

Reviewed 5.28.14 @ 3:36p

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

Applicant/Program: Shively Healthy Hometown Festival

Executive Summary of Request: The proposed festival will include a health fair with many kinds of screenings and healthy living components, in addition to entertainment showcasing community performing arts groups. There will also be fun activities geared specifically for children. This a collaborative effort of several groups energized to work together for a common good.

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

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

3
District #

Mary C. Woolridge
Primary Sponsor Signature

\$4,990⁰⁰
Amount

5/22/14
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.

None

Approved by: _____ Date _____
 Appropriations Committee Chairman

Clerk's Office Only:
 Request Amount: _____ Committee Amended Appropriation: _____
 Original Appropriation: _____ Council Amended Appropriation: _____

Smith, Chanelle Emily

From: Woolridge, Mary
Sent: Wednesday, May 28, 2014 2:42 PM
To: MetroCouncilClerk
Cc: Brown, Sharron; Woolridge, Mary
Subject: NDF/ Shively Healthy Hometown Festival

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

I give permission for my Legislative Assistant Sharron Brown to sign for me on the this paperwork to be submitted by the next new business deadline.

Please always copy my Legislative Assistant sharron.brown@louisvilleky.gov on emails to me.

*Mary C Woolridge
Councilwoman District 3
601 W. Jefferson St.
3rd Floor City Hall
Louisville, KY 40202*

*Phone 502 574-1103
Fax 502 574-3504*



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Robert Jamison Ministries, Inc.	
<small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
Main Office Street & Mailing Address: 1716 Theresa Ave., Louisville, KY 40216			
Website:			
Applicant Contact:	Ruth Totty-Mitchell	Title:	Project Manager/consultant
Phone:	502-409-6103	Email:	mstmit2@aol.com
Financial Contact:	Robert Jamison	Title:	President
Phone:	502-445*9373	Email:	rjminisries100@gmail.com
Organization's Representative who attended NDF Training: Ruth Totty-Mitchell			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	2020 Garrs Lane, Louisville, Ky		
Council District(s):	3	Zip Code(s):	40216
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Shively Healthy Hometown Festival			
Total Request: (\$)	\$4990.00	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input checked="" type="checkbox"/> Faith Based Organization Certification Form, if required <input type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	0
Source:		Amount: (\$)	0
Source:		Amount: (\$)	0
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

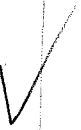
Describe Agency's Vision, Mission and Services:

We are a common community, therefore creating a unified front to create communal resources and opportunities which impact the lives of the residents of Shively and Metro Louisville.

Individually we have been providing life, job skills training and after school tutoring. We also have Early Childhood developments facilities, food panties and community clothes closets to assist in the self sufficiency and productive members of our community.

This is a collaboration between Garrs Lane United Methodist Church, I Tutor You Tutor and Robert Jamison Ministries, Inc., creating a platform for an annual event of a Health Festival. There are plans for quarterly events highlighting our youth, empowering and empowering our community. Our vision is to reconnect, re-empower and reinforce unity in the community.

See Event Agreement





LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

On July 11th and 12th we shall infuse the summer with healthy alternatives to the usual. This event incorporates fun interactive activities into a MEGA Health Fair. In addition to health education, screenings and cooking demonstrations we will showcase the talents in the community. The entertainment value of these events shall increase awareness of some energetic positive sources of performing arts, not highlighted in the city. We are focusing on the families of the Shively and surrounding communities. Festivals, inflatables and vendors, like the fair are for all ages and cultures. We will have service providers bringing bi-lingual support staff.

Our event was conceived to bolster resources into the neighborhood and act as a surrogate to the canceled Shively Festival. This holistic approach offers something for mind, body, soul and spirit. We have commitments from:

American Red Cross for Blood Drive American Heart Association, Kool Smiles, Youth Build, Job Corps, US Marine Corp, Shively Police and Fire Departments, American Diabetes Association, Ky Stroke Association, Shively Library, Health Department HIV Prevention & Smoking Cessation, Shawnee Christian Health Center, The Big Giant Colon, Center for Women and Families, KIPDA, The Root Cellar, J. Graham Brown Screen Van, BB&T Bank Bus, Kentucky Department of Agriculture, Sickle Cell Foundation to name a few.

