If you would like to request copies of the document from our office, please download the Records Request Form at www.sos.ky.gov/business/records and submit to our Records department.

2014 Tax Return(s)

Prepared for CISCO MONTGOMERY INC.
CLIENT CODE: 115235

Account Number 310879
Release Number 2014.03040

Prepared by BLUE & CO., LLC
2650 EASTPOINT PKWY, SUITE 300
LOUISVILLE, KY
40223

(502) 992-3500

Processing Date: 05/13/2015
Time: 11:18:00

**Special
Instructions**

Messages

*We are new and may not yet be listed
on GuideStar, for further info
contact our CPA Doug Wise
502-992-3831*

Return Information

CAUTION

- Form 990-N. Form 990-N (e-PostCard) has been prepared for electronic filing. Some states may require a paper version of Form 990, 990-EZ or 990-PF to be attached to the state return or filed in lieu of a state return. This should be reviewed accordingly. (26026)

INFORMATIONAL

- Electronic Filing. The following EFIN 356288 is being used to electronically file Form 990-N (e-Postcard). Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)
- Electronic Filing. The following Name Control CISC has been computed and is being used to electronically file Form 990-N (e-Postcard) for Cisco Montgomery Inc.. This Name Control is used to match the organization's Name and EIN with the IRS e-File database. If this information does not match the IRS database the return will be rejected and must be corrected before being resubmitted. The IRS help desk (800 829-4933) may be contacted to verify the information in the e-File database. If the Name Control cannot be computed correctly because the organization's name shown on Form 990-N (e-Postcard) does not match the IRS database it can be overridden on the Electronic Filing worksheet, General Information section, Organization name control - override field. (37026)
- Electronic Filing. Form 990-N (e-Postcard) has qualified for electronic filing. The data that is displayed on Form 990-N (e-Postcard) Summary will be contained in the electronically filed return. No attachments or supporting documents or forms are allowed to be electronically filed with Form 990-N. Form 990-N (e-Postcard) Summary is for review purposes only, it is NOT a paper fileable form. (39521)



Blue & Co., LLC / 2650 Eastpoint Parkway, Suite 300 / Louisville, KY 40223
main 502.992.3500 fax 502.992.3509 email blue@blueandco.com

May 4, 2015

**Cisco Montgomery Inc.
PO Box 3264
Louisville, KY 40201
Attention: Mr. Larry Muhammad**

Dear Larry:

Enclosed is the 2014 Exempt Organization return, as follows...

Form 990-N

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

Douglas R. Wise, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990-N

FOR THE YEAR ENDING

December 31, 2014

Prepared For:

Cisco Montgomery Inc.
PO Box 3264
Louisville, KY 40201

Prepared By:

Blue & Co., LLC
2650 Eastpoint Pkwy, Suite 300
Louisville, KY 40223

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Form 990-N (e-Postcard) has been filed electronically. There is no paper equivalent for this form, however, a summary worksheet is provided for review purposes.

A copy of the Form 990-N summary worksheet return is enclosed for your files. we suggest that you retain this copy indefinitely.

Form 990-N (e-Postcard) Summary
(THIS IS NOT A FILEABLE FORM - FOR REVIEW PURPOSES ONLY**)**

Tax period beginning 01/01/2014 and ending 12/31/2014

Organization's legal name

Employer ID number

CISCO MONTGOMERY INC.



Other names used by organization (DBA)

Number and street (or P.O. box, if applicable)

Room/Suite

Telephone number

PO BOX 3264

502-727-7972

City or town, state or country and ZIP + 4

LOUISVILLE, KY 40201

Web address, if applicable _____

Check if organization is not a 509(a)(3) supporting organization and its gross receipts meets limits for the tax year

Check if organization is terminating (going out of business)

Information regarding principal officer:

Name

LARRY MUHAMMAD

Street address

PO BOX 3264

City, state or country and ZIP + 4

LOUISVILLE, KY 40201

AMENDED AND RESTATED ARTICLES

1. The corporation called Cisco Montgomery, Inc. hereby adopts the following amendments to amend the Articles of Incorporation and restate the Articles in their entirety.
2. These amendments were adopted at a meeting of the board of directors on Sept. 10, 2014 and such amendments received the vote of a majority of the directors in office.
3. The corporation has no members.
4. These restated articles of incorporation correctly set forth the provisions of the articles of incorporation as theretofore amended, that they have been duly adopted as required by law and supersede the original articles of incorporation and all amendments thereto.


