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

Applicant/Program: Liberian Community of Kentucky and Southern Indiana				
Evenutive Comments of Demosts				
Executive Summary of Request:				
These funds would be used by the Liberian Community of Kentucky and Southern Indiana for outstanding rent payment to Americana Community Center for November 2014 through October 2015.				
The Americana Community Center is being used by the Liberian Community to host meetings and other community events that promote the cultural, social, educational and economic needs of the community. All these events are open to the general public as a meeting of fostering mutual understanding among citizens				
T. d.:				
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-	$\begin{array}{c c} & & & & & & & & & \\ & & & & & & & & \\ \hline & & & &$			
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.				
21 DAVEN	3000.00 01/13/16			
District # Council Member Signature	Amount Date			
Primary Sponsor Disclosure List below any personal or business relationsh organization, its volunteers, its employees or relationsh	hip you, your family or your legislative assistant have with this members of its board of directors.			
Approved by:				
Appropriations Committee Chairman	Date			
Clerk's Office Only:				
Request Amount:	Committee Amended Appropriation:			
Original Appropriation:	Council Amended Appropriation:			

Legal Name of Applicant Organization: Liberian Community of Kentucky and Southern Indiana Program Name and Request Amount: rent payment - \$3,000 Yes/No/NA Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? Yes Is the funding proposed by Council Member(s) less than or equal to the request amount? Yes Is the proposed public purpose of the program viable and well-documented? Yes Will all of the funding go to programs specific to Louisville/Jefferson County? No Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? N/A N/A Has prior Metro Funds committed/granted been disclosed? Is the application properly signed and dated by authorized signatory? Yes Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? Yes If Metro funding is for a separate taxing district is the funding appropriated for a program outside N/A the legal responsibility of that taxing district? Is the entity in good standing with: Kentucky Secretary of State? Louisville Metro Revenue Commission? Yes\_ Louisville Metro Government? Internal Revenue Service? Louisville Metro Human Relations Commission? Is the current Fiscal Year Budget included? Yes Is the entity's board member list (with term length/term limits) included? Yes Is recommended funding less than 33% of total agency operating budget? No Does the application budget reflect only the revenue and expenses of the project/program? Yes Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? N/A Is the most recent annual audit (if required by organization) included? N/A Is a copy of Signed Lease (if rent costs are requested) included? Yes Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is N/A faith-based) included? Are the Articles of Incorporation of the Agency included? Yes Is the IRS Form W-9 included? Yes Is the IRS Form 990 included? Yes Are the evaluation forms (if program participants are given evaluation forms) included? N/A Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if N/A required to do so)? Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant No met the BBB Charity Review Standards? Prepared by: Date: 01/13/16



		SECTION 1 - APPLI	CANT INFORMATION		
Legal Name of Applica	ınt Orgai	nization: Liberian (	Community of Ken	tucky and Southern Indiana	
(as listed on: http://www.sos.ky.gov/business/records) Liberian Community of Kentucky and Southern Indiana					
	Mailing A	ddress: 4801 Southside I	Drive, Louisville, KY 402	214	
Website:		The state of the s			
Applicant Contact:	Roland	d Kesseh	Title:	President	
Phone:	502-29	95-2391	Email:	rolandkesseh@yahoo.com	
Financial Contact:	Roland	d Kesseh	Title:	President	
Phone:	502-29	95-2391	Email:	rolandkesseh@yahoo.com	
Organization's Represe	entative	who attended NDF Train	ing: N/A - New Grante	e	
GEOGI	RAPHICA	L AREA(S) WHERE PROG	RAM ACTIVITIES ARE (W	ILL BE) PROVIDED	
Program Facility Locat	ion(s):	Americana Communit	y Center 4801 Souths	ide Drive Louisville, KY 40214	
Council District(s):		21 (Metro-wide)	Zip Code(s):	40214	
	SECTI	ON 2 – PROGRAM REQU	EST & FINANCIAL INFOR	MATION	
PROGRAM/PROJECT N	IAME: Pa	ay rent to Americana Ce	nter for the Liberian Co	mm of KY and Southern Indiana.	
Total Request: (\$)	3,000	Total Metro A	ward (this program) in p	previous year: (\$)	
Purpose of Request (ch	heck all t	hat apply):			
Operating Fu	nds (gen	erally cannot exceed 33%	of agency's total opera	ting budget)	
Programming	g/service	s/events for direct benefi	t to community or quali	fied individuals	
☐ Capital Proje	ct of the	organization (equipment,	, furnishing, building, etc	5)	
The Following are Requ	uired At	tachments:			
IRS Exempt Status Dete		n Letter	Signed lease if rent co	sts are being requested	
Current Year Projected	_	_	IRS Form W9		
List of Board of Directo		de term & term limits	Evaluation forms if use	ed in the proposed program	
Current financial state			Annual audit (if requir	ed by organization)	
Articles of Incorporation	Most recent IRS Form 990 or 1120-H  Faith Based Organization Certification Form, if required				
Cost estimates from p		vendor if request is for	Staff including the 3 h	nighest paid staff	
capital expense					
				ived from Louisville Metro	
				hrough Metro Federal Grants,	
from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.					
	I/A		Amount: (\$) 0		
	I/A		Amount: (\$) 0		
	I/A		Amount: (\$) 0		
Has the applicant contacted the BBB Charity Review for participation?					
• •		Charity Review Standards	·	autorial of the control of the contr	

