

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

**Applicant/Program:** Robert Jamison Ministries, Inc.

**Executive Summary of Request:**  
Funds for payment for rent of the programs facilities.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input 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>3</u>	<u>Maryc Andrade</u>	<u>5,000<sup>00</sup></u>	<u>4/7/15</u>
District #	Council Member Signature	Amount	Date

#### Primary Sponsor Disclosure

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

#### Approved by:

\_\_\_\_\_ 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 4/9/15 TIME 8:49

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> Robert Jamison Ministries	
Program Name: Robert Jamison Ministries Programs/Services Request Amount: \$5000.	Yes/No/NA
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?	Yes
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?	Yes
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	Yes
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?	YES
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?	Yes
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	NA
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?	Yes
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?	NA
<b>Application Budget Page 6:</b> 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
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?	YES
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?	YES
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?	NA
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>	Yes
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	NA
<b>Small Cities:</b> 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)	NA
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?	Yes
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
<b>Operating Budget:</b> Is the organization’s current fiscal year operating budget included?	Yes
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	Yes
<b>Board Members:</b> Is the entity’s board member list (with term length/term limits) included?	Yes
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?	NA
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?	NA
<b>Rent Requests:</b> Is a copy of signed lease included?	Yes
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?	Yes
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?	Yes
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?	NA
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	YES
Prepared by: <i>Donna Gardner</i> Date: <i>4-5-15</i>	



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION					
Legal Name of Applicant Organization:		<b>Robert Jamison Ministries Inc</b>			
<i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>					
Main Office Street & Mailing Address: 2913 Dixie Highway					
Website:					
Applicant Contact:	Y Goodwin	Title:	Assistant Director		
Phone:	502 554 3770	Email:	yvgoodwin427@gmail.com		
Financial Contact:	Robert Jamison	Title:	President		
Phone:	502 822 1844	Email:	rjministries100@gmail.com		
Organization's Representative who attended NDF Training: Robert Jamison					
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED					
Program Facility Location(s):	2913 Dixie Highway				
Council District(s):	Mary Woolridge	Zip Code(s):	40216, 40210, 40211		
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION					
PROGRAM/PROJECT NAME: ROBERT JAMISON MINISTRIES PROGRAMS/SERVICES					
Total Request: (\$)	\$5,000.00	Total Metro Award (this program) in previous year: (\$)	4,999.99		
<b>Purpose of Request (check all that apply):</b> <input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)					
<b>The Following are Required Attachments:</b> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <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 &amp; term limits)  <input 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           </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Signed lease if rent costs are being requested  <input 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           </td> </tr> </table>				<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 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 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
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<b>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.</b>					
Source:		Amount: (\$)			
Source:		Amount: (\$)			
Source:		Amount: (\$)			
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 checked="" 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:**

Ralph Waldo Emerson once stated "Some people see things and ask why but I see things as though they were and ask why not. Herein lays the cornerstone belief and principle that guides Robert Jamison Ministries. Our mission is to make provide a helping hand, to help those less fortunate to realize their potential and understand that with the right resources their dreams can and will become a reality. Over the past 3 years, Robert Jamison Ministries (RJM) has grown into one of the leading provider of educational and community based services in the Shively and surrounding urban communities. In December of 2014 RJM moved into a facility that includes office space, and multi- purpose program areas to operate our current and new program and services in an efficient and effective manner. Being in our new facility has allowed us to increase the number of families we serve, and expand our programs, services and community partnerships. Currently, Robert Jamison Ministries (RJM) provides services to over 200 families and children throughout the Louisville community. Services and programs include assisting families to find adequate housing, partnering with other agencies to provide services to homeless veterans, substance abuse/mental health counseling and group sessions in partnership with Bridge the Gap Agency, Choices Counseling PLLC and other agencies that provide Family Empowerment and Educational services/resources. Yet, there are still countless families and children in Southwestern Louisville and Shively who are in need of the services we provide.

The Founder and Chief Executive Officer, Robert Jamison, and the Board of Directors are committed to the task of developing a solid set of programs/services and building a strong track record of realized results in meeting the needs of families by providing opportunities for personal growth and self-sufficiency. RJM and the management staff are eager to accelerate our growth to the next level. Encouraged by the impact we have already made within our current operations, we have already begun Phase I of program expansion with our recent partnership with Bridge the Gap Addiction and Mental Service Agency that specialize in: individual & family counseling, addiction therapy & education, domestic violence workshops, DUI counseling, family conflict services, substance abuse out-patient treatment, group sessions and preventive therapy. With the onset of increased activity of drug abuse and family disconnectedness, and persons from alcohol and substance abuse issues, this is a needed service. The client base for these services resides primarily in Shively, PRP and West end and South Louisville, but we serve the entire Louisville Kentucky area.

While our vision is clear the Board of Directors and our Chief Executive Officer understand where we want to be so we asked ourselves: How should we expand? Which community and targeted population should we put our focus? How will we continue to build lasting partnerships/alliances that have same vision and goals as RJM? What changes do we need to make to our current programs and services to support the anticipated growth? What additional human resource/staff will RJM need in order to expand? Will present staff need additional training? How much funding will we need and where will it come from? What changes will we need to make to our current organizational structure to support our anticipated growth?

