

2015-01049

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

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

Executive Summary of Request:

The funding is requested for beautifying and improving three traffic islands in District 15. These improvements will make the area more attractive for pedestrians and encourage using crosswalks at the intersections. This will also help identify the boundaries of the St. Joseph Area. The plantings will help "green-up" what were once bare areas of concrete and assist with water retention and runoff.

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 # Marianne Butler Council Member Signature \$1,350. Amount April 20, 2015 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

Clerk's Office Only:

Request Amount: _____

Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Saint Joseph Area Association, Inc.		
Program Name: Beautification	Request Amount:	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?		Yes
Request form: Is the funding proposed less than or equal to the request amount?		Yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?		Yes
Application Page 1: Is the application properly signed and dated by authorized signatory?		Yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?		Yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?		n/a
Application Budget Page 6: 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
Faith Based Organizations: Is the signed Faith Based Form signed and included?		n/a
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?		Yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?		n/a
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 		Yes
Separate Taxing Districts: 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
Small Cities: 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)		Yes
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?		Yes
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Yes
Operating Budget: Is the organization’s current fiscal year operating budget included?		Yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		no
Board Members: Is the entity’s board member list (with term length/term limits) included?		Yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?		n/a
Annual Audit: Is the most recent annual audit (if required by organization) included?		
Rent Requests: Is a copy of signed lease included?		n/a
Articles of Incorporation: Are the Articles of Incorporation of the organization included?		Yes
IRS Form W-9: Is the IRS Form W-9 included?		Yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?		n/a
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		n/a
Prepared by: Susan W. Hughes		Date: April 10, 2015



SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant Organization:

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

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: *Gail Linville*

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

Program Facility Location(s): Crittenden Dr & Eastern Pkwy., and Crittenden Dr & Warnock St

Council District(s): 15 Zip Code(s): 40217

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME:

Total Request: (\$) *1350.00* Total Metro Award (this program) in previous year: (\$) *\$1200.00*

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)

The Following are Required Attachments:

- | | |
|--|---|
| <input type="checkbox"/> IRS Exempt Status Determination Letter
<input checked="" type="checkbox"/> Current Year Projected Budget
<input checked="" type="checkbox"/> List of Board of Directors (include term & term limits)
<input checked="" type="checkbox"/> Current financial statement
<input type="checkbox"/> Most recent IRS Form 990 or 1120-H
<input checked="" type="checkbox"/> Articles of Incorporation | <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 required |
|--|---|

Staff including the 3 highest paid

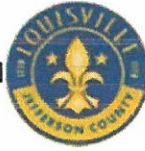
staff Cost estimates from proposed vendor if request is for capital expense

For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

Source:	Amount: (\$)	<i>0</i>
Source:	Amount: (\$)	<input type="checkbox"/>
Source:	Amount: (\$)	<input checked="" type="checkbox"/>

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

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

**SECTION 4 – PROGRAM/PROJECT NARRATIVE**

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

Beautifying and improving three traffic islands (two at at Crittenden Drive & Eastern Parkway, and one at Crittenden Drive & Warnock Street) will make them safer & more 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 our 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 those locations.

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

Funds will be used to landscape, beautify and maintain three traffic islands in the neighborhood. This will include seasonal plantings, mulching, adding gravel and decorative, weeding, repairing vandalism, and damage from pedestrians and car/trucks



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

☐ Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

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

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

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



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 areas, if pedestrians feel safer using the crosswalks at these locations, and if residents of our community feel increased pride in the appearance of some of the major entry ways 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.

N/A



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts	1350 ⁰⁰	—	1350 ⁰⁰
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			
*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	
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.



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:

1/1/2015

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 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

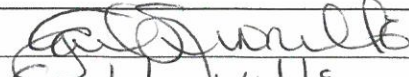
Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	4/6/2015
Legal Signatory: (please print):	GAIL LINVILLE	Title:	PRESIDENT
Phone:	637-3159	Extension:	
Email:	stjosaa@hotmail.com		



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:

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.

Estimated Summary of Expenditures for 2015

Balance	\$2908.87
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Office Supplies	75.00
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Stamps	100.00
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Flower Fund	350.00
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Sec of State	15.00
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Membership dues	350.00
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Entertainment	400.00
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Food for meetings	100.00
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Projected Balance	1518.87
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Saint Joseph's Area Association, Inc.

Board of Directors 2015

Gail Linville - President

Debra Minter – Treasurer

Bob Sarver – Secretary

Mary Rose Evans

Florine Langley

Margaret Hardin

Victoria Costello

Kent Sykes

Tom Wheatley

All terms are through December 31, 2015



Account Activity

Monday, March 23, 2015

Business Checking

Available Balance: \$2,908.87

Pending Transactions

These transactions have been submitted to us since the last business day and are not yet posted to your account. When they have posted, they will be reflected in your Posted Transactions. Pending items may affect your Available Balance and are not a statement of your account.

Date	Description	Withdrawals	Deposits
This account has no Pending Transactions			

Posted Transactions

Date	Description	Withdrawals	Deposits	Balance
03/02/2015	DEPOSIT XXXXX5609		\$3.00	\$2,908.87
02/23/2015	DEPOSIT XXXXX2671		\$13.00	\$2,905.87
02/19/2015	CHECK 114 072439104	\$200.00		\$2,892.87
02/17/2015	DEPOSIT XXXXX4721		\$18.00	\$3,092.87

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[Print](#)[Close](#)

Form 990-N E-filing Receipt - IRS Status: Accepted

From: **epostcard@urban.org**

Sent: Thu 3/19/15 4:07 PM

To: stjosa@hotmail.com

Organization: SAINT JOSEPHS AREA ASSOCIATION INC
[REDACTED]

Submission Type: Form 990-N

Year: 2014

Submission ID: 7800582015078ds52220

e-File Postmark: 3/19/2015 4:01:24 PM

Accepted Date: 3/19/2015

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

e-Postcard technical support

Phone: 866-255-0654 (toll free)

email: ePostcard@urban.org

SAINT JOSEPHS AREA ASSOCIATION INC

526 Atwood St

Louisville, KY 40217

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 1, 1993 under the laws of the Commonwealth of Kentucky, particularly Chapter 273, Kentucky Revised Statutes (KRS).

0119632.09

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

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	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ▶	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) 526 Atwood Street	Requester's name and address (optional)
	6 City, state, and ZIP code Louisville, KY 40217-1847	
7 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 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	

or

Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶
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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:

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



Luv-it Landscaping

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

Estimate

Number: E9076

Date: March 19, 2015

We Do **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

637-3159

Work Phone

C 553-6936

Fax

Description

Amount

Landscape work

1,350.00

2 Medians at Crittenden Dr. & Eastern Pkwy

1 Crittenden Dr. & Warnock

trim, edge, mulch A Cypress

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

Total

\$1,350.00

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: _____

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	3/30/2015
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](#)

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
Articles of Incorporation	7/26/1979	6 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
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	
	6/8/2009	6/8/2009	

Annual report	11:03:21 PM	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
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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

Hughes, Susan

From: Butler, Marianne
Sent: Monday, April 20, 2015 10:20 AM
To: Hughes, Susan
Subject: RE: URGENT

Please sign for St. Joe neighborhood to get their NDF on for Thursday.
Thanks! Marianne

From: Hughes, Susan
Sent: Monday, April 20, 2015 10:12 AM
To: Butler, Marianne
Subject: URGENT

Please send me the approval for signature on NDF St. Joseph Area \$1,350 request.

Thanks Susan

Susan W. Hughes

Legislative Assistant to
Councilwoman Marianne Butler
District 15
502-574-1115