

0-305-19


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

Applicant/Program: Highland Community Ministries Inc
Applicant Requested Amount: 10,000
Appropriation Request Amount: 10,000

Executive Summary of Request
\$10,000 in NDF to help fund lunch program for low income and disabled adults.

Is this program/project a fundraiser? Yes No
Is this applicant a faith based organization? Yes No
Does this application include funding for sub-grantee(s)? Yes No

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

8 District #  Primary Sponsor Signature \$10,000 Amount Aug 14, 2019 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:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program:

Highlands Community Ministries/ Lunch Program for Low Income and Disabled Individuals

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

Council Member Signature and Amount

District 1 _____ \$ _____
District 2 _____ \$ _____
District 3 _____ \$ _____
District 4 _____ \$ _____
District 5 _____ \$ _____
District 6 _____ \$ _____
District 7 _____ \$ _____
District 8 _____ \$ _____
District 9 _____ \$ _____
District 10 _____ \$ _____
District 11 _____ \$ _____
District 12 _____ \$ _____
District 13 _____ \$ _____
District 14 _____ \$ _____
District 15 _____ \$ _____

Applicant/Program:

Highlands Community Ministries/ Lunch Program for Low Income and Disabled Individuals

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Highlands Community Ministries	
Program Name and Request Amount Lunch Program for Low Income and Disabled Individuals, \$10,000	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> N/A
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> Yes
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> N/A
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input checked="" type="checkbox"/> Yes
Prepared by: Jasmine Weatherby Date: Aug 14, 2019	

Yes

HIGHLANDS COMMUNITY MINISTRIES, INC.**General Information**

Organization Number	0022972
Name	HIGHLANDS COMMUNITY MINISTRIES, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	5/4/1970
Organization Date	5/4/1970
Last Annual Report	4/25/2019
Principal Office	1228 E. BRECKINRIDGE ST. BOX #2 LOUISVILLE, KY 40204
Registered Agent	TROY BURDEN 1228 EAST BRECKINRIDGE ST LOUISVILLE, KY 40204

Current Officers

President	<u>JULIE SENN-REEVES</u>
Vice President	<u>Tom Coursen</u>
Secretary	<u>LAURI WADE</u>
Treasurer	<u>ROBERT KAHNE</u>
Director	<u>MARTY HAGEMAN</u>
Director	<u>KEVIN CHILDRESS</u>
Director	<u>RALPH RISIMINI</u>
Director	<u>MAUREEN NORRIS, PHD</u>
Director	<u>ERIC HOFFMANN</u>

Individuals / Entities listed at time of formation

Director	<u>LOWELL ARMSTRONG</u>
Director	<u>CHAS L TIMBLER</u>
Director	<u>ALICIA RICKERT</u>
Director	<u>MARGARET STRIEPE</u>
Director	<u>EDGAR C RITCHIE</u>
Incorporator	<u>EDGAR RITCHIE</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>	4/25/2019	1 page	<u>PDF</u>
<u>Annual Report</u>	5/15/2018	1 page	<u>PDF</u>

Registered Agent name/address change	4/26/2017 10:41:19 AM	1 page	PDF	
Annual Report	4/26/2017	1 page	PDF	
Annual Report	6/30/2016	1 page	PDF	
Annual Report	3/9/2015	1 page	PDF	
Principal Office Address Change	7/22/2014 6:01:24 PM	1 page	PDF	
Annual Report	3/25/2014	1 page	tiff	PDF
Annual Report	2/21/2013	1 page	tiff	PDF
Registered Agent name/address change	3/27/2012 3:38:23 PM	1 page	PDF	
Annual Report	2/22/2012	1 page	tiff	PDF
Annual Report	2/9/2011	2 pages	tiff	PDF
Annual Report	3/5/2010	2 pages	tiff	PDF
Annual Report	1/14/2009	3 pages	tiff	PDF
Annual Report	1/18/2008	2 pages	tiff	PDF
Annual Report	1/12/2007	2 pages	tiff	PDF
Annual Report	1/26/2006	3 pages	tiff	PDF
Annual Report	2/16/2005	1 page	tiff	PDF
Annual Report	5/2/2003	2 pages	tiff	PDF
Annual Report	3/27/2002	2 pages	tiff	PDF
Annual Report	4/17/2001	2 pages	tiff	PDF
Annual Report	4/19/1999	2 pages	tiff	PDF
Annual Report	4/24/1998	2 pages	tiff	PDF
Annual Report	7/1/1997	2 pages	tiff	PDF
Annual Report	7/1/1996	2 pages	tiff	PDF
Annual Report	7/1/1995	2 pages	tiff	PDF
Annual Report	3/24/1994	2 pages	tiff	PDF
Annual Report	3/17/1993	2 pages	tiff	PDF
Annual Report	3/18/1992	2 pages	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	2 pages	tiff	PDF
Annual Report	7/1/1989	2 pages	tiff	PDF
Annual Report	7/1/1988	1 page	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/25/2019 2:58:28 PM	4/25/2019 2:58:28 PM	
Annual report	5/15/2018 5:26:09 PM	5/15/2018 5:26:09 PM	
Annual report	4/26/2017 10:49:34 AM	4/26/2017 10:49:34 AM	
Registered agent address change	4/26/2017 10:41:19 AM	4/26/2017 10:41:19 AM	
Annual report	6/30/2016 12:59:17 PM	6/30/2016 12:59:17 PM	