Larry Muhammad, Incorporator, Director
Cisco Montgomery, Inc.

10-22-15
Date

Amendments:

ARTICLES OF INCORPORATION

WE THE UNDERSIGNED having associated for purposes of forming a nonprofit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273, Kentucky Revised Statutes, hereby certify as follows:

ARTICLE I – Name

The name of the corporation is: Cisco Montgomery, Inc.

ARTICLE II – Purpose

The corporation is organized exclusively for literary, artistic and educational purposes under section 501(c)(3) of the Internal Revenue Code, or the corresponding provision of any future federal tax code.

ARTICLE III – Principal Address and Registered Agent

The Address of the registered office of the corporation is 214 E. Magnolia Ave., Louisville, Ky. 40208. The principal office address which shall be used for all business communication is PO Box 3264, Louisville, Ky. 40201.

ARTICLE IV - Powers

The Corporation shall be irrevocably dedicated to an operated exclusively for nonprofit purposes. The Corporation shall have no capital stock and no power to issue certificates for shares of capital stock or to declare dividends. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, trustees, officers or other private persons, except for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article II hereof.

ARTICLE V – Restrictions of Activities

In carrying out the corporate purposes described in Article II, The Corporation shall have all powers granted by the laws of the Commonwealth of Kentucky, including in particular those listed in Kentucky Revised Statutes Chapter 273.171 (or corresponding provisions of any later state statute) except as follows and as otherwise states in these Articles:

- a. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.
- b. Notwithstanding any other provisions of the Articles, the Corporation shall not carry on any other activities not permitted to be carried on:
 1. By a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.
 2. By a corporation, contributions to which are deductible under Section 170 (c)(2) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.
- c. If and so long as the Corporation is a private foundation as defined in Section 502(a) of the Internal Revenue Code, or any corresponding provisions of any later Federal tax laws:
 1. The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on

undistributed income imposed by Section 4942 of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

2. The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.
3. The Corporation shall not retain any excess business holdings as defined in Section 4942(c) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.
4. The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code, or corresponding Federal tax laws.
5. The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

ARTICLE VI – Incorporator

The name and address of the incorporator is Larry Muhammad, 214 E. Magnolia Ave., Louisville, Ky. 40208.

ARTICLE VII – Board of Directors

Section 1. Powers and Numbers. The business and affairs of the corporation are to be conducted by a board of directors, the number of directors that constitute the board shall be fixed by a resolution of the board; provided however that the initial Board of Directors shall consist of no less than three Directors. Any action taken by the board to increase or decrease the number of directors shall require a majority vote of the existing board. The names and addresses of the members of the initial Board of Directors are:

<u>DIRECTOR</u>	<u>ADDRESS</u>
Larry Muhammad	214 E. Magnolia Ave. Louisville, Ky. 40208
John I. Gilderbloom	1405 Morton Ave. Louisville, Ky. 40204
Larry Magnes	1107 Everett Ave. Louisville, Ky. 40204

Section 2. Election and Term. The directors shall be elected by majority vote of the Board of Directors on an annual basis. Each director shall serve a term of two years or until the earliest of the director's death, resignation or removal.

Section 3. Vacancies and Newly Created Directorships. Vacancies and new created directorships result from an increase in the authorized number of directors by resolution of the board, shall be filled through appointment by a majority vote of the Board of Directors.

Section 4. Removal of Director. Any Director may resign at any time by giving written notice to the Board of Directors. The resignation shall take effect at the time specified therein, and unless otherwise specified in the written notice, the acceptance of the written notice shall not be necessary to take effect.

ARTICLE VIII – Conflict of Interest

Section 1. Purpose of Conflict of Interest Policy. The purpose of the conflict of interest policy is to protect this tax-exempt organization's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the corporation or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest application to nonprofit and charitable organizations.