Page 1 Effective April 2014



# SECTION 3 – AGENCY DETAILS Describe Agency's Vision, Mission and Services: The Liberian Community of Kentucky and Southern Indiana (LCKSI) is a nonprofit corporation organized and operated exclusively for charitable, educational and cultural and social purposes. Specifically, LCKSI mission is to unite, advocate and serve as a link to other organizations to improve and develop capabilities for a better life. LCKSI uses member-volunteers for all of its activities. All activities are held within Metro Louisville and is not limited to a specific zip code area.



#### 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.):

These funds would be used by the Liberian Community of Kentucky and Southern Indiana for outstanding rent payment to Americana Community Center for November 2014 through October 2015.

The Americana Community Center is being used by the Liberian Community to host meetings and other community events that promote the cultural, social, educational and economic needs of the community. All these events are usually open to the general public as a mean of fostering mutual understanding among citizens.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): The \$3,000 would be used to specifically pay the Invoice/statement dated September 16, 2015 for outstanding rent.



C: If this request is a fundraiser, please detail how the proceeds will be spent:  N/A
<b>D:</b> 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 following rent invoice/statement is attached: - Statement dated September 16, 2014 for \$3,000
This is an outstanding balance, therefore there is no canceled check.
<ul> <li>☐ 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:</li> <li>✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.</li> </ul>
The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.
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E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:
The Americana Community Center is being used by the Liberian Community to host meetings and other community events that promote the cultural, social, educational and economic needs of the community. All these events are usually open to the general public as a mean of fostering mutual understanding among citizens.
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.
LCKSI has collaborative relationship with the Americana Community Center. The Americana Center provides their facilities to the LCKSI to enhance community outreach
activities.



#### 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. # See attached

	Column 5	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities	3,000		3000
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	3,000		3000
% of Program Budget	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 Revenue for Columns 2 Expenses **	

<sup>\*</sup>Total of Column 1 MUST match "Total Request on Page 1, Section 2"

<sup>\*\*</sup>Must equal or exceed total in column 2.

11,000.00	Total Expenditures
	Professional fees
	Interest expense
	Other salaries
	Compensation of officers
1,000.00	Stationery/ Misc
	Contributions, gifts, grants paid out
1,000.00	Outreach Activities
3,000.00	Annual July Program
3,500.00	Occupancy (rent, Utilities, etc.)
2,000.00	Graduates Recognition Program
500.00	Meeting/ Conference
	Expenditures
11,000.00	Total Revenue
	Value of services or facilities
	Taxes levied for your benefit
	Net Unrelated Business Income
	Gross investment Income
6,000.00	Membership fees
5,000.00	Gift, grants/Contributions
	Revenues
ınd Expenditures	Statement of Revenues and Expenditures
5 Budget	Fiscal Year 2015 Budget
ky and Southern Indiana	Liberian Community of Kentucky and Southern Indiana

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

	Donor*/Type of Contribution	Value of Contribution	Method of Valuation
	Utilities	150.00	monthly utilities fee waiver
	Hall	60.00	monthly Hall rental waiver
	Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &Other In Kind)	N/A	N/A
LIS	OONOR INFORMATION REFERS TO WHO MADE TED INDIVIDUALLY, BUT GROUPED TOGETHER RSON PER WEEK		
Ag	ency Fiscal Year Start Date: January 1s	t	7,00
	es your Agency anticipate a significant increase dget projected for next fiscal year? NO 🔳	e or decrease in your budget f	rom the current fiscal year to the
If Y	ES, please explain: A		



#### **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.
- 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.
- 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.
- 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.

BLYDEN KENNESY-ASSOCIATE WITH LCKSI

#### 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: 01-07-2016

Legal Signatory: (please print): Roland Kesseh

Phone: 502-295-2391

Extension: Email: rolandkesseh@yahoo.com

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# Liberian Community of Kentucky and Southern Indiana

## **Board of Directors and Staff**

Name	Position	Term	Expiration
Harry Kpor	Chairman	Second	2013 - 2016
Matthew Karmo	Board Member	First	2013 - 2016
Morris Cooper	Board Member	First	2013 - 2016
Roland Kesseh	President	2013 - 2016	
Alex Zoudua	Secretary	2013 -2016	
Abigail Wilson	Treasurer	2013 -2016	

There are no paid staff - All volunteer positions

Board members serve a term of three years. There are no term limit.