Annual report	3/9/2015 1:29:22 PM	3/9/2015 1:29:22 PM
Principal office change	7/22/2014 6:01:24 PM	7/22/2014 6:01:24 PM
Annual report	3/25/2014 2:10:33 PM	3/25/2014
Annual report	2/21/2013 9:20:00 AM	2/21/2013
Registered agent address change	3/27/2012 3:38:23 PM	3/27/2012 3:38:23 PM
Annual report	2/22/2012 9:38:55 AM	2/22/2012
Annual report	2/9/2011 4:21:36 PM	2/9/2011
Annual report	3/5/2010 1:43:41 PM	3/5/2010
Annual report	1/14/2009 5:18:08 PM	1/14/2009
Annual report	1/18/2008 2:20:15 PM	1/18/2008
Annual report	1/12/2007 1:33:13 PM	1/12/2007
Annual report	1/26/2006 11:37:36 AM	1/26/2006

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a [Request For Corporate Documents](#) to the Corporate Records Branch at 502-564-5687.

Annual Report	2/14/2005	1 page
Annual Report	3/24/2004	2 pages
Annual Report	5/2/2003	2 pages
Annual Report	3/27/2002	2 pages
Annual Report	4/17/2001	2 pages
Annual Report	5/1/2000	2 pages
Annual Report	4/19/1999	2 pages
Annual Report	4/24/1998	2 pages
Annual Report	7/1/1997	2 pages
Annual Report	7/1/1996	2 pages
Annual Report	7/1/1995	2 pages
Annual Report	3/24/1994	2 pages
Annual Report	3/17/1993	2 pages
Annual Report	3/18/1992	2 pages
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	2 pages
Annual Report	7/1/1989	2 pages
Annual Report	7/1/1988	1 page
Statement of Change	9/29/1982	2 pages
Annual Report	5/24/1971	10 pages
Articles of Incorporation	5/4/1970	5 pages

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant Organization: Highlands Community Ministries Inc.
(as listed on: http://www.sos.ky.gov/business/records)
Main Office Street & Mailing Address: 1228 East Breckinridge Street
Website: hcmlouisville.org
Applicant Contact: Troy Burden Title: Executive Director
Phone: 502-451-3695 Email: tburden@hcmlouisville.org
Financial Contact: Troy Burden/Strothman and Co Title: Exec. Dir./Accounting firm
Phone: 502-451-3695 Email: tburden@hcmlouisville.org
Organization's Representative who attended NDF Training: Mary Lynne Masterson

GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

Program Facility Location(s): Highlands Community Campus, 1228 East Breckinridge Street
Council District(s): 8 Zip Code(s): 40204

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: HCM Lunch Program for adults and disabled
Total Request: (\$) 10000 Total Metro Award (this program) in previous year: (\$) 10000

Purpose of Request (check all that apply):

- Operating Funds (generally cannot exceed 33% of agency's total operating budget)
Programming/services/events for direct benefit to community or qualified individuals
Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

- IRS Exempt Status Determination Letter
Current year projected budget
Current financial statement
Most recent IRS Form 990 or 1120-H
Articles of Incorporation (current & signed)
Signed lease if rent costs are being requested
IRS Form W9
Evaluation forms if used in the proposed program
Annual audit (if required by organization)
Faith Based Organization Certification Form, if applicable
Cost estimates from proposed vendor if request is for capital expense

For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Table with 4 columns: Source, Program Name, Amount (\$), and Value. Rows include Louisville Metro Senior Nutrition (193600), Louisville Metro EAF (20000), and Louisville Metro IFAP (42100).