Section 2. Definitions.

1. Interested Person – Any director, principal officer, or member of a committee with Board of Director delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.
2. Financial Interest – A person has a financial interest if the person has, directly or indirectly, through business, investment or family:
 - a. An ownership or investment interest in any entity with which the Organization has a transaction or arrangement,
 - b. A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement, or
 - c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.
3. Compensation – Includes direct and indirect remuneration as well as gifts or favors that are no insubstantial.

A financial interest is not necessarily a conflict of interest. Under Section 3, paragraph 2, a person who has a financial interest may have a conflict or interest only if the appropriate Board of Directors or committee decides that a conflict of interest exists.

Section 3. Procedures

1. **Duty to Disclose – In connection with any actual or possible conflict or interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with Board of Directors delegated powers considering the proposed transaction or arrangement.**
2. **Determining Whether a Conflict of Interest Exists – After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the Board of Directors or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.**
3. **Procedures for Addressing a Conflict of Interest**
 - a. **An interested person may make a presentation at the Board of Directors or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.**
 - b. **The chairperson of the Board of Directors or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.**
 - c. **After exercising due diligence, the Board of Directors or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict or interest.**
 - d. **If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Board of Directors or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.**
4. **Violations of the Conflicts of Interest Policy**

- a. If the Board of Directors or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- b. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the Board of Directors or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary or correction action.

Section 4. Records of Proceedings. The minutes of the Board of Directors and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the Board of Directors' or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Section 5. Compensation.

1. A voting member of the Board of Directors who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
2. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
3. No voting member of the Board of Directors or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Section 6. Annual Statements. Each director, principal officer and member of a committee with Board of Directors delegated powers shall annually sign a statement which affirms that such person:

1. Has received a copy of the conflicts of interest policy,
2. Has read and understands the policy,
3. Has agreed to comply with the policy, and
4. Understands the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Section 7. Periodic Reviews. To ensure the Organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

1. Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.
2. Whether partnerships, joint ventures, and arrangements with management organizations conform to the Organization's written policies, are properly recorded, reflect reasonable investment or payment for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

ARTICLE IX – Limitation of Director Liability

- a. The directors, officers, employees and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position in the Corporation.
- b. Any person serving on the Board of Directors of this Corporation shall not be held personally liable for monetary damages resulting from the breach of his or her duties as a director unless such act, omission or breach;
 1. Concerned or concerns a transaction in which the director's personal financial interests was or is in conflict with the financial interests of the Corporation;

2. Was not in good faith or involved or involves intentional misconduct on the part of the director;
 3. Was known by the director to be a violation of law; or
 4. Resulted in an improper personal benefit to the director.
- c. Any director or officers or former director or officers of the Corporation may be indemnified by the Corporation against any expenses actually and reasonably incurred by him or her in connection with the defense of any action, suit or proceeding, civil or criminal, in which she or he is made a party by reason of being or having been such director or officer, except in relation to matters as to which she or he shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the Corporation. The Corporation may make any other indemnification permitted by law and authorized by its Articles of Incorporation, or its By-Laws or a resolution adopted after notice to members entitled to vote.

ARTICLE X – Dissolution

Upon the dissolution of this corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

ARTICLE XI – Amendments

Amendments to these Articles shall be made pursuant to the provisions of Kentucky Revised Statutes 273.263 (or corresponding provisions of any later state statute).

[Secure](#)

Virtual Terminal - Transaction Success

The transaction has been successfully processed.