To answer these questions our Chief Executive Officer, Robert Jamison and the Board of Directors voted unanimously to embark upon an intensive strategic planning process to be conducted by an experienced Facilitator who specializes in Non Profit Training and Management. The end result from this strategic process will be:

- Develop a long-term (5-10 year) vision and implementation plan
- Create a solid program and services delivery model/plan
- Expand our short term plan centered on developing solid supportive services
- Develop a detailed Fund development and Marketing plan
- Increase our Volunteer Recruitment base, staff training, and orientation process
- Purchase Vacant City properties & renovate to house homeless veterans
- Fix maintenance repairs in our current facility to ensure quality delivery of services
- Develop a plan for a systematic, organizational, and program evaluation
- Evaluation plan to tracking benchmarks, milestones and outcome measurements
- Host an Annual Major Community citywide event
- Increase partnerships with Agencies and Community based organizations



## 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.):**

Intervention and Prevention: Intervention services will include addressing alcohol and substance abuse in all forms such as street drugs vs. prescription drug abuse, many other forms of crisis. Individuals in crisis who get help through Robert Jamison Ministries Inc. are thereby able to make informed and safe decisions for themselves and their families. Intervention and prevention services are provided for teens, young adults, adults, businesses, business executives and professionals. Our interventionist will provide individualized and group services based on the need of the client. Generally, crisis intervention is needed when alcohol, drugs and other social ills are present. Robert Jamison Ministries is a source of ready solutions.

The program will begin March 1, 2015 and will be offered year round Monday through Friday from 10:00 am until 7 pm and on weekends by appointment only for emergency and crisis counseling. The program will consist of Intensive Outpatient Treatment (IOP). Intensive Outpatient Treatment (also known as IOP for "Intensive Outpatient Program") is a primary treatment program on a part-time yet intensive schedule, designed to accommodate work and family life.

The program will use the Matrix Model. The Matrix Model is an intensive outpatient treatment approach for stimulant abuse and dependence that was developed through 20 years of experience in real-world treatment settings. The intervention consists of relapse-prevention groups, education groups, social-support groups, individual counseling, and urine and breath testing delivered over a 16-week period. Patients learn about issues critical to addiction and relapse, receive direction and support from a trained therapist, become familiar with self-help programs, and are monitored for drug use by urine testing.

Other services offered will be our Dare to Care Food Pantry which will operate on Saturdays. Families will be able to pick up food items from 9 to 12 noon. This will begin in late March 2015 in partnership with Dare to Care as our site will be designated as a Dare To Care Food Pantry Site. Other programs and services we provide are Financial Empowerment Workshops, monthly advocacy sessions through out Partner participation with The Butterfly Center.

We anticipate serving 300 individuals and families via referrals from the Department of Corrections and Court Referral System. This number also includes persons coming in for mental health assessments, one on one counseling, group sessions and preventive therapy services. These services are offered six (6) days per week.

In terms of Dare to Care we estimate to serving 75 families each week in providing food from our Dare to Care Food Pantry.

Family Empowerment workshops are offered quarterly serving 25 persons per each workshop on Financial Empowerment and Family Connections workshops.

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

Funding from Metro Government will be used for rent/utilities. A computer, printer and necessary software to be used by the Program Coordinator and Community Outreach & Engagement Director.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Not Applicable

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

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:**

Our services are more easily available than our competitors 1) offering flexible hours 2) on line classes 3) mobile assessments.

Measurable Outcomes: 1) Clients are required to sign in before beginning class 2) Clients are given pretest during intake and upon completion of their program a post-test. 3) Clients utilizing on line assessments and/or classes performance results tracked electronically.

Our program evaluation involves measuring two types of outcomes: Core outcomes related to an individual/family growth, and Program satisfaction outcomes linked to the specific session, events, approaches, program and activities offered by our organization. A third set of outcomes measurements will be done according to the specialized services offered through our Mental Health and Substance Abuse services. Another method we will be implementing is the Logic Model which analyzes four categories: input (resources; activities; outputs (short term results) and outcomes (long term impact).

Evaluations information will be tracked daily, weekly and on a monthly basis and entered into our Evaluation Tracking System--a report will be generated monthly and shared with the President and Board of Directors at monthly board meetings. Data collections instruments will be: daily sign in sheets, pre and post test, staff observations data sheets, participant feedback data and volunteer staff assessments.

Our outcome benefits include providing a safe environment conducive to offering the services we are proposes to provide. The City of Shively and Commonwealth of Kentucky has given us a good rating to hold our Substance Abuse and Mental Health Services and a Dare to Care Program. Being able to maintain our building is key and vital to the on going programs and services we offer. We moved into our facility in December of 2013 which is allowing us to expand our services. (we have attached our facility lease agreement)

Having contractual persons to oversee and collect data is key to our on going program success. We will hired on a contractual basis a Program Coordinator and Director of Outreach & Community Engagement. In terms of benefits and outcomes the Program Coordinator will be responsible for overseeing all programs/ services, handle the case management issues and documentation, data collection and scheduling of all program sessions and meetings. The Community Outreach Director primary role is to build collaborative relationships with our existing partnerships and to secure new partnerships. The Outreach Director will be responsible for marketing the programs/services, building the clientele, and making sure the community is aware of the services and programs we offer , understand the mission of Robert Jamison Ministries and attend all community /partnership meetings. The Outreach Director will work in concert with other agencies to build upon and enhance our current services we offer. The Outreach Director will work with the Court System and Department of Corrections along with Bridge the Gap to maintain a steady stream of referrals and track those referrals that come to our Center for services.