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

This funding request is to offset the cost of inflatables, porta potties tents and hand sinks. see attached listing for cost break down.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Each organization works with the schools systems in the community. All new proceeds will be equally distributed to those we serve in the community. This includes our day care facility and their families, the tutoring facilities and the community when we have our annual back to school carnival and give away.

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

- Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

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

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

benefits of the events shall be measured through results of providers data.

American Red Cross Blood Drive sets a goal, we are given a report at the end of the festival.

Kentucky cancer program tracks activities of the screenings and educational material distributes and we are given feed back and access to this information.

Job Corps, Youth Build and marine recruitments retain tracking logs which are shared.

We have also created an evaluation for all vendors, and providers to complete for the over all concept. This will be the basis to measure outcomes for future planning.

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.

As the Shively Festival Coalition our core planning partners are Garrs Lane United Methodist Church. They are providing the venue, and utilities on their 5 acre picturesque site, as well as volunteers.

I Tutor Your Tutor is providing resource assistance, planning input, volunteer and recruitment of vendors for the event

Hilghland Park CDC is providing Volunteers and recruitment of vendors.

Robert Jamison Ministries Inc., is the planning arm of this venture, providing oversight, volunteer recruitment, resource assistance, technical support and financial oversight.

We consider each of the health care providers, the Shively library, Job Corps, Marine Recruitment, Fire Depart and Shively Police department to be part of the collaborative effort. for there are cost involved in moving the equipment, obtaining volunteers and others to work at our event.

See
Attachment



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		1000.00	1000.00
C: Office Supplies		1800.00	1800.00
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials		1955.00	1955.00
I: Community Events & Festivals (Attach Detail List)	4990.00	8700.00	13690.00
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	4990.00	13455.00	18445.00
<i>% of Program Budget</i>	27.05 %	72.95 %	100%

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

Other State, Federal or Local Government	1000.00
United Way	0
Private Contributions (do not include individual donor names)	10455.00
Fees Collected from Program Participants	2000.00
Other (please specify)	
<i>Total Revenue for Columns 2 Expenses **</i>	13455.00

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

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
City of Shively Request	1000.00	Cash Request
Garrs Lane United Methodist Chur ✚	1000.00	Proce comparison with parks and rec
Fun masters	3750.00	cost of items
volunteers and donations	7706.00	time and donations of supplies
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &Other In Kind)</i>	13455	

*** 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: FEBRAURY 1,2014

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:

Applicant's Initials 



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

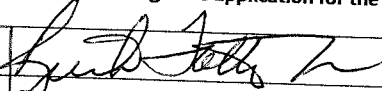
Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory: 		Date: 5/16/14
Legal Signatory: (please print): Ruth Totty-Mitchell		Title: Project manager
Phone: 502-409-6103	Extension:	Email: mstmit2@aol.com

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

DEPARTMENT OF THE TREASURY

AA

SEP 15 2013

Date:

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

Employer Identification Number:
27-4782044

DLN:

17053184326013

Contact Person:

SUSAN Y MALONEY

ID# 31210

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

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

Form 990 Required:

Yes

Effective Date of Exemption:

February 1, 2011

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

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

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

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

Letter 947 (DO/CG)

Timetable

The expected timetable for the project with phases, and agree on a schedule for each.

	Description of Work	Start and End Dates
Phase One	Agreements	3/16/14
Phase Two	Committees Established	01/25/2014
Phase Three	Permits and communications out	03/31/14
Phase Four	Final approval of event and Vendor	03/25/14
Phase Five	Health Fair Participants ,Vendors, schools, churches invited to participate	03/31/14
Phase Six	Request for City funds.	03/31/14
Phase Seven	Sponsorships	04/15/14
Phase Two	Festival program started	03/25/14
Phase Eight	Internal committees updates	03/16/14
Phase Nine	External community follow up weekly	4/20/14
Phase Ten	Set up of event	07/10/14
Phase Eleven	Close and clean up	07/12/14

Budget *Current Projected Cost*

The proposed costs and budget of the project designated payee is noted here. .