## LIBERIAN COMMUNITY OF KENTUCKY AND SOUTHERN INDIANA, INC.

#### **General Information**

**Organization Number** 

0593688

Name

LIBERIAN COMMUNITY OF KENTUCKY AND SOUTHERN

INDIANA, INC.

**Profit or Non-Profit** 

N - Non-profit

Company Type

KCO - Kentucky Corporation

Standing

A - Active

Standing

G - Good

State

KY

File Date
Organization Date

8/31/2004

Last Annual Report

8/31/2004 4/15/2015

**Principal Office** 

4801 SOUTHSIDE DR

LOUISVILLE, KY 40214

Registered Agent

JOHN 5. JALLAYU

4801 SOUTHSIDE DR LOUISVILLE, KY 40214

#### **Current Officers**

President

ROLAND B KESSEH

Vice President

HARRY KPOR

Secretary

<u>ALEX M ZODUA</u>

Treasurer

**LAURIE CORNETT** 

Director

HARRY KPOH

Director

TORWON LUOGON SR.

Director

DENIECE WILLIAMS

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

Director

SUSIE KARNEH

Director

SOLOMON K OUALAH

Director

**ANTHONY ADIBUAH** 

Director

**GRACE JACKSON** 

Director

FRANCIS MILLER

Incorporator

SUSIE KARNEH

Incorporator

SOLOMON K QUALAH

Incorporator

**ANTHONY ADIBUAH** 

#### 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>Amendment</u>

8/20/2015

1 page

tiff

PDF

	Welcome to Fasttrack Organization	n Search		
Annual Report	4/15/2015	1 page	<u>PDF</u>	
Reinstatement Certificate of Existence	1/17/2014 1:31:28 PM	2 pages	PDF	
Reinstatement	1/17/2014 1:29:42 PM	2 pages	<u>PDF</u>	
Reinstatement Approval Letter Revenue	1/17/2014 1:25:35 PM	1 page	<u>PDF</u>	
<u>Principal Office Address</u> <u>Change</u>	1/17/2014	1 page	tiff	<u>PDF</u>
Registered Agent name/address change	1/17/2014	1 page	<u>tiff</u>	PDF
<u>Amendment</u>	1/17/2014	4 pages	<u>tiff</u>	<u>PDF</u>
Administrative Dissolution	9/10/2011	1 page	<u>PDF</u>	
Annual Report Return	7/16/2010	2 pages	<u>tiff</u>	<u>PDF</u>
Annual Report	6/16/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	3/18/2010	1 page	<u>tiff</u>	<u>PDF</u>
Registered Agent name/address change	3/18/2010	1 page	<u>tiff</u>	PDF
<u>Principal Office Address</u> <u>Change</u>	3/18/2010	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report Amendment	6/2/2009	1 page	<u>PDF</u>	
Annual Report Amendment	5/28/2009	1 page	<u>tiff</u>	<u>PDF</u>
Registered Agent name/address change	5/19/2009 4:02:55 PM	1 page	<u>PDF</u>	
<u>Principal Office Address</u> <u>Change</u>	5/19/2009 4:00:21 PM	1 page	PDF	
<u>Annual Report</u>	5/19/2009	1 page	<u>PDF</u>	
Annual Report	7/16/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Principal Office Address</u> <u>Change</u>	7/16/2008	1 page	<u>tiff</u>	PDF
Registered Agent name/address change	7/16/2008	1 page	<u>tiff</u>	<u>PDF</u>
Reinstatement	8/14/2007	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Principal Office Address</u> <u>Change</u>	8/14/2007	1 page	<u>tiff</u>	<u>PDF</u>
Statement of Change	8/14/2007	1 page	<u>tiff</u>	<u>PDF</u>
Administrative Dissolution	11/1/2005	1 page	<u>PDF</u>	
Articles of Incorporation	8/31/2004	2 pages	<u>tiff</u>	<u>PDF</u>

#### **Assumed Names**

# **Activity History**

Filing	File Date	Effective Date	Org. Referenced
Amendment - Miscellaneous amendment	8/20/2015 11:24:17 AM	8/20/2015	
Annual report	4/15/2015 2:08:09 PM	4/15/2015 2:08:09 PM	
Amendment - Miscellaneous amendment	s 1/17/2014 1:45:43 PM	1/17/2014	
Registered agent address change	1/17/2014 1:32:37 PM	1/17/2014	

10/5/2015	Welcome to Fasttrack Orga	anization Search	
Principal office change	1/17/2014 1:31:59 PM	1/17/2014	
Reinstatement	1/17/2014 1:31:24 PM	1/17/2014	
Application For Reinstatement	1/17/2014 1:18:44 PM	1/17/2014	
Admin Dis. A. report not in	9/10/2011	9/10/2011	
Annual report	6/16/2010 3:08:49 PM	6/16/2010	
Registered agent address change	3/18/2010 2:48:39 PM	3/18/2010	
Amendment - Change name	3/18/2010 2:47:34 PM	3/18/2010	<u>LIBERIAN</u> <u>COMMUNITY</u> ASSOCIATION OF

# **Microfilmed Images**

KENTUCKIANA INC.