Order Number: HC1170

Receipt ID: 3247-6071-8764-7887

Details

Item Name/Service: Cisco Montgomery Theater

Note: Deposit

Transaction Type: Sale

Net Order Amount: \$2,718.60 USD

Shipping: \$0.00 USD

Tax Amount: \$0.00 USD

Total: \$2,718.60 USD

Credit Card Information

Name: Lawrence Muhammad

Address: 214 E Magnolia Ave
Unit 502
Louisville, KY 40208
United States

Card Type: Visa

Credit Card Number: XXXX-XXXX-XXXX-6759

AVS: Y

CVV: M

Email Address: leigh@citypropertiesgroup.com

Phone Number: 502-992-3131

Shipping Information

No shipping information has been specified

[Print this Page](#) [Create Printable Packing Slip](#) [Start a New Transaction](#)

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CITY Destinations**604 South Third Street****Louisville, KY 40202****Telephone Number: (502) 992-3131****Fax Number: (502) 584-9414****E-mail: leigh@citypropertiesgroup.com****Contact: Larry Montgomery****Mailing Address: Cisco Montgomery Inc****PO Box 3264****Louisville, KY 40201****E-mail: ahhcisco@yahoo.com****EVENT ORDER: HC1170****Event Date: Mon, Jul 6, 2015 - Sun, Jul 26, 2015****Event Name: CISCO MONTGOMERY INC/KY BLACK
REPERTORY****Site: The Henry Clay****Salesperson: Leigh Sedita****Daytime Phone: (502) 727-7972****Fax Number:****On-Site Contact:**

Day/Date	Start/End Time	Location	Function	Set-Up	Est	Gte	Set	Rental
Mon, 7/6/15	6:00PM-10:00PM	Henry Clay Theatre	Room Rental					\$275.00
Tue, 7/7/15	6:00PM-10:00PM	Henry Clay Theatre	Reception					\$275.00
Wed, 7/8/15	6:00PM-10:00PM	Henry Clay Theatre	Room Rental					\$275.00
Thu, 7/9/15	6:00PM-10:00PM	Henry Clay Theatre	Room Rental					\$275.00
Fri, 7/10/15	6:00PM-10:00PM	Henry Clay Theatre	Room Rental					\$275.00
Sat, 7/11/15	1:00PM- 4:00PM	Henry Clay Theatre	Room Rental					\$275.00
Sun, 7/12/15	3:00PM- 7:00PM	Henry Clay Theatre	Room Rental					\$275.00
Mon, 7/13/15	6:00PM-10:00PM	Henry Clay Theatre	Room Rental					\$275.00
Tue, 7/14/15	6:00PM-10:00PM	Henry Clay Theatre	Room Rental					\$275.00
Wed, 7/15/15	6:00PM-10:00PM	Henry Clay Theatre	Room Rental					\$275.00
Thu, 7/16/15	6:00PM-10:30PM	Henry Clay Theatre	Room Rental					\$275.00
Fri, 7/17/15	6:00PM-10:30PM	Henry Clay Theatre	Room Rental					\$275.00
Sat, 7/18/15	6:00PM-10:30PM	Henry Clay Theatre	Room Rental					\$275.00
Sun, 7/19/15	6:00PM-10:30PM	Henry Clay Theatre	Room Rental					\$275.00
Thu, 7/23/15	6:00PM-10:30PM	Henry Clay Theatre	Room Rental					\$275.00
Fri, 7/24/15	6:00PM-10:30PM	Henry Clay Theatre	Room Rental					\$275.00
Sat, 7/25/15	6:00PM-10:30PM	Henry Clay Theatre	Room Rental					\$275.00
Sun, 7/26/15	6:00PM-10:30PM	Henry Clay Theatre	Room Rental					\$275.00

SET-UP & SERVICE

7/16/15 / 6:00 PM / HENRY CLAY THEATRE / ROOM RENTAL
CAM

7/17/15 / 6:00 PM / HENRY CLAY THEATRE / ROOM RENTAL
CAM

7/18/15 / 6:00 PM / HENRY CLAY THEATRE / ROOM RENTAL
CAM

7/19/15 / 6:00 PM / HENRY CLAY THEATRE / ROOM RENTAL
CAM

7/23/15 / 6:00 PM / HENRY CLAY THEATRE / ROOM RENTAL
CAM

7/24/15 / 6:00 PM / HENRY CLAY THEATRE / ROOM RENTAL
CAM

7/25/15 / 6:00 PM / HENRY CLAY THEATRE / ROOM RENTAL
CAM

7/26/15 / 6:00 PM / HENRY CLAY THEATRE / ROOM RENTAL
CAM: CAM performance date

QTY

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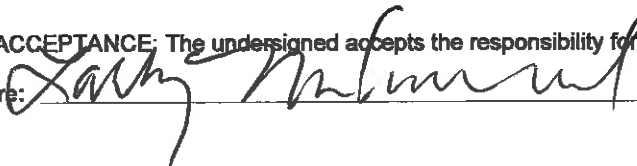
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ESTIMATED CHARGES (Actual Charges Presented At Conclusion of Event)