	Description of Work	Anticipated Costs
Permits	Per city exempt	150.00
Communication		500.00
Amusements	*Includes stage and porta potties	6300.00
Festival brochure		1500.00
Mailings		150.00
Flyers		500.00
Trophies/backpacks		400.00
Stage		3840.00
City Request		4,900.00 <i>4990.00</i>
Tickets/wristbands		500.00
Usb wrist bands		300.00
Snack supplies		700.00
Prizes for games		700.00
Ice		300.00
Table decorations		500.00

Current Board Directors 2014

ROBERT JAMISON MINISTRIES, INCORPORATED

General Information

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

Current Officers

President [ROBERT G. JAMISON](#)
Vice President [CAROLYN DURHAM](#)
Secretary [DWIGHT DURHAM](#)
Treasurer [ANDREA COLEMAN-WHITE](#)
Director [ROBERT G. JAMISON](#)
Director [CAROLYN DURHAM](#)
Director [DWIGHT DURHAM](#)
Director [ANDREA COLEMAN-WHITE](#)

Individuals / Entities listed at time of formation

Director [ROBERT G. JAMISON](#)
Director [CAROLYN DURHAM](#)
Director [ANDREA COLEMANWHITE](#)
Director [DWIGHT DURHAM](#)
Director [GLORIA RUDY](#)
Incorporator [TARSHA SEMAKULA](#)

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.

Document Type	Date	Pages	Format	Format
Annual Report	4/4/2014	1 page	tiff	PDF
Annual Report	7/1/2013	1 page	tiff	PDF
Annual Report	7/18/2012	1 page	tiff	PDF
Articles of Incorporation	2/1/2011	4 pages	tiff	PDF

Assumed Names

Activity History

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

Microfilmed Images

From: support <support@express990.com>

To: mstmit2 <mstmit2@aol.com>

Subject: [Express990] Your Form 990-N (e-Postcard) has been Transmitted to IRS

Date: Tue, May 13, 2014 8:34 am



Call our USA based customer support 704.839.2321

Dear ruth,

Your Return has been transmitted to IRS!

It normally takes about an hour for the IRS to process the returns. During the peak season, it could take up to a business day for IRS to process a return. We will update you as soon as the IRS notifies us of the status of your return.

Organization Name	Form	Tax Year	Return Number
ROBERT JAMISON MINISTRIES INCORPORATED	Form 990-N (e-Postcard)	2013	4B0013214874-1

You can also log on to our website and check your status at www.express990.com

If you have questions, please send us an email or chat/call us.

Thank you for your business,

Express990.com Support Team

704.839.2321

www.express990.com

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Dashboard Business Form 990-N (e-Postcard) My Account Support

Business Form Interview Summary Review Our Fees Transmit to IRS

Congratulations! Your return has been Transmitted to IRS

Your return is on its way to IRS via Express990 e-file System. Once the IRS processes the return, we will notify you using the email address on our file mstmit2@aol.com.

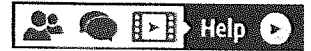
Although, we expect that IRS will complete the processing of your return within an hour, please note that there could be a delay to the Volume of returns filed with IRS.



Transmitted



received by IRS



Return Summary

Business Information [View](#)
ROBERT JAM...
27-4782044

990-N (e-Postcard) filer [View](#)
Information
Tax Year: 2013
Return Number: 4B0013214874-1

Recommend Us:

These past years, our company has grown tremendously thanks to many referrals from clients like you. Please take a moment to recommend us to your friends. Thank You!

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Share

Documents for your review and record:

Summary of your Form 990-N(e-postcard)
(You can also download this from the Dashboard)

[View](#)

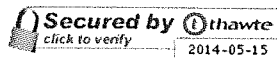
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704.839.2321

Chat With Us

Hi Ruth

Log Off

Dashboard Business My Account Support

Business	Form Interview	Summary	Review	Our Fees	Transmit to IRS
----------	----------------	---------	--------	----------	-----------------

Enter your Exempt Organization details such as Organization Name, EIN and Address. The Organization name and EIN must match exactly as the IRS has it in their system.



Knowledge Center

With a new EIN, it can take up to ten business days for your return to go through.

You can call the IRS Business & Specialty Tax Line at (800) 829-4933 to verify the Organization name and EIN.

Exempt Organization Details

Exempt Organization Details

*EIN: 27-4782044

Make sure the EIN matches with what is on the IRS communications.