Has the applicant contacted the BBB Charity Review for participation? [X] Yes [] No
Has the applicant met the BBB Charity Review Standards? [X] Yes [] No

Applicant's Initials [Signature]

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Mission of Highlands Community Ministries (HCM) is to build community through programs and activities that promote human and spiritual growth.

HCM meets it's mission by providing services through following programs: Childcare (3 location); Meals on Wheels; Two Senior Centers (Woodbourne House, 2024 Woodford Place; HCC Building, 1228 East Breckinridge Street); Senior Outreach Program (case management and wellness programs/activities); Youth Recreational; Individual Family and Assistance Program (emergency assistance; Dare to Care Food Pantry; practical education classes; back to school supplies; Thanksgiving and Christmas baskets; gift cards and gifts); Highlands Community Campus (host special events throughout the year); Highlands Court Apartments (HUD section 8 low income housing for seniors and disabled).



HCM Board-2019

Name January March May July Septembe November

Bardstown Road Pres

Marty Hageman						
Alicia/Kris Bloos						

Bellarmino

Mike Ackerman						
Julia Seen-Reeves						

Christ Evangelical UCC

Pricilla Allen						
Karen Barth						

Church of the Advent

Mary Kay Flege						

Concordia Lutheran

Rev. Michael Boyd						
Ida Boyd						

Deer Park Baptist

Tom Coursen						
Barbara Hightower						

Douglass Blvd Christian

Maurice LeFevre						
Karen O'Hara						

Highland Baptist

Robert Kahne						

Highland Presbyterian

Lauri Wade						
Jim Kimmel						

Highland UMC

Judy Zitter						

Immanuel UCC

David Gibson						
Eric Hoffmann						

Louisville Friends

Harry Baldwin						
Ellen Galbraith						

St. Agnes

AnnLuiese Montgomery						

St. Andrew's Episcopal

Pat Willis						

St. Brigid

Kenneth Howe						
Ralph Risimini						

January March May July Septembe November

St Francis of Assisi

Tom Hermann						

St James

Leslie Fowler						

St Paul United Methodist

Susan Stopher						
Kevin Childress						

St Raphael

John Tichenor						
Bill Lippy						

Strathmoor Presbyterian

Cheryl Branch						

Vine Street Baptist

Diane Blair						

Member At Large

Maureen Norris						
Verna Adams						

Weatherby, Jasmine

From: Troy Burden <tburden@hcmlouisville.org>
Sent: Monday, September 16, 2019 3:18 PM
To: Weatherby, Jasmine; Bell, LaTonya J.; Mary Lynn Masterson
Subject: Re: FW: D8- 9/18/19 Appropriations Comments - O 305 19 and O 318 19
Attachments: HCM NDF 2020.pdf

CAUTION: This email came from outside of Louisville Metro. Do not click links or open attachments unless you recognize the sender and know the content is safe

Jasmine:

Here are clarifications:

1. Mary Lynne Masterson attended the required training. Please find attached her name listed on the application.
2. Board Members at HCM are technically Board Representatives of the Member Congregations. The Congregations, each November, appoint up to 2 representatives to serve on the HCM Board. There are no term limits for representatives and Member Congregations do not have term limits either. Therefore, our bylaws do not have language regarding board term limits nor a term limit policy.
3. See attached "100%" included on budget page
4. The legal name, Highlands Community Ministries, Inc, has been included on the faith based form has been updated to include the legal name. attached
5. W9 Updated, see attached.

Please find a pdf of the aforementioned corrections.

Thanks
Troy

On Fri, Sep 13, 2019 at 11:08 AM Weatherby, Jasmine <Jasmine.Weatherby@louisvilleky.gov> wrote:

Hi Troy,

Please see the below questions about your NDF application (disregard the part about the checklist, that's for me to correct). If you provide me the answers to these, I can write them in on the application to save time (if you're comfortable with that). I think the only thing that I'll need you to resend me is the W9.

Thanks

Jasmine Weatherby (she/her/hers)

Legislative Aide

Councilman Brandon Coan

District 8

601 West Jefferson St

Louisville, KY 40202

Email: jasmine.weatherby@louisvilleky.gov

Office: (502) 574-1108

Help your friends and neighbors stay informed! Share [this link](#) to spread the joy of District 8 eNews.