	Charges	Service Charge 18.00 %	Subtotal	Tax	Total
Facility Rental	\$4,950.00	\$0.00	\$4,950.00	\$0.00	\$4,950.00
Food	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Beverage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Set-Up	\$480.00	\$0.00	\$480.00	\$7.20	\$487.20
Grand Totals	\$5,430.00	\$0.00	\$5,430.00	\$7.20	\$5,437.20
			Payments Received		\$0.00
Payment Arrangements:			Balance Due		\$5,437.20

Scheduled Payments: \$2,718.60 5/20/2015
 \$2,718.60 6/15/2015

CUSTOMER ACCEPTANCE: The undersigned accepts the responsibility for the service and prices listed in this agreement.

Signature: 

Date: 6-22-15

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Cisco Montgomery Inc.		
	2 Business name/disregarded entity name, if different from above Kentucky Black Repertory Theatre		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		<input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>		
	5 Address (number, street, and apt. or suite no.) PO Box 3264		Requester's name and address (optional)
	6 City, state, and ZIP code Louisville, Ky 40201		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>												
OR												
Employer identification number												

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Lamont M. Brown</i>	Date ▶ <i>6-22-15</i>
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General Instructions

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 (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

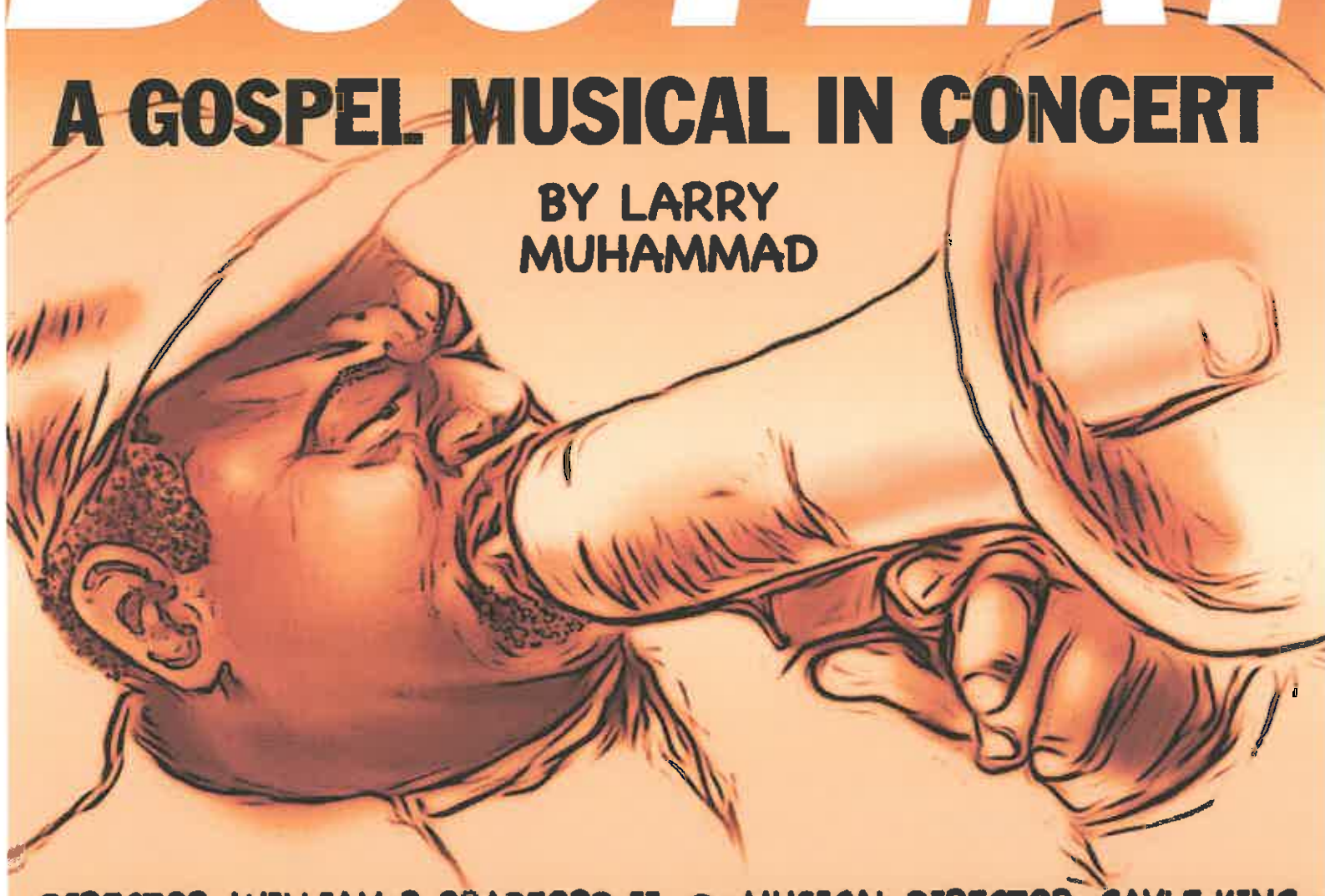
By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- 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.