DEPARTMENT OF THE TREASURY

ID# 31208

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

Date:

SEP 03 2015

LIBERIAN COMMUNITY OF KENTUCKY AND SOUTHERN INDIANA INC C/O ROLAND KESSEH 4801 SOUTHSIDE DR LOUISVILLE, KY 40214-2111

Employer Identification Number:

DLN:

17053168302025 Contact Person: MS. LEE

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
May 15, 2010
Contribution Deductibility:
Yes

Addendum Applies: Yes

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

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

# LIBERIAN COMMUNITY OF KENTUCKY AND

Sincerely,

Jeffrey I. Cooper

Director, Exempt Organizations

Rulings and Agreements

# Liberian Community of Kentucky and Southern Indiana

# **Board of Directors and Staff**

Name	Position	Term	Expiration
Harry Kpor	Chairman	Second	2013 - 2016
Matthew Karmo	Board Member	First	2013 - 2016
Morris Cooper	Board Member	First	2013 - 2016
Roland Kesseh	President	2013 - 2016	
Alex Zoudua	Secretary	2013 -2016	
Abigail Wilson	Treasurer	2013 -2016	

There are no paid staff - All volunteer positions

Board members serve a term of three years. There are no term limit.

# Liberian Community of Kentucky and Southern Indiana Financial Statement - September 30, 2015

Projected Budget	Year -To-Date				
	Trojocca Dauget				
Revenues		Spent (Actual)	Balance		
Gift, grants/Contributions	5,000.00	1,000.00	4,000.00		
Membership fees	6,000.00	5,000.00	1,000,00		
Gross investment Income					
Net Unrelated Business Income					
Taxes levied for your benefit					
Value of services or facilities					
Any revenue not otherwise listed					
Total Revenue	11,000.00	6,000.00	5,000.00		
Expenditures 5					
Meeting/ Conference	500.00	400.00	100.00		
Graduates Recognition Program	2,000.00	1,800.00	200.00		
Occupancy (rent, Utilities, etc.)	3,500.00	500.00	3,000.00		
Annual July Program	3,000.00	2,000.00	1,000.00		
Outreach Activities	1,000.00	500.00	500.00		
Contributions, gifts, grants paid out					
Stationery/ Misc	1,000.00	200.00	800.00		
Compensation of officers					
Other salaries					
Interest expense					
Professional fees					
Total Expenditures	11,000.00	5,400.00	5,600.00		

#### NOT FOR PROFIT CORPORATION

These Articles of Incorporation (the "Agreement") are made and effective January 17, 2014

BY:

JOHN S. JALLAYU(the "first incorporator"), a Corporation organized and existing under the Laws of the State of Kentucky, with its head office located at: 4801 Southside

Drive, Louisville, KY 40214.

AND:

**ROLAND KESSEH** (the "Second Incorporator"), a corporation organized and existing under the Laws of the state of Kentucky, with its head office located at: 4801 Southside Drive, Louisville, KY 40214.

#### ARTICLE I

Articles of Incorporation of Liberian Community of Kentucky and Southern Indiana The undersigned acting as incorporators under the not-for-profit Corporation act of the state of Kentucky, adopt the following Articles of Incorporation for such corporation.

#### ARTICLE II

#### NAME OF THE CORPORATION

The name of the corporation hereinafter referred to as the "Corporation" is Liberian Community of Kentucky and Southern Indiana (LCKSI).

#### ARTICLE III

PERIOD OF DURATION

The period of duration of the Corporation is perpetual

#### **ARTICLE IV**

#### **PURPOSES OF THE CORPORATION**

The Corporation is organized exclusively for Social, Charitable, Educational and Culture purposes, including for such purposes, the making of distributions that qualify as exempt organization under section 501 (3) (c) of REVENUE CODE OR LAW, or corresponding section of and future Federal tax code. The Corporation may receive and administer funds for social, charitable, educational and culture purposes, within the meaning of section 501 (3) (c) of REVENUE CODE OR LAW and to that end, the corporation is empowered to hold property, or any undivided interest therein, without limitation as to amount or value; to dispose of any such property and to invest, reinvest, or deal with the principal or the income in such manner as, in the judgment of the directors, will best promote the purposes of the corporation, without limitation, except such limitations, if any as may be contained in the instrument under which such property is received, these Articles of Incorporation, the be-laws of the corporation or any applicable laws, to do any other act or thing incidental to or connected with the foregoing purposes or in advancement thereof, but not for the pecuniary profit or financial gain of its directors or officers except as permitted under the not-for-profit corporation law.