Organization Name: ROBERT JAMISON MINISTRIES INCORPORATED

Name has changed since the previous submission? ?

Doing Business As:

*Form of Organization: Corporation

Is the address outside US?

Address has changed since the previous submission?

*Address 1: 1716 THERESA

e.g. 123 Main St

Address 2:

e.g. Suite 122 or Apt 203

*City: LOUISVILLE

*State: Kentucky (KY)

*Zip Code: 40216

*Phone: (502) 445-9373

Website Address:

*Email: mstmit2@aol.com

*Time Zone: (GMT-05:00) Eastern Time (US & Canada)

Reesa 1

Principal Officer Details

*Principal Officer's Name: ROBERT JAMISON

Is the address outside US?

Is this address same as your business address?

*Address 1: 1716 THERESA

e.g. 123 Main St

Address 2:

e.g. Suite 122 or Apt 203

*City: LOUISVILLE

*State: Kentucky (KY)

0781093.09 mstratton
ADD
Elaine N. Walker, Secretary of Sta
Received and Filed:
2/1/2011 12:54 PM
Fee Receipt: \$8.00

113

Articles of Corporation

of

Robert Jamison Ministries, Incorporated

ARTICLE I.

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

ARTICLE II.

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

Outreach

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

Basic Needs

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

Personal Development/Self- Sufficiency

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

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

ARTICLE III.

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

- a) No part of the net earnings shall inure to the benefit of or be distributable to, its members, directors or officers or any private individual, except that the Corporation shall be authorized and

empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article II hereof.

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

ARTICLE IV.

The Corporation shall have no members.

ARTICLE V.

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

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

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

ARTICLE VI.

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

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

ARTICLE VII.

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

ARTICLE VIII.

The mailing address of the corporation's principal office is 1716 Theresa Avenue

Louisville, KY 40216.

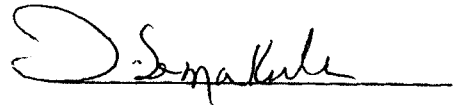
ARTICLE XI.

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

ARTICLE X.


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

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



Tarsha Semakula, Incorporator

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

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

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <i>Robert Jamison Ministries Inc</i>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) <i>1716 Theresa Ave</i>	Requester's name and address (optional)
City, state, and ZIP code <i>Louisville Ky 40216</i>		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																			
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.	<table border="1" style="width: 100%; text-align: center;"> <tr><th colspan="9">Social security number</th></tr> <tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td></tr> </table>	Social security number												-			-		
Social security number																			
			-			-													
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; text-align: center;"> <tr><th colspan="9">Employer identification number</th></tr> <tr><td>2</td><td>7</td><td>-</td><td>4</td><td>7</td><td>8</td><td>2</td><td>0</td><td>4</td></tr> </table>	Employer identification number									2	7	-	4	7	8	2	0	4
Employer identification number																			
2	7	-	4	7	8	2	0	4											

Part II Certification
Under penalties of perjury, I certify that:
<ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. citizen or other U.S. person (defined below), and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Robert Jamison</i>	Date ▶ <i>5/18/14</i>
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General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

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

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

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

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

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

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

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

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

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

Legal Name of Applicant Organization:
Robert Jamison Ministries, Inc

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

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

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

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

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

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

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

SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this disclosure for the applying organization.

Signature of Legal Signatory:



Date: 05/17/2014

Legal Signatory (please print):

Ruth Totty-Mitchell

Title: Project Manager

Phone: 502-409-6103

Extension:

Email: mstmit2@aol.com

NON-CIRCUMVENTION, NON-DISCLOSURE AND CONFIDENTIALITY EVENT AGREEMENT

Document of correction

Signed on 3/16/2014

This document is inclusive as part of the original signed document sealed on aforementioned date. Agreements were effective with date of signature and activities began as of this date are inclusive with this agreement.

THIS AGREEMENT entered into on this March 16th, 2014 is for the Professional Association and arrangement of Non-Circumvention, Non-Disclosure and Partnership between **Garrs Lane United Methodist Church, whose principle address is 2020 Garrs Lane, Shively, KY 40216, Highland Park CDC, whose principle address is 3700 Shanks Lane, Louisville, KY 40216 Robert Jamison Ministries, Inc.** whose office is located at PO Box 16620, Louisville, Kentucky 40256, and **I Tutor You Tutor, Inc** whose principal place of business is 2021 Garrs Lane, Shively, KY 40216 herein after called the "The Parties."