From: Bell, LaTonya J. <LaTonya.Bell2@louisvilleky.gov>

Sent: Thursday, September 12, 2019 9:02 PM

To: Weatherby, Jasmine <Jasmine.Weatherby@louisvilleky.gov>; Coan, Brandon <Brandon.Coan@louisvilleky.gov>

Cc: MetroCouncilClerk <MetroCouncilClerk@louisvilleky.gov>

Subject: D8- 9/18/19 Appropriations Comments - O 305 19 and O 318 19

Good evening,

Please work with the external organization on correcting the issues in red font type below, then submit the corrected/revised pages to the Clerk's office **before September 16, 2019**. If you choose to make the corrections on behalf of the organization, please make the changes on the original documents located in the Clerk's office and initial beside the changes. Thank you.

15. O-305-19 AN ORDINANCE APPROPRIATING \$10,000 FROM DISTRICT 8

*NEIGHBORHOOD DEVELOPMENT FUNDS, THROUGH THE OFFICE
OF MANAGEMENT AND BUDGET, TO HIGHLANDS COMMUNITY
MINISTRIES, INC. FOR PROGRAMMING EXPENSES ASSOCIATED*

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

This lunch program will be offered to low income adults and adults with disabilities and it will be located at the HCC Building , 1228 East Breckinridge Street, 40204. This program began July 1, 2016 and it continues with the help of NDF funding. Lunch will be served Mondays, Wednesdays and Fridays from 12-1 p.m. Coffee, snacks and health promoting educational and recreational activities are offered to clients interested before lunch is served from 10 a.m.-12 p.m.

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

HCM is requesting \$10,000

The following is a breakdown of how the funding will be spent:

HCM lunch program 2019/2020

Income:

NDF \$10000

Expenses:

Lunches \$6200 (1505 hot lunches x \$4.12 per meal)

Kitchen Supervisor \$3800 (152 days of services x \$25)

Total: \$10000

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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

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

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

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The HCM lunch program will serve low income adults and adults with disabilities giving them the opportunity to eat a nutritious lunch three days a week. The lunches are 1/3 of the US daily requirements planned by a certified dietitian. Individuals who participate in the lunch program will have opportunity to participate in wellness activities as well as socialize with other people.

Individuals will sign a reservation sheet for lunch (they can reserve a lunch up to the day before 10 a.m. as the order for lunches need to be in soon after).

Individuals then sign a sheet on the day of lunch to account for all lunches served.

A client satisfaction survey is conducted at the end of each fiscal year. Staff reviews surveys and makes necessary changes as needed.

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.

HCM has a Subcontract with Louisville Metro Senior Nutrition Program for Title III C congregate meals and Meals on Wheels.

HCM has a contract with KIPDA Title III B and Title III D

HCM works with the Association of Community Ministries to secure emergency financial assistance for clients from the Louisville Water Company and Louisville Gas and Electric Company.

HCM partners with Metro Louisville as well for Emergency Financial Assistance and Senior Outreach Program.

HCM partners with 20 member congregations in zips 40204 and 40205 to provide HCM Board of Directors as well as financial support



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			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts	6200		6200
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)	3800		3800
*TOTAL PROGRAM/PROJECT FUNDS	10000		10000
	100 %	100 %	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)	
Fees Collected from Program Participants	
Other (please specify)	

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Stipened to pay for individual who will be supervising the kitchen and serving meals (\$25x152 service days)	3800		3800
Total	3800		3800

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

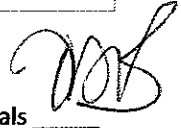
Donor*/Type of Contribution	Value of Contribution	Method of Valuation
HCM central office will provide space at the	15930	Remax Realtor
HCC building for all wellness activites and		
lunch		
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	15930	

*** 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: ~~September 1st~~ October 1st

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:
 HCM received 20000 from Louisville Metro EAF for fiscal year 2018/19.
 For fiscal year 2019/20 HCM will recieve \$4800 from Louisville Metro EAF

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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


Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	7/23/19
Legal Signatory: (please print):	Troy Burden	Title:	Executive Director
Phone:	502-451-3695	Extension:	202
Email:	tburden@hcmloouisville.org		

Address any reply to:

Department of the Treasury

Phone 684-2826 (513)

District Director

Internal Revenue Service

Date:

APR 21 1971

In reply refer to:

CIN:EO:71:282:442:22:VB



▷ **Highland Community Ministries, Inc.**
2006 Douglas Boulevard
Louisville, Kentucky 40205

Purpose(s): Charitable & Educational
Accounting Period Ending: December 31

Gentlemen:

Based on information supplied, we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code as it is shown that you are organized and will be operated exclusively for the purpose(s) listed above.