**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.**

Bridge the Gap - Robert Jamison Ministries Inc works in partnership with agency to provide Mental Health Services and Substance Abuse Services. Bridge the Gap utilizes our space as a satellite site. We work in partnership with Bridge The Gap and the Court System and Department of Corrections as a referral resource for the services that Bridge the Gap offers.

The Greater Louisville Reentry Coalition working in partnership to assist ex offenders coming out of the prison system and assisting families of incarcerated persons.

The Buttafly Center working in partnership to provide advocacy services and training to the community. This is a coalition of several agencies who meet monthly at the ROBERT JAMISON MINISTRIES site. This group provides a shared network of resources from an estimated 10 agencies to families and individuals across the Metro Louisville area.



**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
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>	5,000.00	14,200.00	19,200.00
<b>C: Office Supplies</b>		1,000.00	1,000.00
<b>D: Telephone</b>		2,400.00	2,400.00
<b>E: In-town Travel</b>			
<b>F: Client Assistance (Attach Detailed List)</b>			
<b>G: Professional Service Contracts</b>		10,000.00	10,000.00
<b>H: Program Materials</b>		13,000.00	13,000.00
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>			
<b>J: Small Equipment</b>		2,500.00	2,500.00
<b>K: Capital Equipment</b>			
<b>L: Other Expenses (Attach Detail List)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	5,000.00	43,100.00	48,100.00
<b>% of Program Budget</b>	%	%	<b>100%</b>

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)	43,100.00
Fees Collected from Program Participants	
Other (please specify)	
<b>Total Revenue for Columns 2 Expenses **</b>	<b>43,100.00</b>

\*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
Volunteers Hours per week	\$2,500	sign in sheets
Alex Niles/Refrigerator	\$400	donation letter
Vanessa Brown/Personal Hygiene	\$700	donation letter
various donors/clothes/household	\$800	donation letter
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$4,400.00	included in program budget for organization

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

Agency Fiscal Year Start Date: January 1

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:

Due to program expansion and increase in our operations, our budget for next year will increase. We also anticipate on bringing on additional contractual staff and as we continue to utilize our building utilities will increase as well.



## 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:		Date:	3/6/15
Legal Signatory: (please print):	Robert Jamison	Title:	President
Phone:	502 822 1844	Extension:	
Email:	yvgoodwin427@gmail.com		

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND SUPPLEMENTAL  
DISCLOSURE REQUIRED FOR REQUESTS BY CHURCHES, RELIGIOUS  
OR FAITH-BASED ORGANIZATIONS**

**It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements.**

**Legal Name of Applicant Organization:**

ROBERT JAMISON MINISTRIES, INC.

As in the case of all legislative enactments, the appropriation must be for a public purpose. In other words, the appropriation must have a secular legislative purpose to support a program which benefits the public, and which has been, or could be undertaken by the government.

The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible or significantly intangible benefit inuring to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization.

The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates.

The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice.

Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name.

The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the grant.

**SIGNATURE**

I agree under the penalty of law to comply with all the items in this disclosure. 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 disclosure for the applying organization.

Signature of Legal Signatory:



Date: 4/5/2015

Legal Signatory (please print): **Robert G. Jamison**

Title: **President**

Phone: **502 822 1844** Extension:

Email: **yvgoodwin427@gr**

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

DEPARTMENT OF THE TREASURY

**SEP 15 2013**

Date:

ROBERT JAMISON MINISTRIES  
INCORPORATED  
C/O ROBERT JAMISON  
1716 THERESA AVENUE  
LOUISVILLE, KY 40216

Employer Identification Number:

DLN:

17053184326013

Contact Person:

SUSAN Y MALONEY

ID# 31210

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:

February 1, 2011

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.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

**ROBERT JAMISON MINISTRIES, INCORPORATED****General Information**

<b>Organization Number</b>	0781093
<b>Name</b>	ROBERT JAMISON MINISTRIES, INCORPORATED
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	2/1/2011
<b>Organization Date</b>	2/1/2011
<b>Last Annual Report</b>	4/4/2014
<b>Principal Office</b>	1716 THERESA AVENUE LOUISVILLE, KY 40216
<b>Registered Agent</b>	ROBERT G. JAMISON 1716 THERESA AVENUE LOUISVILLE, KY 40216