The Parties with this agree to respect the integrity and tangible value of this agreement between them.

THIS AGREEMENT is a perpetuating guarantee for one(1) year from the date of execution and is to be applied to any and all transactions present and future, of the introducing party, including subsequent follow-up, repeat, extended, renegotiated, and new transactions regardless of the success of the project.

Because of THIS AGREEMENT, the Parties involved in this transaction may learn from one another, or from principals, the names and telephone numbers of potential sponsors, or called contacts. The Parties with this acknowledge, accept and agree that the identities of the contacts will be recognized by the other Party as valuable contacts of the introducing Party and will remain so for the duration of this agreement.

The Parties agree to reserve the names of any contacts introduced or revealed to the other party, and that their firm, company, associates, corporations, joint ventures, partnerships, divisions, subsidiaries, employees, agents, heirs, assigns, designees, or consultants will not contact, deal with, negotiate or participate in any transactions with any of the contacts, during the planning or proposed event, without first entering a written agreement with the Party who provided such contact unless that Party gives prior written permission. Such communication will include any names, addresses, telephone, telex, facsimile numbers, and/or other pertinent information disclosed or revealed to either Party in an effort to restrain conflict.

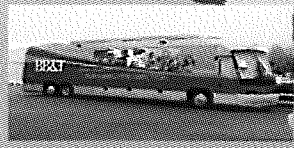
The Parties agree not to disclose, reveal or make use of any information during discussion or observation regarding methods, concepts, ideas, product/services, or proposed new products or services, nor circumvent any of the revealed contacts without the written consent of the introducing party or parties.

The Parties agree that due to the many variables surrounding each Business Financial Transaction that will occur because of this agreement, the fees to be paid and/or the fee structure between the Parties can vary. The income/ fee agreement will outline compensation for each Business/structured Transaction. The fee agreement must be drafted and acknowledged by signature before all Business/Financial Transactions. This is a partnership agreement by which each shall benefit as per agreement.

In case of conflict, the Parties agree and guarantee that they will pay a legal monetary penalty that is equal to the commission or fee the harmed Party should have realized in such transactions, by the person(s) engaged in the conflict for each occurrence. If either party commences legal proceedings to interpret or enforce the terms of THIS AGREEMENT, the prevailing Party will be entitled to recover court costs and reasonable attorney fees.

The parties will construe THIS AGREEMENT in accordance with the laws of the State of Kentucky, County of Jefferson. If any provision of this agreement is found to be void by any court of competent jurisdiction, the remaining provisions will remain in force and effect.

BB&T BANK BUS



AMERICAN RED CROSS BLOOD DRIVE

Fire Safety



HEALTH SCREENINGS

Shively Library Everyone Read, Get your card

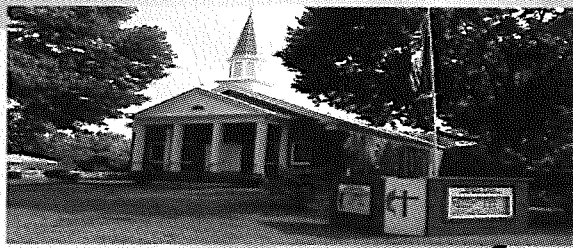


Louisville/Shively 1st Annual Healthy Home Town Festival and Liturgical Dance Off At Garrs Lane United Methodist Church



Law Enforcement Information

MAMMAGRAM SCREENINGS



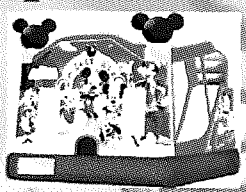
DENTAL SCREENINGS



2020 Garrs Lane, Shively 40216



July 11, 2014 4pm-8pm July 12, 2014 10-8pm



FOOD COURT



A collaboration with Garrs Lane United Methodist Church, Robert Jamison Ministries, Inc., and I Tutor You Tutor, Inc., call: Garrs Lane United Methodist Church 502-447-7322 Carolyn Durham @ 502-528-5788 Robert Jamison @ 502-445-9373 Donnie Mack 876-2923 Ruth Mitchell 502-409-6103 Vendor Space non food \$50.00 Food Court \$125.00 Dance, Step, Mime teams please call for further info.