This determination assumes your operations will be as stated in your exemption application. Any changes in operations from those described, or in your character or purposes, must be reported immediately to our office for consideration of their effect upon your exempt status. You must also report any change in your name or address.

In this letter we are not determining whether you are a private foundation as defined in new section 509(a) of the Code. When regulations are developed to implement the provisions of section 509 of the Code, we will let you know how to establish your foundation status if you believe you are not a private foundation.

If upon issuance of the regulations we determine that you are a private foundation, you will be required to comply with the provisions of section 508(e), which specifies that a private foundation is not exempt unless its governing instrument includes certain provisions set forth in that section and the regulations thereunder. Failure to comply with the requirements of section 508(e) will result in retroactive revocation of this determination.

For years beginning on and after January 1, 1970, you may be required to file an information return, Form 990. Please refer to the instructions accompanying the Form 990 for that particular year to determine whether you are required to file. If filing is required, you must file the Form 990 by the 15th day of the fifth month after the close of your annual accounting period as shown above. Failure to file the Form 990 by this date may subject you to a penalty of \$10.00 for each day during which such failure continues, up to a maximum of \$5,000.00.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities is unrelated trade or business as defined in section 513 of the Code.

You are not liable for Federal unemployment taxes. You are liable for social security taxes only if you have filed waiver of exemption certificates as provided in the Federal Insurance Contributions Act.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes as provided under sections 2055, 2106, and 2522 of the Code.

This is a determination letter.

Very truly yours,

Paul A. Schuster
Paul A. Schuster
District Director

Highlands Community Ministries
Budget vs. Actuals: FY 2018-2019 - FY19 P&L Classes
October 2018 - May 2019

04 Senior Outreach Program				
	YTD	Current Budget	Next Year Budget	Increase / Decrease
Revenue				
40000 Congregations Donations	14,312.81	37,000.00		(37,000.00)
41000 Individuals & Groups Donations	2,223.30			-
41100 Client Donations to Sr Outreach		3,025.00		(3,025.00)
44500 Program Reimbursements	173.00			-
45000 Private Pay Home meals		1,250.00		(1,250.00)
45100 Mobile Meals III-C (donations)	2,331.50	2,600.00		(2,600.00)
45200 Title III-C Reimbursement	11,254.48	14,000.00		(14,000.00)
45300 Title III-B Senior Center (kipd	15,682.50	30,424.00		(30,424.00)
45400 Title III-B Prog Inc (donations	1,120.00	4,700.00		(4,700.00)
45600 Title III-D Health Promotion		1,800.00		(1,800.00)
45700 NDF	10,000.00	10,000.00		(10,000.00)
45800 Highlands Court Contract	24,000.00	35,000.00		(35,000.00)
45850 Highland Court Nonprof Contract	30,000.00	30,000.00		(30,000.00)
45900 Transportation Fees	307.00	600.00		(600.00)
45910 Day Trips Fees	810.00	1,600.00		(1,600.00)
49000 Management Fees	678.55			-
49500 HCM Community Classes/Events	5,482.00			-
49990 Miscellaneous Income	196.00	11,800.00		(11,800.00)
52050 Metro Lville EAF Grant - Sr Out	6,298.16	25,000.00		(25,000.00)
Total Revenue	\$ 124,869.30	\$ 208,799.00	-	(208,799.00)
Gross Profit	\$ 124,869.30	\$ 208,799.00		
Expenditures				
60000 Wages - operational	59,328.41	57,540.00		(57,540.00)
60200 Wages - III B	16,152.04	17,488.00		(17,488.00)
60300 Wages - III D		200.00		(200.00)
60400 Wages - EAF		25,000.00		(25,000.00)
60900 FICA Exp. (employer's)	5,766.29	7,667.00		(7,667.00)
62000 Health Ins	8,777.72			-
62100 Life Ins	23.80			-
62998 Pension Exp. - SEP	319.40	709.00		(709.00)
63000 Insurance - Commercial Package	391.77	1,567.00		(1,567.00)
63200 Insurance - D & O	12.00	48.00		(48.00)
63400 Insurance - Workers Comp.	428.68	1,209.00		(1,209.00)
64000 Office Supplies	208.11	3,000.00		(3,000.00)
64100 Postage		500.00		(500.00)
64150 Printing & Copying	1,000.87			-
64500 Telephone	582.69	1,244.00		(1,244.00)
64700 Information Technology-Software	70.77			-