**Current Officers**

<b>President</b>	<u>ROBERT G. JAMISON</u>
<b>Vice President</b>	<u>CAROLYN DURHAM</u>
<b>Secretary</b>	<u>DWIGHT DURHAM</u>
<b>Treasurer</b>	<u>ANDREA COLEMAN-WHITE</u>
<b>Director</b>	<u>ROBERT G. JAMISON</u>
<b>Director</b>	<u>CAROLYN DURHAM</u>
<b>Director</b>	<u>DWIGHT DURHAM</u>
<b>Director</b>	<u>ANDREA COLEMAN-WHITE</u>

**Individuals / Entities listed at time of formation**

<b>Director</b>	<u>ROBERT G JAMISON</u>
<b>Director</b>	<u>CAROLYN DURHAM</u>
<b>Director</b>	<u>ANDREA COLEMANOWHITE</u>
<b>Director</b>	<u>DWIGHT DURHAM</u>
<b>Director</b>	<u>GLORIA RUDY</u>
<b>Incorporator</b>	<u>TARSHA SEMAKULA</u>

**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.

<u>Annual Report</u>	4/4/2014	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/2013	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/18/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	2/1/2011	4 pages	<u>tiff</u>	<u>PDF</u>

**Assumed Names**

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**Activity History**

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Filing	File Date	Effective Date	Org. Referenced
Annual report	4/4/2014 9:42:09 AM	4/4/2014	
Annual report	7/1/2013 3:43:30 PM	7/1/2013	
Annual report	7/18/2012 4:36:34 PM	7/18/2012	
Add	2/1/2011 12:54:50 PM	2/1/2011	

**Microfilmed Images**

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## ROBERT JAMISON MINISTRIES, INC.

### NON DISCRIMINATION STATEMENT AND POLICY

#### Adopted by the Board of Directors

**ROBERT JAMISON MINISTRIES, INC.** does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, contractual staff and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and partner agencies. The volunteer staff are not salaried employees. We do not have any paid staff.

**ROBERT JAMISON MINISTRIES, INC.** is an equal opportunity employer. We do not discriminate and will take affirmative action measures to ensure compliance against discrimination in employment, recruitment, advertisement for employment, compensation, termination, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

**2913 Dixie Highway, Louisville, Kentucky 40216 ▪  
Phone: 502 822-1844 (Office) ▪ 502 822-1877 (Fax)**



## ROBERT JAMISON MINISTRIES INC

### PROJECTED OPERATING BUDGET

January 1, - December 31, 2015

#### REVENUE

Private Donations	\$ 40,000.00
Fundraising Proceeds (Raffle)	\$ 3,500.00
Corporate Sponsorship (estimated)	\$ 50,000.00
Grants (Metro Government)	\$ 35,000.00
<b>TOTAL REVENUE</b>	<b>\$ 128,500.00</b>

#### OPERATING EXPENSES

Facility Lease (\$1,000 mo. X 12 months)	\$ 12,000.00
Contractual Staff (Administration \$833 x 12 mos)	\$ 10,000.00
Utilities (LG&E & Water approx. \$600 x 12 months)	\$ 7,200.00
Phones, Internet & Mobile Services (\$200 mo x 12)	\$ 2,400.00
Office Supplies	\$ 1,000.00
Equipment	\$ 2,500.00
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 35,100.00</b>

#### PROGRAM EXPENSES

Housing Development Program	\$ 30,000.00
Substance Abuse/Mental Health Program	\$ 10,000.00
Empowerment Program/Services (Community Workshops)	\$ 3,000.00
Veterans Resources & Services Program	\$ 15,000.00
Community Special Event Festival in the Park	\$ 35,000.00
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$ 93,000.00</b>

**TOTAL PROJECTED ANNUAL REVENUE** \$ 128,800.00

**TOTAL OPERATING & PROGRAM EXPENSES** \$ 128,100.00





0781093.09

mstratton

ADD

Elaine N. Walker, Secretary of State

Received and Filed:

2/1/2011 12:54 PM

Fee Receipt: \$8.00

## Articles of Corporation

of

**Robert Jamison Ministries, Incorporated**

### ARTICLE I.

The name of the corporation shall be Robert Jamison Ministries, Incorporated

### ARTICLE II.

The corporation is organized exclusively for charitable and educational purposes including, but not limited to the following:

*Outreach*

*Creating communal resources and opportunities that impact the lives of the residents of Shively, as well as the residents of the outer lying regions of metro Louisville*

*Basic Needs*

*Meeting the basic needs of area residents, as it relates to (food and clothing)*

*Personal Development/Self- Sufficiency*

*Providing opportunities for area residents to become self-sufficient, productive, and successful members of the community*

Further, the organization is organized to exercise all powers possessed of corporations formed under the Kentucky Nonprofit Act, as amended, (or under any successor codification of the laws governing Kentucky's nonprofit corporations, that are not consistent with the Corporation's qualification under section 501 (c) (3) of the Internal Revenue Code of 1986 as amended ("the Code") or under any corresponding provision of any successor codification ("a Successor Code") of the federal tax laws as an organization operated and organized exclusively for charitable and educational purposes.

### ARTICLE III.

The Internal Affairs of the Corporation shall be regulated as follows:

- a) No part of the net earnings shall inure to the benefit of or be distributable to, its members, directors or officers or any private individual, 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 II hereof.