Page 3 Section 4 B

**Shively Healthy Hometown Festival funding request by Robert Jamison Ministries
Itemized list of items in funding request**

Inflatables	7.12/2014 3pm-9pm	7/12/2014 9am-9pm	Total
Finding Nemo Slide	\$ 100.00	\$ 225.00	\$ 325.00
Mickey Mouse Party Combo	\$ 100.00	\$ 250.00	\$ 350.00
Noa 5-1	\$ 100.00	\$ 250.00	\$ 350.00
64 Ft sports obstacle course	\$ 250.00	\$ 500.00	\$ 750.00
Sports Combo 4-1	\$ 110.00	\$ 250.00	\$ 360.00
commando Slide	\$ 200.00	\$ 400.00	\$ 600.00
Slam N Jam	\$ 200.00	\$ 500.00	\$ 700.00
Winnie The Pooh	\$ 80.00	\$ 160.00	\$ 240.00
Trikes @2	\$ 20.00	\$ 20.00	\$ 40.00
			\$ -
	\$ 1,160.00	\$ 2,555.00	\$ 3,715.00

4 porta potties 2day package \$ 525.00
two hand sinks

20X40 tent+6x8's 2day package \$ 750.00

\$ 4,990.00

Section 4-F

SHIVELY'S 1ST ANNUAL HEALTHY HOMETOWN FESTIVAL AT GARRS LANE UMC

Upon execution of THIS AGREEMENT by signature below, the Parties agree that any individual, firm company, associates, corporations, joint ventures, partnerships, divisions, subsidiaries, employees, agents, heirs, assigns, designees or consultants of which the signer is an agent, officer, heir, successor, assign or designee is bound by the terms of THIS AGREEMENT.

A facsimile copy of this Non-Circumvention, Non-Disclosure and Confidentiality Agreement shall constitute a legal and binding instrument. By setting forth my hand below I warrant that I have complete authority to enter into THIS AGREEMENT.

For: Garrs Lane Methodist Church
Address: 2022 Garrs Lane
City Louisville Ky 40216

Rev. Steve R. Jordan Date March 16, 2014
Signature _____
Title Minister

For: Garrs Lane Methodist Church
Address: 2020 Garrs Lane
City Louisville, Ky. 40216

Bob Douglas Date March 16, 2014
Signature _____
Title PPRC, Chairman

For: Highland Park Baptist Church
Address: 3700 Shanks Ln
City Louisville 40216

Don Mad Date 3/16/2014
Signature _____
Title g/ica President

For: Highland Park Baptist Church
Address: _____
City _____

Signature _____ Date _____
Title _____

For: Robert Jamison Ministries, Inc.
Address: 14th Meade Ave
City Louisville, KY 40254

Robert Jamison Date March 16, 2014
Signature _____
Title President

SHIVELY'S 1ST ANNUAL HEALTHY HOMETOWN FESTIVAL AT GARRS LANE UMC

For: Robert Jamison Ministries, Inc.

Address: 6618 Miller Park Dr

City: Louisville Ky 40258

Signature: Carolyne Durham Date: 3/16/2014

Title: Local Resident

For: I Tutor You Tutor

Address: 2021 Garrs Ln

City: 40216

Signature: Don Mack Date: 3/16/2014

Title: CEO

For: I Tutor You Tutor

Address: _____

City: _____

Signature: Paul Johnson Date: _____

Title: _____

ROBERT JAMISON MINISTRIES, INCORPORATED**General Information**

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

Current Officers

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

Individuals / Entities listed at time of formation

Director	<u>ROBERT G. JAMISON</u>
Director	<u>CAROLYN DURHAM</u>
Director	<u>ANDREA COLEMAN-WHITE</u>
Director	<u>DWIGHT DURHAM</u>
Director	<u>GLORIA RUDY</u>
Incorporator	<u>TARSHA SEMAKULA</u>

Images available online

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

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

Assumed Names

Activity History

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

Microfilmed Images