64910 Staff & Other Licensure Fees	125.00		-
64920 Staff Recognition		500.00	(500.00)
64930 Travel Reimbursement	634.35	1,200.00	(1,200.00)
64940 Volunteer Appreciation	223.00		-
64950 Criminal Records Checks		200.00	(200.00)
65000 Housing	2,800.00	7,200.00	(7,200.00)
65200 Building Maintenance	227.00		-
67000 Food & Food Supplies	327.90	4,500.00	(4,500.00)
67390 Special Events	200.00		-
68010 Meals	19.47		-
68200 Community Education & Outreach	1,204.79	500.00	(500.00)
68300 Prog/Activities - Sr Day Center	120.00		-
69100 NDF Lunch Program	7,931.79	10,000.00	(10,000.00)
69200 Title III-B Exp - paid by dons.	555.00	1,700.00	(1,700.00)
69210 Title III-B Subcont - Tai Chi	2,500.00	3,690.00	(3,690.00)
69220 Title III-B Subcont - Exercise	1,750.00	3,735.00	(3,735.00)
69230 Title III-B Subcon - Music Ther		624.00	(624.00)
69240 Title III-B Subcont - Artist	1,790.00	1,474.00	(1,474.00)
69260 Title III-B Subcon - Wellness	280.00	600.00	(600.00)
69270 Title III-B Subcon - Dance	2,260.00	2,600.00	(2,600.00)
69400 Title III-D Expenses		1,800.00	(1,800.00)
69500 Highlands Court Expenses	2,025.00	3,750.00	(3,750.00)
69550 Highlands Court Misc Exp.		700.00	(700.00)
69910 Trsf To Metro III-B Meals dons	273.00	1,900.00	(1,900.00)
69950 Private Pay Meals		1,250.00	(1,250.00)
69980 Day Trips	206.00	1,600.00	(1,600.00)
69990 Vehicle Maintenance	726.88	1,200.00	(1,200.00)
70800 Kitchen & Food Bank Supplies	163.90		-
75000 HCM Community Classes & Events	430.00		-
79000 Miscellaneous Expenses		11,800.00	(11,800.00)
79100 Equipment Expense		1,000.00	(1,000.00)
79150 Equipment Repair & Maint.	300.00		-
99000 Management Fee	6,071.26	10,439.00	(10,439.00)
Total Expenditures	\$ 126,206.89	\$ 190,134.00	- (190,134.00)
Net Operating Revenue	-\$ 1,337.59	\$ 18,665.00	
Net Revenue	-\$ 1,337.59	\$ 18,665.00	

Monday, Jul 08, 2019 10:50:20 AM GMT-7 - Accrual Basis

Highlands Community Ministries
Budget vs. Actuals: FY 2018-2019 - FY19 P&L Classes
October 2018 - May 2019

04 Senior Outreach Program				
	YTD	Current Budget	Next Year Budget	Increase / Decrease
Revenue				
40000 Congregations Donations	14,312.81	37,000.00		(37,000.00)
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64920 Staff Recognition		500.00	(500.00)
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64940 Volunteer Appreciation	223.00		-
64950 Criminal Records Checks		200.00	(200.00)
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67000 Food & Food Supplies	327.90	4,500.00	(4,500.00)
67390 Special Events	200.00		-
68010 Meals	19.47		-
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68300 Prog/Activities - Sr Day Center	120.00		-
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69220 Title III-B Subcont - Exercise	1,750.00	3,735.00	(3,735.00)
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69240 Title III-B Subcont - Artist	1,790.00	1,474.00	(1,474.00)
69260 Title III-B Subcon - Wellness	280.00	600.00	(600.00)
69270 Title III-B Subcon - Dance	2,260.00	2,600.00	(2,600.00)
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69500 Highlands Court Expenses	2,025.00	3,750.00	(3,750.00)
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Net Operating Revenue	-\$ 1,337.59	\$ 18,665.00	
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Monday, Jul 08, 2019 10:50:20 AM GMT-7 - Accrual Basis