- b) No substantial portion of the Corporation's activities that consist of the carrying out of propaganda or otherwise attempting to influence legislation.
- c) The Corporation shall not participate or interview in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.
- d) The Corporation's stated purpose should be construed and its operations shall be conducted so as qualify the Corporation under Section 501 (c) (3) of the Code. (or under any corresponding provision of any Successor Code). as a corporation organized and operated exclusively for charitable and educational purposes.
- e) Upon dissolution of the Corporation, the assets of the Corporation shall be applied and distributed in accordance with applicable provisions of the Kentucky Nonprofit Corporation Act, as amended (or under any successor codification of laws concerning Kentucky nonprofit organizations and/or for one or more exempt purposes within the meaning of Section 501 (c) (3) of the Code (or any corresponding provision of any Successor code) and/or for a public purpose as determined by the Corporation's board of directors.

#### **ARTICLE IV.**

The Corporation shall have no members.

#### **ARTICLE V.**

The number of directors constituting the Corporation's initial board of directors shall be five (5), and the names and the mailing addresses of the persons who are to serve as the initial directors are:

<b>Name</b>	<b>Position</b>	<b>Address</b>
<b>Robert G. Jamison</b>	<b>President</b>	1716 Theresa Avenue Louisville, KY 40216
<b>Carolyn Durham</b>	<b>Vice President</b>	1716 Theresa Avenue Louisville, KY 40216
<b>Andrea Coleman -White</b>	<b>Treasurer</b>	1716 Theresa Avenue Louisville, KY 40216
<b>Dwight Durham</b>	<b>Secretary</b>	1716 Theresa Avenue Louisville, KY 40216
<b>Gloria Rudy</b>	<b>Director</b>	1716 Theresa Avenue Louisville, KY 40216

Any increase in the number of directors and the manner of electing successor directors shall be fixed by the Corporation's By-Laws.

#### **ARTICLE VI.**

Except as otherwise provided below, no director of the Corporation shall have any personal liability to the Corporation for monetary damages for breach of his or her duties as directors, however, Nothing in this Article VI shall be deemed or construed to eliminate or limit the liability of a director for:

- a) any transaction in which the director's personal finances is in conflict with the financial interest of the Corporation.
- b) acts or emissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law: or
- c) any transaction from which the director derived any personal benefit

#### **ARTICLE VII.**

The Corporation shall indemnify a current or former director or officer (and his or her heirs, executors and administrators) for expenses actually or reasonably incurred by the director or officer in connection with the defense of any action, suit or proceeding, civil or criminal, in which he or she is made a party by reason of being or having been a director or officer; provided, that no director or officer shall be indemnified for expenses incurred, if he or she shall be adjudged in such action, suit or proceeding to be liable for willful misconduct or wanton and reckless disregard for human rights, safety or property in the performance of such director's or officer's duty to the Corporation. The Corporation shall also advance amounts to a current or former director or officer (and his or her heirs, executors and administrators) to be used in the payment of expenses arising in connection with the defense of any action, suit or proceeding, civil or criminal, in which the director or officer of the Corporation is made a party by reason of having been a director and officer, provided that the person receiving the advance agrees in writing prior to the receipt of such advance to reimburse the Corporation of all amounts advanced if the person is adjudged liable for willful misconduct or wanton disregard for human rights, safety or property in the performance of his or her duty to the Corporation. In addition, the Corporation may provide indemnification to a current or former director or officer in other circumstances to the extent authorized by the bylaws of the Corporation or a resolution of the Board of Directors, or as provided for in agreement between the director or officer and the Corporation.

#### **ARTICLE VIII.**

The mailing address of the corporation's principal office is 1716 Theresa Avenue  
Louisville, KY 40216.

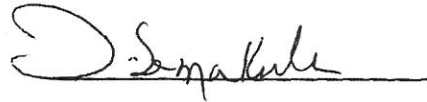
**ARTICLE XI.**

The street address of the Corporation's initial registered office is 1716 Theresa Avenue  
Louisville, KY 40216 and the name of the initial registered agent at that address is Robert G. Jamison.

**ARTICLE X.**


The name and mailing address of the incorporator is 811 South 2<sup>nd</sup> Street, Louisville, KY 40203.

IN WITNESS WHEREOF. I have hereunto subscribed my name this 20th day of January, 2011.



**Tarsha Semakula, Incorporator**

Robert G. Jamison consent to serve as the registered agent on behalf of the corporation

	<u>Robert G. Jamison President</u>	<u>01/21/2011</u>
Signature of registered Agent	Print Name and Title	Date

**LEASE**

THIS LEASE made and entered into this 10 day of DECEMBER, 2015, by and between JAMES W. CAIN, hereinafter called "Lessor," 2417 Dulworth Drive, Shively, Kentucky 40216 and ROBERT JAMISON OWEN: CEO, whose address is 1716 Theresa Ave Louisville KY 40216, hereinafter called "Lessee;"

**WITNESSETH:**

That Lessor for and In consideration of the covenants and agreements hereinafter contained and made on the part of Lessee, does hereby demise and lease to Lessee the following described premises in the City of Shively, County of Jefferson and State of Kentucky to wit: Real estate and Improvements known as 2913 Dixie Highway, Shively, Kentucky, together with all appurtenances thereto.