#### ARTICLE V

#### **EARNINGS**

No part of the net earnings of the corporation shall inure to the benefit of any member, trustee, officers of the corporation, or any private individual, expect that reasonable compensation may be paid for services rendered to or for the corporation affecting one or more of its purposes, and no member, trustee, officer of the corporation or private individual shall be entitled to share in distribution of any of the corporate assets on dissolution of the corporation. On substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting, to influence legislation, and the corporation shall not participate in or intervene in, including the publication or distribution of statements, any political campaign on behalf of any candidate for public office.

#### **ARTICLE VI**

#### DISSOLUTION

Upon the dissolution of the corporation or the winding up of its affairs, the assets of the corporation shall be distributed exclusively to one or more charitable, religious, scientific, testing for public safety, literary or educational organization which would then qualify under the provision of section 501 (3) (c) of the REVENUE CODE or LAW and its regulation as now exist or as they may be hereafter amended, or to the Federal Government, or State or Local Government, for public purpose. Any such assets not so disposed of shall be disposed of by the court of common pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations as said court shall determine which are organized and operated exclusively for such purposes.

#### **ARTICLE VII**

#### **QUALIFICATION FOR MEMBERSHIP**

The qualification for membership and the manner of their admission shall be regulated by the by-laws.

#### **ARTICLE VIII**

#### ADDRESS OF THE CORPORATION

The initial street address in the State of Kentucky of the initial registered office of the corporation is: 4801 Southside Drive, Louisville, KY 40214, and the initial registered agent at such address is John S. Jallayu

#### **ARTICLE IX**

#### TERRITORY

The territory in which the operations are principally to be conducted is: United States of America and its territories and possessions, but the operations of the corporation shall not be limited to such territory.

#### **ARTICLE X**

#### **BOARD OF DIRECTORS**

The initial board of directors shall consist of at least three (3) members, who need not be residents of the State of Kentucky.

#### COMMONWEALTH OF KENTUCKY TREY GRAYSON SECRETARY OF STATE



0593688.09 PB/evins NAO!

Trey Grayson Secretary of State Received and Filed 08/31/2004 12:26:00 PM Fee Receipt: \$8.00

### ARTICLES OF INCORPORATION

Nonprofit Corporation

For the purposes of forming a nonprofit corporation incorporator(s) hereby submit(s) the following Articles	n in Kentucky Pur of Incorporation to	rsuant to KRS Chap the Secretary of Stat	ter KRS 273 e for filing:	3, the undersigned
Article I: The name of the corporation is Liberian Community Assoc	iation of	Kentudio	na I	00.
Article II: The purpose for which the corporation is org	anized is to A	ring our Com	munitu 1	together and
Article III: The street address of the corporation's initia 4421 Culpaper Circle	registered office	in Kentucky is  Louisville	Ky	40241
and the name of the initial registered agent at that office	e is Fredrick	& Flemiste	Siate	Zip Code
Article IV: The mailing address of the corporation's printed the corporation of the corpo	ncipal office is	Louisville	Ky	4024/ Zin Code
Article V: The number of directors constituting the in addresses of the persons who are to serve as the initial	nitial board of directors	ectors is <u>5</u> s are as follows:	The n	ames and mailing
Solomon Qualah 1436 Sp Name / Street or P	Floyd St.	<u>Louisville</u>	- Ky	40208
Susie Karnen 323 S. K	lensel St.	Louisville	Ky	40204
Grace Jackson 9413#7 Do	nal Gl	Louisville	<del>Ky</del>	40220
Article VI: The name and mailing address of each inco	rporator is	City	sym.	Zip Code
SUBIE Karneh 323	Siwenz	el Stlou	24	40204
SOLOMON K, QUACAH 1436	SO FU	yo ST. Las.	"Ky	40208
Anthony Adibuah 3412	Susanna	Dr. Lousville	State K	24 D213
/ Norms Street or PC	) Box Number	Oky 1	State	Zip Code
Executed by the Incorpor	ator(s) on	August 21,0	004	
	Su	sie Karma	1	
,	2	Signature	of Incorporator	a para manana
	Di	nough	e)	***************************************
1. Fredrick Flemister Typa or prish name of registrated again	, cons	ent to serve as the registe	of incorporator red agent on bel	nalf of the corporation.
	Precin	Signature of Replatered	Agard	
This form does not comply with the 501 (C) status. You should o	ontact the Internal Re	Type or Print Name		of incorporation
DOD NAGI CLAGO	shed sheet for Instructions		······································	maarporadon

(See attached sheet for Instructions)



0593688.09

amcray AMD

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 8/20/2015 11:24 AM Fee Receipt: \$8.00

# COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

Articles of Amendment (Domestic Nonprofit Corporation)

