

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

Applicant/Program: St. Joseph's Area Association, Inc.
Applicant Requested Amount: \$5,410.00
Appropriation Request Amount: 5,410.00

Executive Summary of Request
Beautification of 2 traffic islands and 2 crosswalk areas in District 15.

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

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

15 District # Kevin Hiplett (Seal) Primary Sponsor Signature \$5,410.00 Amount Jun 10, 2021 Date

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

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

sh

Applicant/Program:

St. Joseph's Area Neighborhood Association-Beautification

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

Council Member Signature and Amount

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

Applicant/Program:

St. Joseph Area Neighborhood Assoc.

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization St. Joseph's Area Neighborhood Association

Program Name and Request Amount \$5,410.00 Beautification Projects

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) Included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A
Prepared by: shughes	Date: Jun 10, 2021

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization: Saint Joseph's Area Association, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 526 Atwood Street Louisville, KY 40217			
Website: www.stjosaa.org			
Applicant Contact:	Gail Linville	Title:	President
Phone:	502-637-3159	Email:	stjosaa@hotmail.com
Financial Contact:	same	Title:	
Phone:		Email:	
Organization's Representative who attended NDF Training: <input checked="" type="checkbox"/> Gail Linville			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	various locations		
Council District(s):	15	Zip Code(s):	40217
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Median Beautification			
Total Request: (\$)	5,410	Total Metro Award (this program) in previous year: (\$)	5410.00
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 checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) 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 type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
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:	Louisville Metro	Amount: (\$)	5,410
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

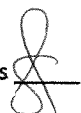
Applicant's initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The vision 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 or neighborhood.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION


SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Gail Linville	December 31, 2021
Aleana Balakos	December 31, 2021
Sharon LaRue	December 31, 2021
Victoria Costello	December 31, 2021
Paul Zinner	December 31, 2021
Mary Rose Evans	December 31, 2021
Nicholas Johnson	December 31, 2021

Describe the Board term limit policy:

Term limits are for one (1) year but can be re-elected to consecutive terms.

Three Highest Paid Staff Names	Annual Salary
N/A	

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Beautifying and improving a traffic island located at, two (2) located at Crittenden Drive & Eastern Parkway, Manslick Rd & March Blvd, Manslick Rd & Gagel Ave, and Crittenden Drive & Warnock Street, to make a safer and more attractive for the pedestrians using crosswalks in the intersection. These islands will enhance the appearance of the area at these major entry points into the area as well as to help identify the boundary of our neighborhood as a district from an adjacent community. The plantings will also serve to "greenup" and help water retention and runoff at these locations.

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

This activity being proposed is the landscaping and maintenance of a traffic islands located at, two (2) located at Crittenden Dr & Eastern Parkway, Manslick Rd & March Blvd., Manslick Rd & Gagel Ave, and Crittenden Dr & Warnock St This includes seasonal plantings, mulching, adding gravel and decorative rock, weeding, repairing vandalism and damage from pedestrians and cars/trucks.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

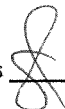
Not applicable

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

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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.

Not applicable

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.


Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts	5410.00		5410.00
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	100 %	%	100%

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

Other State, Federal or Local Government	N/A
United Way	N/A
Private Contributions (do not include individual donor names)	N/A
Fees Collected from Program Participants	N/A
Other (please specify)	N/A
Total Revenue for Column 2 Expenses ***	


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

***Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
N/A			
Total			

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
N/A		
<i>Total Value of In-Kind</i> (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**

Agency Fiscal Year Start Date: 01/01/2021

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:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

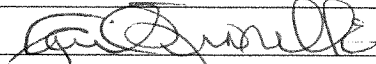
Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	4/15/2021
Legal Signatory: (please print):	Gail Linville	Title:	President
Phone:	502-637-3159	Extension:	
Email:	stjosaa@hotmail.com		



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: SAINT JOSEPH'S AREA ASSOCIATION

Grantee Representative Name: GAIL LINVILLE

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:

I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

- 1. The NDF funding your agency received is a gift from LMG? True or False
- 2. Name the three budget categories that require a detail list.
DOCUMENTATION, FINANCIAL and PAYMENT
- 3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
- 4. Which four questions should your financial support documentation answer at all times?
INVOICE, DOCUMENTATION, PROSPAL and PAYMENT
- 5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
- 6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

Gail Linville
Grantee Representative Signature

6/9/2021
Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov
Mailing Address: Louisville Metro Government
ATTN: NDF Coordinator
611 West Jefferson St.
Louisville, KY 40202

Fax: 502-574-3219



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

DEPARTMENT OF THE TREASURY

Date: FEB 12 2003

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

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

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.