**1. TERM**

Lessor hereby leases to the above premises to Lessee, and Lessee hereby leases the same from Lessor for a term of 24 Months beginning JAN 1, 2015 and ending April 30 DEC 31, 2016

**2. RENTAL**

(a) Lessee shall pay rent to Lessor in the sum of Twenty Two Thousand One Hundred (\$ 22,100 ) Dollars<sup>1</sup> payable as follows:

Lessee shall pay to Lessor on or before the beginning date of the term of this lease the sum of \$ 1,700 representing the first and last months' rent

~~\$22,100~~ <sup>\$22,100</sup>

<sup>1</sup> Gross amount of rental due for term of lease.

All changes accepted.

1 + James W. Owen  
Robert Jamison Owen

payments of \$ See Attached per month. Thereafter, monthly installments in the amount of \$ See Attached shall be paid by Lessee to Lessor on or before the 1st day of each month. Notwithstanding the provisions of this lease in regard to default, should Lessee be late in making the payment of any installment hereunder, a late payment of 10% of the unpaid installment shall be due in addition to the regular installment. Payment is herewith defined as being late if not received by Lessor on the exact due date as stated above.

(b) During the entire term of this lease or any renewal, Lessor hereby agrees to pay all of the taxes assessed against the land and improvements.

(c) Lessee shall pay the rent due hereunder to Lessor at 2417 Dulworth Drive, Shively, Kentucky 40216 or at such other place as Lessor may, from time to time, direct.

3. PURPOSE

Said premises shall be used exclusively as a community Outreach Center ~~day care nursery~~.

4. MAINTENANCE AND REPAIRS

(a) Lessor shall maintain the interior and exterior of the premises, the paved parking areas and driveways, in good condition and shall make all repairs or replacements except those necessitated by fire (whether or not caused by the active or passive negligence of the Lessee) or any other causes covered by insurance carried by Lessor.

**2913 DIXIE HIGHWAY RENT SCHEDULE**

*Due  
31/01/2015  
\$700.00*



January	2015	Rent Abated
February	2015	\$700.00
March	2015	\$700.00
April	2015	\$700.00
May	2015	\$1,000.00
June	2015	\$1,000.00
July	2015	\$1,000.00
August	2015	\$1,000.00
September	2015	\$1,000.00
October	2015	\$1,000.00
November	2015	\$1,000.00
December	2015	\$1,000.00
January	2016	\$1,000.00
February	2016	\$1,000.00
March	2016	\$1,000.00
April	2016	\$1,000.00
May	2016	\$1,000.00
June	2016	\$1,000.00
July	2016	\$1,000.00
August	2016	\$1,000.00
September	2016	\$1,000.00
October	2016	\$1,000.00
November	2016	\$1,000.00
December	2016	\$1,000.00
<del>January</del>	<del>2017</del>	<del>\$1,000.00</del>
<del>February</del>	<del>2017</del>	<del>\$1,000.00</del>
<del>March</del>	<del>2017</del>	<del>\$1,000.00</del>
<del>April</del>	<del>2017</del>	<del>\$1,000.00</del>

*- PAID FOR AT LEASE EXECUTION*

*gpc*

\$26,100.00

LESSEE \_\_\_\_\_ DATE \_\_\_\_\_

LESSOR \_\_\_\_\_ DATE \_\_\_\_\_



(b) Lessor shall protect all plumbing, heating, air conditioning and shall repair same when necessary, provided however, that Lessee shall pay for and repair promptly any clogged drains.

(c) Lessee shall at all times keep the demised premises lawn and the parking area mowed and in a clean and sanitary condition according to applicable statutes, ordinance and regulations.

(d) It is agreed and understood that the Improvements are herewith accepted by Lessee "as is" for the intended use of the property. Lessor will not make or be financial responsible for alterations or modifications to the Improvements to adapt said Improvements for use as a day care center.

5. ASSIGNMENT OR SUB-LETTING

Lessee shall not assign or sub-let the demised premises in whole or in part to any person, firm or corporation, without the prior written consent of Lessor.

6. UTILITIES

Lessee shall pay all charges for heat, electricity, gas, water, storm and sanitary sewer charges and any and all utilities used by it in connection with the demised premises. Utility bills shall be registered in the name of the Lessee as a condition precedent to Lessor's delivery of keys for the premises to Lessee.

7. COMPLIANCE

Lessee shall comply with all Federal, State, County and City of Shively laws and ordinance, affecting or respecting the use or occupancy of the demised premises by Lessee, or the business at any time thereon transacted by Lessee.

8. ALTERATIONS

Lessee shall make no alterations, additions or improvements in or to the demised premises without the prior written consent of Lessor.

9. INSURANCE

(a) If the leased premises or any part of the building is damaged by fire or other casualty resulting from any act or negligence of Lessee or any of Lessee's agents, employees or invitees, rent shall not be diminished or abated while such damages are under repair, and Lessee shall be responsible for the costs of repair not covered by insurance.

