



**Applicant/Program:** Saint Joseph's Area Association, Inc.

### **Additional Disclosure and Signatures**

#### **Additional Council Office Disclosure**

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

<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> <i>ST. JOSEPH AREA ASSOCIATION, INC.</i>		
<b>Program Name:</b>	<b>Request Amount:</b>	Yes/No/NA
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		Y
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		Y
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Y
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		Y
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?		Y
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		OK
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		Yes
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		n/a
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		Yes
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		no
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		Yes
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		Yes
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		OK
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		N/A
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		N/A
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		Yes
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Yes
<b>Operating Budget:</b> Is the organization’s current fiscal year operating budget included?		Yes
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		no
<b>Board Members:</b> Is the entity’s board member list (with term length/term limits) included?		Yes
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		Yes
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		Yes
<b>Rent Requests:</b> Is a copy of signed lease included?		n/a
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		Yes
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		Yes
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		n/a
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		n/a
<b>Prepared by:</b> <i>Alicia Hughes</i>	<b>Date:</b> <i>3/18/14</i>	



# LOUISVILLE METRO COUNCIL



## NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant Organization: **Saint Joseph's Area Association, Inc**  
(as listed on: <http://www.sos.ky.gov/business/records/>)

Main Office Street & Mailing Address: **526 Atwood Street, Louisville, Ky 40217**

Website: **www.stjosaa.org**

Application Contact: **Gail Linville**

Title: **President**

Phone: **502-637-3159**

Email: **stjosaa@hotmail.com**

Financial Contact: **same**

Title:

Phone:

Email:

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

Program Facility Location(s): **Crittenden Dr & Warnock St and Eastern Parkway & Crittenden Dr**

Council District(s): **15**

Zip Code(s): **40217**

### SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

Program Name: **Beautification Program**

Total Request: \$ **1200.00**

Total Metro Award (this program) in previous year: \$ **2000.00**

The following are required attachments:

- IRS Exempt Status Determination Letter
- Current Year Projected Budget
- List of Board of Directors (include term & term limits)
- Current financial statement
- Most recent IRS Form 990 or 1120-H
- Articles of Incorporation
- Cost estimates from proposed vendor if request is for capital expense

- Signed lease if rent costs are being requested
- IRS Form W9
- Evaluation forms if used in the proposed program
- Annual audit (if required by organization)
- Faith Based Organization Certification Form, if required
- Staff including the 3 highest paid staff

Agency Fiscal Yr Start Date: **01/01/2014**

For the current fiscal year ending June 30, list all funds 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: **N/A**

Amount: \$

Source:

Amount: \$

Source:

Amount: \$

Has the applicant contacted the BBB Charity Review for participation?  Yes  No

Has the applicant met the BBB Charity Review Standards?  Yes  No

### SECTION 3 - SIGNATURE

I certify under the penalty of law the information in this application (including, without limitation, the "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.

Signature of Legal Signatory:

Date: **3/14/2014**

Legal Signatory (please print): **Gail Linville**

Title: **President**

Phone: **502 637-3159** Extension:

Email: **stjosaa@hotmail.com**

#### SECTION 4 - AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

The mission of the Saint Joseph's Area Association is to promote the stability, vitality and sense of community for all those who reside in, work in, or visit our neighborhood.

#### SECTION 5 - PROGRAM NARRATIVE

**A: Purpose of Request (check all that apply):**

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

**B: 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):**

For landscaping, beauty and maintenance of 3 traffic islands in the neighborhood. This will include seasonal plantings, mulching, adding gravel and decorative rock, weeding, repairing vandalism and damage from pedestrians and cars/trucks.

**C: Describe specifically how the funding will be spent including identification of funding to subgrantee(s):**

The activity being proposed is the landscaping and maintenance of traffic islands at 2 locations at Crittenden Drive and Eastern Parkway, and Crittenden Drive and Warnock Street.

