C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

This form or its permitted facsimile must be submitted to the local unit no later than 10 days prior to the award of the contract.

Part I – Vendor Information

<table>
<thead>
<tr>
<th>Vendor Name:</th>
<th>National Center for Youth Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>PO Box 22185, Chattanooga, TN 37422</td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>PHONE:</td>
<td>423-899-5714</td>
</tr>
<tr>
<td>FAX:</td>
<td>423-899-4547</td>
</tr>
<tr>
<td><a href="http://www.ncyl.org">www.ncyl.org</a></td>
<td>EMAIL: <a href="mailto:marketing@ncyl.org">marketing@ncyl.org</a></td>
</tr>
</tbody>
</table>

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.J.S.A. 19:44A-20.26 and as represented by the instructions accompanying this form.

[Signature]

J. ROBERT NICKEL  [Printed Name]  VP FINANCE  [Title]

Part II – Contribution Disclosure

Disclosure requirement: Pursuant to N.J.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions (more than $300 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

☐ Check here if disclosure is provided in electronic form.

<table>
<thead>
<tr>
<th>Contributor Name</th>
<th>Recipient Name</th>
<th>Date</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Check here if the information is continued on subsequent page(s)
List of Agencies with Elected Officials Required for Political Contribution Disclosure

N.J.S.A. 19:44A-20.26

County Name:
State: Governor, and Legislative Leadership Committees
Legislative District #s:
    State Senator and two members of the General Assembly per district.

County:
    Freeholders                   County Clerk      Sheriff
    \{County Executive\}            Surrogate

Municipalities (Mayor and members of governing body, regardless of title):

**Users should create their own form, or download from www.nj.gov/dca/lgs/p2p a county-based, customizable form.**
STOCKHOLDER DISCLOSURE CERTIFICATION

Name of Business:

☐ I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

☐ I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business organization:

☐ Partnership
☐ Corporation
☐ Sole Proprietorship

☐ Limited Partnership
☐ Limited Liability Corporation
☐ Limited Liability Partnership

☐ Subchapter S Corporation

☒ NON PROFIT CORP 501 C(3)

PUBLIC CHARITY

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Stockholders:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td>Home Address:</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td>Home Address:</td>
</tr>
<tr>
<td>National Center for Youth Issues PO Box 22185, Chattanooga, TN 37422 PHONE: 423-899-5714 FAX: 423-899-4547 <a href="http://www.ncyl.org">www.ncyl.org</a> EMAIL: <a href="mailto:marketing@ncyl.org">marketing@ncyl.org</a></td>
<td></td>
</tr>
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<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td>Home Address:</td>
</tr>
</tbody>
</table>

Subscribed and sworn before me this 14th day of June, 2011

(Notary Public) Kay Marie Kendall
My Commission expires:

(Affiant) J Robert Nickel
(Print name & title of affiant)

(Corporate Seal) NCY1
09/28/04

Taxpayer Identification# 621-132-218/000

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-1730.

I wish you continued success in your business endeavors.

Sincerely,

John E. Tully, CPA
Acting Director

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

TAXPAYER NAME: NATIONAL CENTER FOR YOUTH ISSUES
TAXPAYER IDENTIFICATION#: 621-132-218/000
ADDRESS: 6101 PRESERVATION DR CHATTANOOGA TN 37416
EFFECTIVE DATE: 09/01/04

TRADE NAME: SEQUENCE NUMBER: 1092004
ISSUANCE DATE: 09/28/04

FORM-BRC(08-01)

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.
From: njstart@treas.nj.gov
Sent: Tuesday, May 22, 2018 2:45 PM
To: Bob Nickel
Subject: Vendor Pre-Registration Notification

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Administrator</td>
<td>(609) 341-3500</td>
<td><a href="mailto:njstart@treas.nj.gov">njstart@treas.nj.gov</a></td>
</tr>
</tbody>
</table>

Vendor #: V00034739
Company Name: National Center for Youth Issues
Email Address: marketing@ncyl.org

Thank you,
NJStart

Use this link to log on to NJSTART: [https://www.njstart.gov/bso/view/login/login.xhtml](https://www.njstart.gov/bso/view/login/login.xhtml)
Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of law, she shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

PLEASE CHECK THE APPROPRIATE BOX:

☐ I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

☐ I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATED TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ACTIVITIES ENTRY" BUTTON.

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Relationship to Bidder/Offeror: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Activities: _______</td>
<td></td>
</tr>
<tr>
<td>Duration of Engagement: _______</td>
<td>Anticipated Cessation Date: _______</td>
</tr>
</tbody>
</table>

Bidder/Offeror Contact Name: ____________________________ Contact Phone Number: ____________________________

CERTIFICATION: I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder; that the State of New Jersey is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): J. ROBERT NICKEL Signature: ____________________________ Date: 7-4-18

Title: VP FINANCE
CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-AUG-2018 to 15-AUG-2025.

NATIONAL CENTER FOR YOUTH ISSUES
6101 PRESERVATION DR.
CHATTANOOGA   TN  37416

ELIZABETH MAHER MUOIO
State Treasurer