(b) Lessor shall be responsible, at its expense, to maintain fire and extended coverage insurance on the building and the leased premises in such amounts as Lessor shall deem appropriate. Lessee shall maintain fire and extended coverage insurance on all of its personal property, including removable trade fixtures, located in and on the leased premises. Lessor shall be named as an additional insured on Lessee's policies for fire and extended coverage, and Lessee shall provide Lessor with current certificates of insurance evidencing Lessee's compliance with this paragraph. Lessee shall obtain the agreement of Lessee's insurers to notify Lessor that a policy is due to expire at least ten (10) days prior to such expiration.

(c) Lessee shall maintain a policy or policies of comprehensive general liability insurance with respect to the respective activities of Lessee and Lessor in the building with the premiums thereon fully paid on or before due date, such insurance to afford minimum protection of not less than \$1,000,000 combined single limit coverage

of bodily injury, property damage or combination thereof. Lessor shall be listed as an additional insured on Lessee's policy or policies of comprehensive general liability insurance, and Lessee shall provide Lessor with current certificates of insurance evidencing Lessee's compliance with this paragraph. Lessee shall obtain the agreement of Lessee's insurers to notify Lessor that a policy is due to expire at least ten (10) days prior to such expiration. Lessor shall not be required to maintain insurance against thefts within the leased premises or the building.

(d) In the event during the initial or succeeding terms of this Lease Lessee engages in the sale of gasoline and/or other fuels on the demised premises, Lessee agrees to immediately reimburse Lessor upon receipt of notice from Lessor any additional insurance premium required to be paid by Lessor to its insurance carrier because of the activity of gasoline or fuel sales.

(e) In the event Lessee fails to pay any premium due for the maintenance of said insurance, Lessor may advance said payment to the insurer and the amount of the premium plus interest at the legal rate (12%) shall be considered additional rent owed by Lessee to Lessor and/or Lessor may at its option consider the failure to pay by Lessee a violation of its covenant herein and Lessor may void the lease.

#### 10. DESTRUCTION

If at any time during the term hereof the building upon the demised premises shall be damaged or destroyed by fire or by perils provided against by extended coverage clauses, irrespective of the proximate cause, said building shall be promptly

repaired or rebuilt to the same condition as said building was immediately prior to the damage or destruction by the Lessor, at the cost and expense of the Lessor, but not to exceed the amount of insurance recovered, and in accordance with all laws, regulations, and ordinances of all governmental authorities having jurisdiction, and from the date of such damage or destruction, and if during this time the building is not fit for use or occupancy until said building shall have been completely restored as aforesaid, the fixed rent due hereunder shall abate.

11. SIGNS

Lessee shall not attach, affix or exhibit or permit to be attached, affixed or exhibited, any sign in or upon any place in the demised premises without the prior written consent of Lessor.

12. CONDITION OF THE PREMISES

Lessee's taking possession shall be conclusive evidence as against Lessee that the premises were in good order and satisfactory condition when Lessee took possession hereunder. No promise of Lessor to alter, remodel, improve, repair, decorate or clean the premises or any part thereof, and no representation respecting the condition of the premises or the building has been made by Lessor to Lessee, unless the same is contained herein or made a part hereof. At the termination of this lease by lapse of time or otherwise, Lessee shall return the premises in a as good condition as when Lessee took possession, ordinary wear and tear, and any alterations and any other approved changes excepted, failing which Lessor may restore the premises to such condition and Lessee shall pay the cost thereof upon request.

13. DEFAULT AND RE-ENTRY

(a) Lessee further covenants and agrees with Lessor that if default shall at any time be made by said Lessee or its assigns, in the payment of the rent, or any part thereof, when due to said Lessor, as herein provided, and such default shall continue for ten (10) days after written notice, or if default shall be made in any of the other covenants, agreements, conditions or undertakings herein contained to be kept, observed and performed by the Lessee, or its assigns, and such default shall continue for ten (10) days after notice thereof in writing to the said Lessee, it shall and may be lawful for the Lessor at its election to declare the said term ended, and enter into the said demised premises and the building then situated thereon, or any part thereof, either with or without process of law and to expel, remove and put out the said Lessee and every other person occupying the same, and to repossess and enjoy the said premises as in its first and former estate, without such re-entry and repossession working a forfeiture of the rents to be paid and the covenants to be performed by Lessee during the full term of this lease; and in the event of the termination of this lease, as aforesaid, the Lessee covenants and agrees to indemnify and save harmless the said Lessor from any loss arising from such termination and re-entry, in pursuance thereof; and to that end the Lessee covenants and agrees that Lessor shall have a good and valid lien on all of Lessee's fixtures and equipment used in the operation of the business, and that Lessor may take possession of said fixtures and equipment to insure payment of all sums due Lessor under this lease.

(b) Lessee hereby expressly waives any demand for the possession of said premises and the equipment and fixtures therein, in the event of the forfeiture of this lease, and further expressly waives any demand for the payment of rent hereunder, and waives any notice of the intention of the Lessor to terminate this lease or re-enter said premises, other than the notice of default hereinabove provided for, and hereby expressly waives any and every other notice or demand prescribed by any statute of the State of Kentucky or other law.