Estimate Summary of Expenses 2021

Balance (01/01/2021) 2154.47

Dues (approx) 100.00

\$2254.47

Office Supplies 75.00

Postage 100.00

Flower Fund 300.00

Sec. of State 15.00

Membership Dues 150.00

-\$640.00

Projected Balance

\$1614.47



[Home](#) > [Tax Exempt Organization Search](#) > **Saint Josephs Area Association Inc.**

[< Back to Search Results](#)

Saint Josephs Area Association Inc.

EIN: 61-1161921 | Louisville, KY, United States

> **Other Names**

Publication 78 Data

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC

Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

> **Tax Year 2020 Form 990-N (e-Postcard)**

Tax Period:

2020 (01/01/2020 - 12/31/2020)

EIN:

61-1161921

Legal Name (Doing Business as):

Saint Josephs Area Association Inc



Manage Form 990-N (e-Postcard)

[Home](#) | [Security Profile](#) | [Logout](#)

EIN	Organization Name	Tax Year	End Date	Created On	Status	Submission ID	Action
61-1161921	SAINT JOSEPHS AREA ASSOCIATION INC	2015	12-31-2015	06-10-2016	Accepted	10065520161620334016	
61-1161921	SAINT JOSEPHS AREA ASSOCIATION INC	2016	12-31-2016	04-06-2017	Accepted	10065520170960993639	
61-1161921	SAINT JOSEPHS AREA ASSOCIATION INC	2017	12-31-2017	04-30-2018	Pending	10065520181201975466	Get Updated Status
61-1161921	SAINT JOSEPHS AREA ASSOCIATION INC	2018	12-31-2018	03-18-2019	Pending	10065520190772695363	Get Updated Status
61-1161921	SAINT JOSEPHS AREA ASSOCIATION INC	2019	12-31-2019	11-09-2020	Accepted	10065520203144117970	
61-1161921	SAINT JOSEPHS AREA ASSOCIATION INC	2020	12-31-2020	01-31-2021	Accepted	10065520210804467827	

« Prev Page 1 Next »»

CREATE NEW FILING





Confirmation

[Home](#) | [Security Profile](#) | [Logout](#)

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** SAINT JOSEPHS AREA ASSOCIATION INC
10065520210904467827
- **Tax Year:** 2020
- **Tax Year Start Date:** 01-01-2020
- **Tax Year End Date:** 12-31-2020
- **Submission ID:** 10065520210904467827
- **Filing Status Date:** 03-31-2021
- **Filing Status:** Accepted

MANAGE FORM 990-N SUBMISSIONS



FILED IN OFFICE

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

SAINT JOSEPH'S AREA ASSOCIATION, INC.

JAN 15 2002

Bobbie Holsclaw, Clerk

By

D.C.

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 July 10, 2001 under the laws of the Commonwealth of Kentucky, particularly Chapter 273, Kentucky Revised Statutes (KRS).

01-19632-09

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 propaganda, 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 5th 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 5th 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



P.O. Box 17192
Louisville, KY 40217

Estimate
Number: E12697

We Don't Leave until you say you "Luv-It"

Date: 4/8/2021

Bill To:
Dan Lockett
Councilman Kevin Triplett
601 W Jefferson St
Louisville, Ky 40202

Ship To:
Dan Lockett
Councilman Kevin Triplett
601 W Jefferson St
Louisville, Ky 40202

Home Phone

Work Phone

Description:	Amount
Maintenance for 2021	
Crittenden & Warnock	\$2,460.00
Eastern Parkway / Crittenden Dr	\$980.00
Manslick & Gagel	\$1,080.00
Manslick & March Blvd	\$890.00
trim x2	
mulch	
fertilize, pre-emergent	
pick up garbage	
Total includes all materials and Labor	

Total \$5,410.00

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: _____

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Saint Joseph's Area Association, Inc.

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

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

Individual sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-Partnership):
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
 Other (see instructions)

C Corporation
 S Corporation
 Partnership
 Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3)
 Exempt payee code (if any)
 Exemption from FATCA reporting code (if any)
 Applies to accounts maintained outside the U.S.

