

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization St. Joseph's Neighborhood Association -Luv-it

Program Name and Request Amount St. Joseph's Neighborhood Association -Luv-it Beautification \$1,960

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="Yes"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="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="text" value="No"/>
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="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="Yes"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="N/A"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="N/A"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="N/A"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="N/A"/>
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="text" value="N/A"/>

Prepared by: shughes

Date: Apr 11, 2017

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			
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:			
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Median Beautification			
Total Request: (\$)	1,960	Total Metro Award (this program) in previous year: (\$)	1415.00
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 Evaluation forms if used in the proposed program Annual audit (if required by organization) 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: (\$)	1,415
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			

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.



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SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Gail Linville	December 31, 2017
Thomas Wheatley	December 31, 2017
Bob Sarver	December 31, 2017
Victoria Costello	December 31, 2017
Margaret Hardin	December 31, 2017
Florine Langley	December 31, 2017
Mary Rose Evans	December 31, 2017
Debra Minter	December 31, 2017

Describe the Board term limit policy:

Term limits are for one (1) but can be re-elected for next term. Board members elect the officers

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 South Preston Street, South Shelby Street, & Clarks Lane at Harrison Avenue, two located at Crittenden Drive & Eastern Parkway, Manslick Road & March Blvd, 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 South Preston Street, South Shelby Street & Clarks Lane at Harrison Avenue, two located at Crittenden Drive & Eastern Parkway, Manslick Road & March Blvd., and Crittenden Drive & Warnock Street This includes seasonal plantings, mulching, adding gravel and decorative rock, weeding, repairing vandalism and damage from pedestrians and cars/trucks.



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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.



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

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

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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	1960.00		1960.00
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	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	

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

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



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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		
<p align="center"><i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</p>		

*** 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:

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

Applicant's Initials 

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 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:	4/7/2017
Legal Signatory: (please print):	Gail Linville	Title:	President
Phone:	502-637-3159	Extension:	
Email:	stjosaa@hotmail.com		

Luv-it Landscaping

P.O. Box 17192
Louisville KY 40217
502-835-1685

Invoice

Number: 7608

Date: March 30, 2017

Bill To:

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

637-3159

Work Phone

C 553-6936

Fax

Description	Amount
Spring clean up Crittenden & Warnock	980.00
Eastern Parkway / Crittenden Dr	290.00
Manslick & March Blvd	235.00
Harrison and Clarks Ln	380.00
Manslick & March Blvd repair from wreck trim, edge mulch pre-emergent spray	75.00
Thank You for your business!	

Total \$1,960.00

Payment due upon Completion of Job.



Contact Information

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

e-Postcard Profile	Select EIN	Organization Details	Contact Information	Confirmation
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Electronic Notice-Form 990-N (e-Postcard)

Organization Address and Principal Officer Information

1 error has occurred. See below for more information. If the problem continues, please contact the IRS at 877-829-5500

1. IRS records indicate that you have already filed a Form 990-N(e-Postcard) for this organization this year. If you have not filed for this organization for this year, please call Customer Account Services at 877-829-5500 for assistance.

Organization's legal name: **SAINT JOSEPHS AREA ASSOCIATION INC**

If your organization conducts business using another name (DBA), enter other name:

* = required field

Organization:

DBA Name

DBA Name - continued

ENTER ADDITIONAL DBA NAMES

Country*
US - United States

Number and Street (or PO Box)*
526 Atwood Street

City or Town*
Louisville

State*
KY - Kentucky

Zip Code*
40217

Organization's website address, if applicable
www.stjosaa.org

Principal Officer:

Type of Name*
Person

Saint Joseph's Area Association, Inc
Estimated Summary of Expenditures for 2017

Balance (04/01/2017)	\$3144.43	
Dues (approx)	<u>100.00</u>	
		\$3244.43
Office supplies	75.00	
Stamps	100.00	
Flower fund	350.00	
Sec. of State	15.00	
Membership dues for assn.	75.00	
Entertainment & food	<u>450.00</u>	
	1065.00	
Projected balance	\$1979.43	

Saint Joseph's Area Association, Inc.