14. LITIGATION AND ATTORNEYS' FEES

The Lessee further covenants and agrees to and with the Lessor that in case the said Lessor shall, without any fault on its part, be made party to any litigation commenced by or against the Lessee, then the Lessee shall and will pay all costs and reasonable attorneys' fees incurred by or imposed on the Lessor and any judgments or decree for the payment of money obtained against the Lessor in connection with such litigation, and the Lessee will also pay all costs and reasonable attorneys' fees which may be incurred or paid by the Lessor in enforcing the covenants and agreements of this lease and all such costs and reasonable attorneys' fee when paid by the Lessor shall become at once a first and valid lien upon the equipment and fixtures on said demised premises and upon the leasehold estate hereby created.

15. SURRENDER AND TERMINATION

Lessee covenants and agrees to and with the Lessor that upon the termination of this lease by lapse of time or in any manner or for any cause, the Lessee will at once surrender and deliver up to the Lessor said demised premises, together with all

buildings, fixtures attached to and becoming part of the demised premises in as good condition as when Lessee took possession, ordinary wear and tear, and any alterations and approved changes, and any damage caused by perils covered by insurance carried by Lessor, excepted, and the improvements then standing upon the demised premises shall belong to Lessor, and that no compensation shall be allowed or paid therefor. Lessee further agrees that in the event of the termination of this lease prior to its expiration, because of any default on the part of the Lessee, that Lessee shall not be entitled to remove any of its trade fixtures and equipment until all sums due Lessor under this lease shall have been paid in full for the full remaining term thereof.

16. REMEDIES CUMULATIVE - WAIVER NOT TO BE INFERRED

No remedy herein or otherwise conferred upon or reserved to the Lessor shall be considered exclusive of any other remedy given hereunder or now or hereafter existing at law or in equity or by statute; and every power and remedy given by this indenture to the Lessor may be exercised from time to time and as often as occasion may arise or as may be deemed expedient. No delay or omission of the Lessor to exercise any right or power arising from any default shall impair any such right or power, or shall be construed to be a waiver of any such default, or an acquiescence therein.

No waiver of any breach of any of the covenants of this lease shall be construed, taken or held to be a waiver of any succeeding breach of the same covenant.

Neither the rights herein given to receive, collect, sue for or distrain for any rents, money or payments or to enforce any of the terms, provisions and conditions of this lease, or to prevent the breach or non-observance thereof, nor the exercise of any

such rights, or of any other right or remedy hereunder, or otherwise granted or arising, shall in any way affect or impair the right or power of the Lessor to declare the term hereby granted ended, and to terminate this lease, as herein provided, because of any default in, or breach of any of the covenants, provisions or conditions of this lease.

17. SUBORDINATION

This lease and all rights of the Lessee hereunder are and shall be subject to the lien of any and all mortgages which may now or hereafter affect the demised premises, and to all renewals, modifications and extensions thereof. Lessee shall, upon demand, execute, acknowledge and deliver such subordination Instruments, Lessor is hereby authorized to execute, acknowledge and deliver same as attorney-in-fact of Lessee, and in Lessee's name, place and stead and Lessee hereby makes, constitutes and appoints Lessor, its successor and assigns, such attorney-in-fact for said purpose.

18. NOTICE

If at any time it shall become necessary for one of the parties hereto to serve any notice, demand or communication, it shall be in writing, sent by registered or certified mail, postage fully prepaid, and

(a) If Intended for Lessor shall be addressed to:

James W. Cain  
2417 Dulworth Drive  
Shively, Kentucky 40216

(b) If Intended for Lessee shall be addressed to:

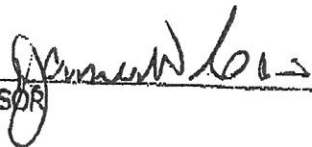
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_




19. BINDING EFFECT

This lease shall inure to the benefit of and be binding upon the heirs, executors, administrators, successors and assigns of the respective parties hereto.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals the day and year first above written.

  
\_\_\_\_\_  
LESSOR

  
\_\_\_\_\_  
LESSEE

Commonwealth of Kentucky

County of Jefferson

Subscribed, sworn to and acknowledged before me by James W. Cain, Lessor, on this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State-at-Large, KY

Commonwealth of Kentucky

County of Jefferson

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_, Lessee, on this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State-at-Large, KY

Drawn by:

Walter L. Cato, Jr.  
WALTER L. CATO, JR.  
Attorney at Law  
2950 Breckenridge Lane, Suite 3  
Louisville, Kentucky 40220  
(502) 456-2100

## 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.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above <b>ROBERT JAMISON MINISTRIES INCORPORATED</b>	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) <b>2913 Dixie Highway</b> City, state, and ZIP code <b>Louisville, Kentucky 40216</b>	Requester's name and address (optional)
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>													
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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 <i>How to get a TIN</i> on page 3.	Social security number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	Employer identification number <div style="background-color: black; width: 100%; height: 20px;"></div>												

<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. 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 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 am a U.S. citizen or other U.S. person (defined below).	
<b>Certification instructions.</b> 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 4.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>01/16/2015</b>
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**General Instructions**

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

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

### Specific Instructions

#### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.