**NPA** 

www.sos.ky.gov	
Pursuant to the provisions of KRS 14 purpose, submits the following stater	4A and KRS Chapter 273, the undersigned applies to amend articles and, for that ments:
1. The name of the corporation on re	cord with the Office of the Secretary of State is:
Liberian Community of K	entucky and Southern Indiana, Inc.
(The name must be identical to the name o	· · · · · · · · · · · · · · · · · · ·
2. The text of each amendment adop	pted: The Purpose of the corporation was amended as stated below:
	ES OF THE CORPORATION
Liberian Community of Kentucky and	d Southern Indiana is organized exclusively for charitable, religious, educational and
scientific purposes, including, for such pur	rposes, the making of distributions to organizations that qualify as exempt organizations described
under section 501(c) (3) of the INTERN	AL REVENUE CODE, or corresponding section of any future Federal tax code.
3. The date of adoption of each amer	ndment was August 15, 2015
4. Check either a, b or c (whichever is	

- a. \_\_\_\_\_ The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
- b. \_\_\_\_The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
- c. The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.
- 5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is (Delayed effective date and/or time)

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

A land	Roland Kesseh	President	8-20-1
Signature of Officer or Chairman of the Board	Printed Name	Title	Date



0593688.09

dcornish

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/17/2014 1:45 PM Fee Receipt: \$8 00

# COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Amendment (Domestic Nonprofit Corporation)	NPA
Pursuant to the provisions of KR: purpose, submits the following st	S 14A and KRS Chapter 273, the undersigned applies to atements:	amend articles and, for that
LIBERIAN CO	n record with the Office of the Secretary of State is:  MM UN 17 4 DF KENTUCK U  ne on record with the Secretary of State.)	and SOUTHERN WDIAN
2. The text of each amendment a	adopted: See attachment	inc
The date of adoption of each a     Check either a her statished		2014
amendment received at least operation by proxy were entitled to bThe amendment( entitled to vote with respe	s) was (were) duly adopted by a quorum present at such east two-thirds (2/3) of the votes which members present cast. s) was (were) duly adopted by consent in writing and was cet thereto.	at such meeting or represented s (were) signed by all members
the vote of a majority of the	s) was (were) duly adopted by the board of directors and ne directors in office since there are no members or mem	abers entitled to vote.
	e upon filing, unless a delayed effective date and/or time not be prior to the date the application is filed. The date a	
I declare under penalty of perjury	under the laws of Kentucky that the forgoing is true and of John 5. Jalla yu	correct.  President 1-17-2014  Title Date

(01/12)

# LEASE

# BASIC RENTAL AGREEMENT

This Rental Agreement or Lease shall evidence the complete terms and conditions under which
the parties whose signatures appear below have agreed. Landlord/Lessor, Americana Community
Center, Inc., shall be referred to as "LESSOR" and Tenant(s)/Lessee, Liberian Comm. Assoc.
of Kentuckiana, shall be referred to as "LESSEE." As consideration for this agreement,
LESSOR agrees to rent/lease to LESSEE and LESSEE agrees to rent/lease from LESSOR for
use solely as office space, the premises located at 4801 Southside Drive in the
city of Louisville, Kentucky.
1. TERMS: LESSEE agrees to pay \$_250.00_ per month on the1 day of each month.
This agreement shall commence on <u>June 1</u> , <u>2013</u> and continue on a month-to-
month tenancy until either party shall terminate this agreement by giving a written notice of
intention to terminate at least 30 days prior to the date of termination.
2. PAYMENTS: Rent and/or other charges are to be paid at such place or method designated by
the LESSOR. All payments are to be made by check or money order and cash shall be
acceptable. LESSOR acknowledges receipt of the First Month's rent of \$ 250.00 , and a
Security Deposit of \$, and additional charges/fees for
N/A , for a total payment of \$ 250.00 . All payments are to
be made payable to:
• • • • • • • • • • • • • • • • • • •
Americana Community Center, Inc.
4801 Southside Drive
Louisville KY 40214
3. SECURITY DEPOSITS: The total of the above deposits shall secure compliance with the
terms and conditions of this agreement and shall be refunded to LESSEE within N/A days
after the premises have been completely vacated less any amount necessary to pay LESSOR; a)
any unpaid rent, b) cleaning costs, c) key replacement costs, d) cost for repair of damages to
premises and/or common areas above ordinary wear and tear, and e) any other amount legally
allowable under the terms of this agreement. A written accounting of said charges shall be
presented to LESSEE within N/A days of move-out. If deposits no not cover such costs and
damages, the LESSEE shall immediately pay said additional costs for damages to LESSOR.
4. LATE CHARGE: A late fee of \$ N/A , (not to exceed 0 % of the monthly rent), shall
be added and due for any payment of rent made after the of the month. Any
dishonored check shall be treated as unpaid rent, and subject to an additional fee of \$ N/A.
disnonored check shall be treated as unpaid tent, and subject to all additional fee of \$
5. UTILITIES: LESSEE agrees to pay all utilities and/or services based upon occupancy of the
premises except <u>N/A</u> .
6. LIQUID FILLED FURNISHINGS: No liquid filled furniture, receptacle containing more
than ten gallons of liquid is permitted without prior written consent and meeting the requirements