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

- The funding request is a reimbursement of the following expenditures that have occurred prior to the application date:
- ✓ 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 be incurred after the application date, but prior to the Metro Council approval date. This option will allow expenditures occurring within this time frame to be considered compliant with 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.

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

Not Applicable

**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 specifically.**

Not Applicable

**G: 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:**

Beautifying and improving traffic islands will make them safer and ore attractive for pedestrians using the crosswalks at the intersections. These islands will also enhance the appearance of the neighborhood at these major entry points to the area, as well as to help identify the boundaries of out neighborhood as a district from adjacent communities such as the University of Louisville Belnap campus. The plantings will also serve to "greenup" what were previously bare expanses of concrete and help water retention and runoff at these intersections.

If visitors entering our neighborhood are better able to identify the area, if pedestrians feel safer using the crosswalks at these intersections, and if residents of our community feel increased pride in the appearance of some of the major entry way into our area then this project will have been successful.



**SECTION 6 - PROGRAM BUDGET SUMMARY**

The Program Budget should realistically estimate what amount is needed from Metro Government and what is expected from other sources. Enter whole-dollar amounts.

	Column 1	Column 2*	Column 3
Program Expenses	Proposed Metro Funds	Non- Metro Funds	Total Program Cost
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (Attach Detailed List)</b>			
<b>G: Professional Service Contracts</b>	1200.00		1200.00
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (Attach Detailed List)</b>			
<b>J: Machinery &amp; Equipment</b>			
<b>K: Capital Project</b>			
<b>L: Other Expenses (Attach Detail List)</b>			
<b>SUBTOTAL</b>	1200.00		1200.00
% of Program Budget --	100 %	%	100%
Value of volunteer services and how computed:	N/A		
Value of in-kind assets, such as donated space, supplies, use of equipment, etc. <i>(Detail on Next Page)</i>	N/A		
Total Program Funds	1200.00		1200.00

\*List funding sources in Column 2 (do not include individual donor names):

Other State, Federal or Local Government	
United Way	
Private Contributions	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenues	

**PROGRAM BUDGET SUMMARY (CONTINUED)**

**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
<b>Total Value of In-Kind</b> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

\* 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)

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:



# Luv-it Landscaping

P.O. Box 17192  
Louisville KY 40217  
502-635-1685

# Estimate

Number: **E8504**

Date: **March 12, 2014**

We Don't **Bill To:** until you say you "Luv-It"

**Saint Joseph's Area Association**  
526 Atwood St  
Louisville, Ky 40217

**Ship To:**  
**Saint Joseph's Area Association**  
526 Atwood St  
Louisville, Ky 40217

Home Phone	Work Phone	Fax
637-3159	c 533-6936	

Description	Amount
Landscape work	1,200.00
2 Medians at Crittenden Dr. & Eastern Pkwy	
1 Crittenden Dr. & Warnock	
trim, edge, much hardwood	
February- apply pre-emergent	
March - Fertilize and mulch	
April - plant annuals	
Fall - fertilize, pre-emergent and mulch as needed	
weekly clean up of garbage, weeds	
as needed work: flowers, decorations, vandalism, damage from trucks and cars	
Total includes all materials and Labor	
<b>Total</b>	<b>\$1,200.00</b>

All material is guaranteed to be as specified and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of \$ \_\_\_\_\_. Payment to be made upon the completion of job. We guarantee to replace all nursery stock planted by us (one time) at no charge for cost of plant material; however there will be an installation charge for preparation, labor & installing, provided this account is paid when due. Purchaser obligates himself to give reasonable care to material planted such as watering, cultivating, spraying and protection from weather and animals. Luv-it Landscaping is not responsible for any underlying obstructions. It is the purchaser's obligation to locate all underground lines, wires, pipes, etc. that are subject to damage during landscape construction. No guarantee can be given on seeding, strawing, sodding, annual plants and ground covers. Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon weather, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance upon above work.