BUSTER!

A GOSPEL MUSICAL IN CONCERT

**BY LARRY
MUHAMMAD**



**DIRECTOR: WILLIAM P. BRADFORD II ● MUSICAL DIRECTOR: GAYLE KING
CHOREOGRAPHER: HARLINA CHURN-DIALLO**

JULY 16, 17, 19, 23, 24, 25, 26

HENRY CLAY THEATRE ● 604. S. THIRD ST. LOUISVILLE



CISCO MONTGOMERY INC.**General Information**

Organization Number 0872933
Name CISCO MONTGOMERY INC.
Profit or Non-Profit N - Non-profit
Company Type KCO - Kentucky Corporation
Status A - Active
Standing G - Good
State KY
File Date 11/25/2013
Organization Date 11/25/2013
Last Annual Report 3/31/2015
Principal Office PO BOX 3264
 LOUISVILLE, KY 40201
Registered Agent LARRY MUHAMMAD
 214 E. MAGNOLIA AVE.
 LOUISVILLE, KY 40208

Current Officers

President [LARRY MUHAMMAD](#)
Director [LARRY MUHAMMAD](#)
Director [JOHN T. GILDERBLOOM](#)
Director [LARRY MAGNES](#)

Individuals / Entities listed at time of formation

Director [LARRY MUHAMMAD](#)
Director [JOHN I GILDERBLOOM](#)
Director [LARRY MAGNES](#)
Incorporator [LARRY MUHAMMAD](#)

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	3/31/2015	1 page	tiff	PDF
Amendment	9/22/2014	8 pages	tiff	PDF
Annual Report	3/7/2014	1 page	tiff	PDF
Certificate of Assumed Name	2/11/2014	1 page	tiff	PDF
Articles of Incorporation	11/25/2013	1 page	tiff	PDF

Assumed Names

[KENTUCKY BLACK REPERTORY THEATRE](#)

Active

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	3/31/2015 4:04:04 PM	3/31/2015	
Amendment - Amended and restated articles / CLP	9/22/2014 3:11:03 PM	9/22/2014	
Annual report	3/7/2014 2:23:40 PM	3/7/2014	
Added assumed name	2/11/2014 9:30:15 AM	2/11/2014	KENTUCKY BLACK REPERTORY THEATRE
Add	11/25/2013 10:18:51 AM	11/25/2013	

Microfilmed Images

Helton, Jessamyn

From: Shanklin, Barbara
Sent: Friday, July 10, 2015 11:34 AM
To: Helton, Jessamyn

Jess please allow Jared to sign for me on an appropriations for 500.00 to a play called "Buster". And appropriations to Luv it for 2,930 dollars. Thanks.