- of the LESSOR. LESSEE also agrees to carry insurance deemed appropriate by LESSOR to cover possible losses that may be caused by such items.
- 7. PARKING: Parking space shall not be used for the washing, painting, or repair of vehicles.
- 8. NOISE: LESSEE agrees not to cause or allow any noise or activity on the premises which might disturb the peace and quiet of another LESSEE and/or neighbor. Said noise and/or activity shall be a breach of this agreement.
- 9. **DESTRUCTION OF PREMISES:** If the premises become totally or partially destroyed during the term of this Agreement so that LESSEE'S use is seriously impaired, LESSOR or LESSEE may terminate this Agreement immediately upon three day written notice to the other.
- 10. CONDITION OF PREMISES: LESSEE acknowledges that he has examined the premises and that said premises, all furnishings, fixtures, furniture, plumbing, heating, electrical facilities, all items listed on the attached property condition checklist, if any, and/or all other items provided by LESSOR are all clean, and in good satisfactory condition except as may be indicated elsewhere in this Agreement. LESSEE agrees to keep the premises and all items in good order and good condition and to immediately pay for costs to repair and/or replace any portion of the above damaged by LESSEE, his guests and/or invitees, except as provided by law. At the termination of this Agreement, all of above items in this provision shall be returned to LESSOR in clean and good condition except for reasonable wear and tear and the premises shall be free of all personal property and trash not belonging to LESSOR. It is agreed that all dirt, holes, tears, burns, and stains of any size or amount in the drapes, walls, fixtures, and/or any other part of the premises, do not constitute reasonable wear and tear.
- 11. ALTERATIONS: LESSEE shall not paint, wallpaper, alter or redecorate, change or install locks, install antenna or other equipment, screws, fastening devices, large nails, or adhesive materials, place signs, displays, or other exhibits, on or in any portion of the premises without the written consent of the LESSOR except as may be provided by law.
- 12. PROPERTY MAINTENANCE: LESSEE shall deposit all garbage and waste in a clean and sanitary manner into the proper receptacles and shall cooperate in keeping the garbage area neat and clean. LESSEE shall be responsible for disposing of items of such size and nature as are not normally acceptable by the garbage hauler. LESSEE shall be responsible for keeping the kitchen and bathroom drains free of things that may tend to cause clogging of the drains. LESSEE shall pay for the cleaning out of any plumbing fixture that may need to be cleared of stoppage and for the expense or damage caused by stopping of waste pipes or overflow from wash basins, or sinks.
- 13. CHANGE OF TERMS: The terms and conditions of this agreement are subject to future change by LESSOR after the expiration of the agreed lease period upon 30-day written notice setting forth such change and delivered to LESSEE. Any changes are subject to laws in existence at the time of the Notice of Change Of Terms.
- 14. **TERMINATION:** This agreement is automatically renewed from month to month, but may be terminated by either party giving to the other a 30-day written notice of intention to terminate.

Where laws require "just cause", such just cause shall be so stated on said notice. The premises shall be considered vacated only after all areas including storage areas are clear of all LESSEE'S belongings, and keys and other property furnished for LESSEE'S use are returned to LESSOR. Should the LESSEE hold over beyond the termination date or fail to vacate all possessions on or before the termination date, LESSEE shall be liable for additional rent and damages which may include damages due to LESSOR'S loss of prospective new renters.

- 15. **POSSESSION:** If LESSOR is unable to deliver possession of the office space to LESSEE on the agreed date, because of the loss or destruction of the office space or because of the failure of the prior LESSEE to vacate or for any other reason, the LESSEE and/or LESSOR may immediately cancel and terminate this agreement upon written notice to the other party at their last known address, whereupon neither party shall have liability to the other, and any sums paid under this Agreement shall be refunded in full. If neither party cancels, this Agreement shall be prorated and begin on the date of actual possession.
- 16. INSURANCE: LESSEE acknowledges that LESSOR'S insurance does not cover personal property damage caused by fire, theft, rain, war, acts of God, acts of others, and/or any other causes, nor shall LESSOR be held liable for such losses. LESSEE is hereby advised to obtain his own insurance policy to cover any personal losses.
- 17. RIGHT OF ENTRY AND INSPECTION: LESSOR may enter, inspect, and/or repair the premises at any time in case of emergency or suspected abandonment. LESSOR shall give 24 hours advance notice and may enter for the purpose of showing the premises during normal business hours to prospective renters, lenders, for smoke alarm inspections, and/or for normal inspections and repairs. LESSOR is permitted to make all alterations, repairs and maintenance that in LESSOR'S judgment are necessary to perform.
- 18. ASSIGNMENT: LESSEE agrees not to transfer, assign or sublet the premises or any part thereof.
- 19. PARTIAL INVALIDITY: Nothing contained in this Agreement shall be construed as waiving any of the LESSOR'S or LESSEE'S rights under the law. If any part of this Agreement shall be in conflict with the law, that part shall be void to the extent that it is in conflict, but shall not invalidate this Agreement nor shall it affect the validity or enforceability of any other provision of this Agreement.
- 20. NO WAIVER: LESSOR'S acceptance of rent with knowledge of any default by LESSEE or waiver by LESSOR of any breach of any term of this Agreement shall not constitute a waiver of subsequent breaches. Failure to require compliance or to exercise any right shall not be constituted as a waiver by LESSOR of said term, condition, and/or right, and shall not affect the validity or enforceability of any provision of this Agreement.
- 21. ATTORNEY FEES: If any legal action or proceedings be brought by either party of this Agreement, the prevailing party shall be reimbursed for all reasonable attorney's fees and costs in addition to other damages awarded.