Respectfully submitted \_\_\_\_\_

Note: This proposal may be withdrawn by us if not accepted within \_\_\_\_\_ days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: \_\_\_\_\_ Signature: \_\_\_\_\_

## 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) <b>Saint Joseph's Area Association, Inc.</b>	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) <b>526 Atwood St</b>	Requester's name and address (optional)
	City, state, and ZIP code <b>Louisville, KY 40217</b>	
	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 Line 1 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 *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number
61 : 1161921

### Part II Certification

Under penalties of perjury, I certify that:

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

**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 4.

<b>Sign Here</b>	Signature of U.S. person ▶ 	Date ▶ <b>3/7/2014</b>
------------------	--	------------------------

### General Instructions

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

#### Purpose of Form

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

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

- 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.

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

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

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

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

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

- The U.S. owner of a disregarded entity and not the entity,

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

DEPARTMENT OF THE TREASURY

Date: FEB 12 2003

Employer Identification Number:  
61-1161921  
DLN:  
17053009040013  
Contact Person:  
LYNN A BRINKLEY ID# 31435  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Form 990 Required:  
Yes  
Addendum Applies:  
No

SAINT JOSEPHS AREA ASSOCIATION INC  
C/O GAIL LINVILLE  
526 ATWOOD ST  
LOUISVILLE, KY 40217

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the

Letter 947 (DO/CG)

**Saint Joseph's Area Association, Inc**  
**Estimated Summary of Expenditures for 2014**

Balance (01/01/2014)	\$2969.17	
Dues (approx)	<u>100.00</u>	
		\$3069.17
Office supplies	75.00	
Stamps	100.00	
Flower fund	250.00	
Sec. of State	15.00	
Membership dues for assn.	75.00	
Entertainment & food	<u>450.00</u>	
	965.00	
Projected balance	\$2004.17	

**Saint Joseph's Area Association, Inc.**

**Board of Directors 2014**

Gail Linville - President

Debra Minter – Treasurer

Bob Sarver – Secretary

Mary Rose Evans

Florine Langley

Margaret Hardin

Victoria Costello

Thomas Wheatley

Kat Becker

All terms are through December 31, 2014 unless re-elected to another term on October 13, 2014

# Free Business Checking

For 24-hour account information, sign-on to  
[pnc.com/mybusiness/](http://pnc.com/mybusiness/)

**For the Period 01/14/2014 to 02/12/2014**  
 St Josephs Area Association Inc  
 Primary Account Number: 31-1329-8855  
 Page 2 of 2

Free Business Checking Account Number: 31-1329-8855 - continued

For more information, talk to your PNC Banker, stop by your local PNC branch office or call us at the Customer Service phone number listed above.

## Free Business Checking Summary

St Josephs Area Association Inc

Account number: 31-1329-8855

Overdraft Protection has not been established for this account.  
 Please contact us if you would like to set up this service.

## Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
2,948.87	21.00	.00	2,969.87
		Average ledger balance	Average collected balance
		2,969.17	2,969.17

## Deposits and Other Additions

Description	Items	Amount
Deposits	1	21.00
<b>Total</b>	<b>1</b>	<b>21.00</b>

## Checks and Other Deductions

Description	Items	Amount
<b>Total</b>	<b>0</b>	<b>.00</b>

## Daily Balance

Date	Ledger balance	Date	Ledger balance
01/14	2,948.87	01/15	2,969.87

## Activity Detail

### Deposits and Other Additions

#### Deposits

Date posted	Amount	Transaction description	Reference number
01/15	21.00	Deposit	032204403

### Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 02/13/2014 and will appear on your next statement as a single line item entitled Service Charge Period Ending 02/12/2014.