**Internal Revenue Service
Director, Exempt Organizations
Rulings and Agreements**

**Department of the Treasury
P.O. Box 2508
Cincinnati, Ohio 45201**

Date: SEP 10 2010

Highlands Community Ministries Inc.
1140 Cherokee Rd
Louisville, KY 40204

Employer Identification Number:
61-0708776
Person to Contact – ID#:
John Rice – ID # 0677001
Toll Free Contact Number:
(877) 829-5500

Dear Sir or Madam:

Thank you for the information you submitted on July 21, 2010 regarding your request for exception from filing Form 990. We have made it part of your file.

In our letter dated October 10, 1986 we determined that your organization was not required to file Form 990.

Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Furthermore, since your foundation status was also not under consideration, you continue to be classified as an organization with foundation status under section 509(a)(1) and 170(b)(1)(A)(vi) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as a tax-exempt organization. You may request a copy by calling the toll free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have any questions, please call our toll free number shown in the heading of this letter.

Thank you for your cooperation.

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

SECRETARY OF STATE
RECEIVED SECRETARY OF STATE
MAY 2 1970 **RECEIVED**
ARTICLES OF INCORPORATION APR 24 1970
OF Commonwealth of Kentucky
OF Commonwealth of Kentucky
HIGHLANDS COMMUNITY MINISTRIES, INC.

KNOW ALL MEN BY THESE PRESENTS:

THAT the undersigned does hereby form a corporation in accordance with the provisions of Chapter 27 of the Kentucky Revised Statutes and adopt the following as Articles of Incorporation.

ARTICLE I

The name of the corporation shall be HIGHLANDS COMMUNITY MINISTRIES, INC.

ARTICLE II

The corporation shall have perpetual existence.

ARTICLE III

The purpose of the corporation shall be to provide a Christian ministry to persons in the Highland area of Louisville, to enable them to gain a mature and meaningful self-image as God's creatures; and to provide program and activity that will foster human growth and development without regard to race, creed or color.

ARTICLE IV

The corporation shall be operated as a non-profit corporation, exclusively for charitable and educational purposes within the meaning of Section 501, of the Internal Revenue Code.

of 1954, as from time to time amended, and shall have and may exercise all powers given to non-profit corporations under the provisions of KRS 273, subject only to the limitation that not withstanding any other provisions of these articles, the corporation shall have only such powers as may be exercised in furtherance of its tax exempt purposes and as may be exercised by an organization for purposes similar to those of this corporation, exempt under Section 501 of the Internal Revenue Code.

ARTICLE V

The members of the corporation shall consist of those congregations, institutions and organized groups in the Highland Area which desire to affiliate with the corporation and to work cooperatively for the purposes of the corporation.

ARTICLE VI

The affairs of the corporation shall be managed by a Board of Directors. The names and post office address of the persons who shall serve as directors until their successors are duly qualified, are as follows:

<u>Name</u>	<u>Address</u>
Lowell Armstrong	13 Denham Road Louisville, Kentucky 40205
Charles L. Kimbler	2842 Tremont Drive Louisville, Kentucky 40205
Alicia Rickert	1740 Chichester Avenue Louisville, Kentucky 40205
Edgar C. Ritchie	2914 Avon Road Louisville, Kentucky 40220
Margaret Striepe	1707 Deer Wood Avenue Louisville, Kentucky 40205
Felix Sanders	506 Briar Hill Road Louisville, Kentucky 40206

**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:

HIGHLANDS COMMUNITY 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.

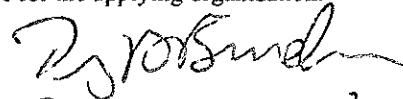
The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

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:

9/16/19

Legal Signatory (please print):

TROY D. BURDEW

Title:

Executive Director

Phone:

502 451 3695

Extension:

302

Email:

tburdew@hcm.louisville.org

Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Highlands Community Ministries INC.

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

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

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

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

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

Other (see instructions) ▶ _____

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

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

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

5 Address (number, street, and apt. or suite no.) See instructions.
1228 East Breckinridge Street

6 City, state, and ZIP code
Louisville Ky 40204

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

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

OR

Employer identification number

6	1	-	0	7	0	8	7	7	6
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶  Date ▶ **9/16/19**

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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