23. <b>REPORT TO CREDIT/TENANT AGENCIES:</b> You are hereby notified that a nonpayment, late payment or breach of any of the terms of this rental agreement may be submitted/reported to a credit and/or tenant reporting agency, and may create a negative credit record on your credit report.
24. LEAD NOTIFICATION REQUIREMENT: For rental dwellings built before 1978, LESSEE acknowledges receipt of the following: (Please check) Lead Based Paint Disclosure Form EPA Pamphlet
25. ADDITIONS AND/OR EXCEPTIONS N/A
26. <b>NOTICES:</b> All notices to LESSEE shall be served at LESSEE'S premises and all notices to LESSOR shall be served at 4801 Southside Drive, Louisville KY 40214.
27. INVENTORY: The premises contains the following items, that the LESSEE may use.  Desk, computer, chair
28. <b>KEYS AND ADDDENDUMS:</b> LESSEE acknowledges receipt of the following which shall be deemed part of this Agreement: (Please check)  1 Keys #of keys and purposes <u>Unlock office door</u>
Other
29. ENTIRE AGREEMENT: This Agreement constitutes the entire Agreement between LESSOR and LESSEE. No oral agreements have been entered into, and all modifications or notices shall be in writing to be valid.
30. <b>RECEIPT OF AGREEMENT:</b> The undersigned LESSEES have read and understand this Agreement and hereby acknowledge receipt of a copy of this Rental Agreement.
LESSEE'S Signature
T3
Date 08/31/2015
LESSOR'S Signature
Date 08/31/2015
Date Onlar 18014

22. **OBLIGATIONS:** The undersigned LESSEE is responsible and liable for all obligations under this agreement.

# Americana Community Center Louisville, KY 40214

# Statement

Date	
9/16/2015	

То:	
Liberian Comm. Assoc. of Kentuckiana	
•	

				and the second	Amount Due Amount End	
					\$3,000.00	
Date	Transaction				Amount	Balance
08/31/2015 09/01/2015 10/01/2015	INV F INV	ance forward 7 #1282. Rent, 1 @ \$250.00 = 250.0 7 #1283. Rent, 1 @ \$250 = 250.00	0		250.00	2,500.00 2,750.00 3,000.00
CURRENT	<u></u>	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00		500.00	0.00	250,00	2,250.00	\$3,000.00

# Form W=9

(Rev. December 2014) Department of the Treasury Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

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

<del></del>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
	Liberian Community of Kentucky and Southern Indiana, Inc.					
ςi.	2 Business name/disregarded entity name, if different from above					
page,	same					
Print or type See Specific Instructions on pa	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  individual/sole proprietor or	the line above for	4 Exemptions (codes apply only to certain entitles, 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.)  and address (optional)			
	7 List account number(s) here (optional)					
Par	Taxpayer Identification Number (TIN)					
backureside entitle TIN or Note.	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to averable withholding. For individuals, this is generally your social security number (SSN). However, for a lien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i> page 3.  If the account is in more than one name, see the instructions for line 1 and the chart on page on whose number to enter.	ta or	r identification number			
Par	II Certification					
	penalties of perjury, I certify that:					
	number shown on this form is my correct taxpayer identification number (or I am waiting for					
Sei	n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest of longer subject to backup withholding; and	) I have not been or dividends, or (	notified by the Internal Revenue c) the IRS has notified me that I am			
3. I ar	n a U.S. citizen or other U.S. person (defined below); and					
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is correct.				
becau interes genera instruc	cation instructions. You must cross out item 2 above if you have been notified by the IRS the seyou have failed to report all interest and dividends on your tax return. For real estate transate paid, acquisition or abandonment of secured property, cancellation of debt, contributions to ally, payments other than interest and dividends, you are not required to sign the certification, ations on page 3.	actions, Item 2 do o an individual ret	pes not apply. For mortgage tirement arrangement (IRA), and			
Sign Here	Signature of U.S. person ► Aboland Da	nte > 10 - 6	5-15			

#### **General Instructions**

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

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

#### Purpose of Form

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

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

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

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

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

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.