\*\* Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed

Description	Volume	Amount	
Account Maintenance Charge		.00	Required Balance Met
Combined Transactions	4	.00	Included in Account
Deposited Item - Consolidated	3	.00	
Deposit Tickets Processed	1	.00	
<b>Total For Services Used This Period</b>		<b>.00</b>	
<b>Total Service Charge</b>		<b>.00</b>	



[Home](#)[Support](#)[Links](#)[Log Out](#)

## Form 990-N (e-Postcard) Submitted

**SAINT JOSEPHS AREA ASSOCIATION INC**

**61-1161921**

**2012 IRS Form 990-N (e-Postcard)**

**1/1/2012 - 12/31/2012**

Congratulations, your Form 990-N (e-Postcard) has been submitted to the IRS.

Once the IRS receives and processes your e-Postcard (usually within 30 minutes), you will receive an email indicating whether your e-Postcard was accepted or rejected. If accepted, you are done for the year. If rejected, the e-filing receipt email will contain instructions on how to correct the problem.

[Log out](#)[Go To Filing Status Page](#)

---

Questions or problems regarding this web site should be directed to [Tech Support](#)

Concerned about your privacy? Please view our [privacy](#) policy.

This website is best viewed with Microsoft Internet Explorer 5.5+ or Mozilla Firefox with a screen resolution of 1024 X 768.

Last modified: April 20, 2012.

FILED IN OFFICE

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

JAN 15 2002

SAINT JOSEPH'S AREA ASSOCIATION, INC.

Bobbie Holsclaw, Clerk

By \_\_\_\_\_

THE UNDERSIGNED, duly elected President of Saint Joseph's Area Association Inc. hereby certifies that said corporation is a non-profit, non-stock corporation incorporated on June 10, 1962 under the laws of the Commonwealth of Kentucky, particularly Chapter 273, Kentucky Revised Statutes (KRS).

0119032.09

John Y. Brown III

Secretary of State

Received and Filed

01/10/2002 10:57 AM

Fee Receipt: \$16.00

Peraine - AMD

I further certify that Articles I through XI all incorporate amendments to the Articles of Incorporation and that, except for these amendments, the Amended and Restated Articles of Incorporation currently set forth, without change, the corresponding provisions of the Articles of Incorporation as heretofore amended and that these Amended and Restated Articles of Incorporation together with the designated amendments supersede the original Articles of Incorporation and all amendments thereto.

I further certify that the following Amended and Restated Articles of Incorporation were adopted by the members of the corporation on December 10, 2001 at a meeting at which a quorum was present, and that said Articles received at least two-thirds of the votes which members present were entitled to cast.

ARTICLE I

The name of the Corporation is Saint Joseph's Area Association, Inc.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The principal office of the Corporation is located at  
824 Perennial Drive  
Louisville, Kentucky 40217

Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.

ARTICLE IV

The Corporation is organized and shall be operated exclusively for charitable and educational purposes as described within

Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c)(3).

The purposes of the Corporation shall be more specifically stated as follows:

1. to enhance the health, safety and welfare of the members of the community
2. to promote the historical and cultural character of the neighborhood
3. to provide a public forum for education and communication on neighborhood issues and concerns
4. to encourage a spirit of friendliness and cooperation with other groups in the St. Joseph's area and throughout the City of Louisville and Jefferson County
5. to promote security and better police protection and to combat crime and vandalism
6. to foster cooperation and unity between property owners, tenants, business people and others
7. to support other charitable, educational and cultural activities which advance the general welfare of the community and its people.

#### ARTICLE V

The Corporation shall be irrevocably dedicated to and operated exclusively for, non-profit purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, 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 IV hereof.

#### ARTICLE VI

In carrying out the corporate purposes described in Article IV, the Corporation shall have all the powers granted by the laws

of the State of Kentucky, including in particular those listed in KRS 273.171 (or corresponding provision of any later State statute), except as follows and as otherwise stated in these Articles:

a) No substantial part of the activities of the Corporation shall be the carrying on of propoganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

b) Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on:

1) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code, or the corresponding provisions of any subsequent Federal tax laws.

2) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

c) If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws:

1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code, or corresponding provisions of any later tax laws.

5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

#### ARTICLE VII

The Corporation shall be governed by the By-Laws.

Any director may be removed for cause pursuant to By-Laws provisions regarding grounds and procedures for such removal.

#### ARTICLE VIII

a) The directors, officers, employees and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position in the Corporation.

b) Any person serving on the Board of Directors of this Corporation shall not be held personally liable for monetary damages resulting from the breach of his/her duties as a director unless such act, omission or breach:

1) concerned or concerns a transaction in which the director's personal financial interest was or is in conflict with the financial interests of the Corporation;

2) was not in good faith or involved or involves intentional misconduct on the part of the director;

3) was known by the director to be a violation of law;  
or

4) resulted in an improper personal benefit to the director.

#### ARTICLE IX

Any director or officer or former director or officer of the Corporation, may be indemnified by the Corporation against any expenses actually and reasonably incurred by him/her in connection with the defense of any action, suit or proceeding, civil or criminal, in which s/he is made a party by reason of being or having been such director or officer, except in relation to matters as to which s/he shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the Corporation. The Corporation may make any other indemnification permitted by law and authorized by its Articles of Incorporation, or its By-laws or a resolution adopted after notice to members entitled to vote.

#### ARTICLE X

In the event of dissolution of the Corporation, the Board of

Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), or to the federal government, or to a state or local government for a public purpose as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office for the Corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.

**ARTICLE XI**

Amendments to these Articles shall be made pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

IN TESTIMONY WHEREOF, witness the signature of the President of this Corporation, this 5<sup>th</sup> day of January, 2002.

*Ernest L. Blankenship*  
 Ernest L. Blankenship, President  
 Saint Joseph's Area Association, Inc.

STATE OF KENTUCKY     )  
   )  
 COUNTY OF JEFFERSON )

The foregoing Amended and Restated Articles of Incorporation were acknowledged before me this 5<sup>th</sup> day of January, 2002, by Ernest L. Blankenship. Witness my signature and seal of office.

My Commission Expires: 8/3/2003

*[Signature]*  
 \_\_\_\_\_  
 NOTARY PUBLIC  
 STATE AT LARGE, KENTUCKY

This Document Prepared By:

*Lisa Kilkelly*

\_\_\_\_\_  
Lisa Kilkelly  
Attorney at Law

LEGAL AID SOCIETY, INC.  
425 West Muhammad Ali Blvd.  
Louisville, Kentucky 40202  
(502) 584-1254

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

DEPARTMENT OF THE TREASURY

Date: FEB 12 2003

Employer Identification Number:  
61-1161921

DLN:  
17053009040013

SAINT JOSEPHS AREA ASSOCIATION INC  
C/O GAIL LINVILLE  
526 ATWOOD ST  
LOUISVILLE, KY 40217

Contact Person:  
LYNN A BRINKLEY ID# 31435

Contact Telephone Number:  
(877) 829-5500

Accounting Period Ending:  
December 31

Form 990 Required:  
Yes

Addendum Applies:  
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the

Letter 947 (DO/CG)



**Saint Joseph's Area Association, Inc**  
**Estimated Summary of Expenditures for 2014**

Balance (01/01/2014)	\$2969.17	
Dues (approx)	<u>100.00</u>	
		\$3069.17
Office supplies	75.00	
Stamps	100.00	
Flower fund	250.00	
Sec. of State	15.00	
Membership dues for assn.	75.00	
Entertainment & food	<u>450.00</u>	
	965.00	
Projected balance	\$2004.17	