5 Address (number, street, and apt. or suite no.) See instructions.
326 Atwood St

6 City, state, and ZIP code
Louisville KY 40217

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

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

Social security number

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

OR

Employer identification number

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

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person  Date 7/7/2021

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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



Kentucky Secretary of State

Michael G. Adams

SAINT JOSEPH'S AREA ASSOCIATION, INC.

File Annual Report	File Statement of Change of Principal Office	
File Statement of Change of registered Agent / Registered Address		
Printable Forms	Additional Services	Certificates

General Information

Organization Number	0119632
Name	SAINT JOSEPH'S AREA ASSOCIATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	7/26/1979
Organization Date	7/26/1979
Last Annual Report	4/13/2021
Principal Office	526 ATWOOD ST. LOUISVILLE, KY 40217
Registered Agent	GAIL LINVILLE 526 ATWOOD ST. LOUISVILLE, KY 40217

Current Officers

President	GAIL LINVILLE
Secretary	BOB SARVER
Treasurer	DEBRA MINTER
Director	MARY ROSE EVANS
Director	VICTORIA COSTELLO
Director	PAUL ZINNER
Director	NICHOLAS JOHNSON

Individuals / Entities listed at time of formation

Director	RALPH BECK
Director	SARAH BECK
Director	BEULEA PAYNE
Director	BETSY PIKE
Director	RONALD S SMITH
Incorporator	WANDA HALL
Incorporator	ALMA MILLER
Incorporator	SARAH BECK
Incorporator	PEARL SCHOENLAUB

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.

Annual Report	4/13/2021	1 page	PDF	
Annual Report	8/7/2020	1 page	PDF	
Annual Report	3/6/2019	1 page	PDF	
Annual Report	4/30/2018	1 page	PDF	
Annual Report	5/11/2017	1 page	PDF	
Annual Report	5/3/2016	1 page	PDF	
Annual Report	3/30/2015	1 page	PDF	
Annual Report	3/27/2014	1 page	PDF	
Annual Report	2/13/2013	1 page	PDF	
Annual Report	6/13/2012	1 page	PDF	
Annual Report	2/28/2011	1 page	PDF	
Annual Report	5/16/2010	1 page	PDF	
Annual Report	6/8/2009	1 page	PDF	
Annual Report	4/15/2008	1 page	tiff	PDF
Annual Report	3/22/2007	1 page	tiff	PDF
Annual Report	4/18/2006	1 page	tiff	PDF
Annual Report	4/8/2005	1 page	tiff	PDF
Annual Report	7/22/2003	1 page	tiff	PDF
Statement of Change	5/2/2003	1 page	tiff	PDF
Annual Report	7/22/2002	1 page	tiff	PDF
Amended and Restated Articles	1/10/2002	7 pages	tiff	PDF
Annual Report	9/10/2001	1 page	tiff	PDF
Annual Report	8/16/2000	1 page	tiff	PDF
Annual Report	8/11/1999	1 page	tiff	PDF
Annual Report	8/12/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	1 page	tiff	PDF
Annual Report	7/1/1994	1 page	tiff	PDF
Annual Report	3/30/1993	1 page	tiff	PDF
Annual Report	7/1/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	1 page	tiff	PDF
Annual Report	7/1/1989	1 page	tiff	PDF
Annual Report	7/2/1980	1 page	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/13/2021 8:25:50 PM	4/13/2021 8:25:50 PM	
Annual report	8/7/2020 11:40:05 AM	8/7/2020 11:40:05 AM	
Annual report	3/6/2019 6:20:50 PM	3/6/2019 6:20:50 PM	
Annual report	4/30/2018 4:09:11 PM	4/30/2018 4:09:11 PM	
Annual report	5/11/2017 5:18:03 PM	5/11/2017 5:18:03 PM	
Annual report	5/3/2016 7:07:25 PM	5/3/2016 7:07:25 PM	
Annual report	3/30/2015 1:42:12 PM	3/30/2015 1:42:12 PM	
Annual report	3/27/2014 4:59:47 PM	3/27/2014 4:59:47 PM	
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

[Contact](#) [Site Map](#)

[Privacy](#) [Security](#) [Disclaimer](#) [Accessibility](#)

© Commonwealth of Kentucky
All rights reserved.

Kentucky Unbridled Spirit