Board of Directors 2017

Gail Linville - President

Debra Minter – Treasurer

Bob Sarver – Secretary

Mary Rose Evans

Florine Langley

Margaret Hardin

Victoria Costello

Thomas Wheatley

All terms are through December 31, 2017 unless re-elected to another term on October 13, 2017

[My Accounts](#)

[Transfer Funds](#)

[Pay Bills](#)

[Alerts](#)

[Business Tools](#)

[Summary](#)

[Account Activity](#)

Account Activity

Business Checking XXXXX8855

Available Balance: \$3,144.43

[Show Account & Routing Number](#)

[Account Activity](#)

[Online Statements](#)

[Online Documents](#)

Statement for the period ending **03/10/2017**

[Statement Summary](#)

[Activity Detail](#)

[Daily Balance Detail](#)

[Services Detail](#)

Balance Summary

Beginning Balance

\$3,066.43

Deposits & Additions

\$63.00

Checks & Deductions

\$0.00

Deposits and Other Additions

Description

Deposits

TOTAL

Count

1

1

Amount

\$63.00

\$63.00

Checks and Other Deductions

Description

TOTAL

Equal Housing Lender  Member FDIC

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

DEPARTMENT OF THE TREASURY

Date: FEB 12 2003

Employer Identification Number:

DLN:

17053009040013

Contact Person:

LYNN A BRINKLEY

ID# 31435

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Form 990 Required:

Yes

Adendum 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)

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.

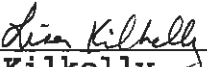
STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

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

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.

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
same

3 Check appropriate box for federal tax classification; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)
526 Atwood Street

6 City, state, and ZIP code
Louisville, KY 40217-1847

7 List account number(s) here (optional)

Requester's name and address (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 generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

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or

Employer identification number

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 on page 3.

Sign Here **Signature of U.S. person** ▶ **Date** ▶ 4/7/2017

General Instructions

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

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

Purpose of Form

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

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

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

By signing the filled-out form, you:

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

SAINT JOSEPH'S AREA ASSOCIATION, INC.**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	5/3/2016
Principal Office	526 ATWOOD ST. LOUISVILLE, KY 40217
Registered Agent	GAIL LINVILLE 526 ATWOOD ST. LOUISVILLE, KY 40217

Current Officers

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

Individuals / Entities listed at time of formation

Director	<u>RALPH BECK</u>
Director	<u>SARAH BECK</u>
Director	<u>BEULEA PAYNE</u>
Director	<u>BETSY PIKE</u>
Director	<u>RONALD S SMITH</u>
Incorporator	<u>WANDA HALL</u>
Incorporator	<u>ALMA MILLER</u>
Incorporator	<u>SARAH BECK</u>
Incorporator	<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.

[Annual Report](#)

5/3/2016

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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
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Annual Report	7/2/1980	1 page	tiff	PDF
Articles of Incorporation	7/26/1979	6 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
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	5/16/2010
	10:20:50 PM	10:20:50 PM
Annual report	6/8/2009	6/8/2009
	11:03:21 PM	11:03:21 PM
Annual report	4/15/2008	4/15/2008
	2:35:45 PM	
Annual report	3/22/2007	3/22/2007
	2:43:14 PM	
Annual report	4/18/2006	4/18/2006
	11:37:11 AM	
Registered agent address change	5/2/2003	5/2/2003
	1:51:32 PM	
Annual report	4/7/2003	4/7/2003
	6:04:25 PM	
Amendment - Amended and restated articles / CLP	1/10/2002	1/10/2002
	10:57:00 AM	
Annual report	6/28/2000	6/28/2000
	4:25:54 PM	

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.

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