**SAINT JOSEPH'S AREA ASSOCIATION, INC.****General Information**

<b>Organization Number</b>	0119632
<b>Name</b>	SAINT JOSEPH'S AREA ASSOCIATION, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	7/26/1979
<b>Organization Date</b>	7/26/1979
<b>Last Annual Report</b>	2/13/2013
<b>Principal Office</b>	526 ATWOOD ST. LOUISVILLE, KY 40217
<b>Registered Agent</b>	GAIL LINVILLE 526 ATWOOD ST. LOUISVILLE, KY 40217

**Current Officers**

<b>President</b>	<u>GAIL LINVILLE</u>
<b>Vice President</b>	<u>MIKE ZANONE</u>
<b>Secretary</b>	<u>BOB SARVER</u>
<b>Treasurer</b>	<u>DEBRA MINTER</u>
<b>Director</b>	<u>MARY ROSE EVANS</u>
<b>Director</b>	<u>VICTORIA COSTELLO</u>
<b>Director</b>	<u>MARGARET HARDIN</u>

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

<b>Director</b>	<u>RALPH BECK</u>
<b>Director</b>	<u>SARAH BECK</u>
<b>Director</b>	<u>BEULEA PAYNE</u>
<b>Director</b>	<u>BETSY PIKE</u>
<b>Director</b>	<u>RONALD S. SMITH</u>
<b>Incorporator</b>	<u>WANDA HALL</u>
<b>Incorporator</b>	<u>ALMA MILLER</u>
<b>Incorporator</b>	<u>SARAH BECK</u>
<b>Incorporator</b>	<u>PEARL SCHOENLAUB</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>	2/13/2013	1 page	<u>PDF</u>
<u>Annual Report</u>	6/13/2012	1 page	<u>PDF</u>

<a href="#">Annual Report</a>	2/28/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/16/2010	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/8/2009	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	4/15/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/22/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/18/2006	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	4/8/2005	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/22/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	5/2/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/22/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Amended and Restated Articles</a>	1/10/2002	7 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/10/2001	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/16/2000	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/11/1999	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/12/1998	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1996	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1994	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/30/1993	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1992	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1990	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1989	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/2/1980	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	7/26/1979	6 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/13/2013 10:53:38 PM	2/13/2013 10:53:38 PM	
Annual report	6/13/2012 6:34:52 PM	6/13/2012 6:34:52 PM	
Annual report	2/28/2011 9:29:30 PM	2/28/2011 9:29:30 PM	
Annual report	5/16/2010 10:20:50 PM	5/16/2010 10:20:50 PM	
Annual report	6/8/2009 11:03:21 PM	6/8/2009 11:03:21 PM	
Annual report	4/15/2008 2:35:45 PM	4/15/2008	
Annual report	3/22/2007 2:43:14 PM	3/22/2007	
Annual report	4/18/2006 11:37:11 AM	4/18/2006	
Registered agent address change	5/2/2003 1:51:32 PM	5/2/2003	

Annual report	4/7/2003 6:04:25 PM	4/7/2003
Amendment - Amended and restated articles / CLP	1/10/2002 10:57:00 AM	1/10/2002
Annual report	6/28/2000 4:25:54 PM	6/28/2000

## Microfilmed Images

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

Annual Report	3/30/2005	1 page
Annual Report	3/30/2005	1 page
Annual Report	4/23/2004	1 page
Annual Report	7/22/2003	1 page
Statement of Change	5/2/2003	1 page
Annual Report	7/22/2002	1 page
Amended and Restated Articles	1/10/2002	6 pages
Annual Report	9/10/2001	1 page
Annual Report	8/16/2000	1 page
Annual Report	8/11/1999	1 page
Annual Report	8/12/1998	1 page
Annual Report	7/1/1997	1 page
Annual Report	7/1/1996	1 page
Annual Report	7/1/1995	1 page
Annual Report	7/1/1994	1 page
Annual Report	3/30/1993	1 page
Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	1 page
Annual Report	7/1/1989	1 page
Annual Report	7/2/1980	1 page
Articles of Incorporation	7/26/1979	5 pages