

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

DATE: 1-21-14 JAN 24 2014 PM 2:32

PRIMARY SPONSOR (District to contact with any questions): Glen Stuckel

Name of Applicant: 'Tom' Sawyer State Park Foundation, Inc.

I/We 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/We have read the organization's statement of public purpose to be furthered by the funds requested and I/We agree that the public purpose is legitimate. I/We have also completed the disclosure section below, if required.

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

17 District # Glen Stuckel Primary Sponsor Signature 3470.90 Amount 1/23/13 Date

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.

Approved by:

_____ Appropriations Committee Chairman _____ Date

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

OFFICE OF METRO COUNCIL CLERK
RECEIVED



LOUISVILLE METRO COUNCIL



NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION

Legal Name of Applicant Organization: **Tom Sawyer State Park Foundation Board**
(as listed on: <http://www.sos.ky.gov/business/records/>)

Main Office Street & Mailing Address: 3000 Freys Hill rd. Louisville KY, 40241

Website: www.sawyerparkfoundation.org

Application Contact: Clay Foreman

Title: Park Manager

Phone: 502-429-3280

Email: clay.foreman@ky.gov

Financial Contact: John Ballbach

Title: Board Treasurer

Phone: 502-566-1004

Email: jballbach@ddafcpa.com

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

Program Facility Location(s): Springhurst Area/Anchorage/E.P. "Tom" Sawyer State Park

Council District(s): 17

Zip Code(s): 40241

SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

Program Name: E.P. "Tom" Sawyer State Park Community Gardens

Total Request: \$ 3470.90

Total Metro Award (this program) in previous year : \$2408.93

The following are required attachments:

- IRS Exempt Status Determination Letter
- Current Year Projected Budget
- List of Board of Directors (include term & term limits)
- Current financial statement
- Most recent IRS Form 990 or 1120-H
- Articles of Incorporation
- Cost estimates from proposed vendor if request is for capital expense
- Signed lease if rent costs are being requested
- IRS Form W9
- Evaluation forms if used in the proposed program
- Annual audit (if required by organization)
- Faith Based Organization Certification Form, if required
- Staff including the 3 highest paid staff

Agency Fiscal Yr Start Date: January 1

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

Source: Neighborhood Development Fund Grant (2012)

Amount: \$ 2408.93

Source:

Amount: \$

Source:

Amount: \$

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

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

SECTION 3 - SIGNATURE

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

Signature of Legal Signatory: *Earlene Bisiq Zimlich*

Date: 11-20-2013

Legal Signatory (please print): *EARLENE BISIQ ZIMLICH*

Title: *Foundation Chair Sawyer Foundation*

Phone: *502 326-3858* Extension: *---*

Email: *carlenebisiq.zimlich@aol.com*

SECTION 4 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The "Tom" Sawyer State Park Foundation, a 501c3 Nonprofit organization, and it's members are committed to the support, betterment, and preservation of E.P. "Tom" Sawyer State Park, it's facilities, activities, and professional staff. Foundation Board Members will strive to build public support, awareness and utilization of the park, and they will encourage state government support of Jefferson Counties representative in the Kentucky State Park system.

The purpose for which the "Tom" Sawyer Park Foundation exists are charitable, scientific, literary, and educational and include the following: fundraise, promote, preserve, and support.

SECTION 5 - PROGRAM NARRATIVE

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

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

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

The project is planned to begin no later than February 2014 and be completed by April 1 2014. With the addition of a new garden area since 2013, we have seen increase participation in our Community Gardens program. With the addition of the area in 2013, we grew from 85 plots to now having over 150 plots. The community gardens program invites families to rent a 20'x20' ground plot. Our gardeners can then tend the plot how they see fit. Most plant an array of vegetables and flowers that they then harvest and take home to help feed themselves and their families. In addition to our 20' x 20' ground plots, we have five raised garden boxes that are 10' x 3'. The raised plots are great for those who may not be able to bend over for long periods of time, or are in a wheel chair. A local boy scout, who is working to obtain his Eagle rank, is soon to install five more of the raised boxes to accommodate even more gardeners in the program.

Along with this increase participation, we have seen an increase in the want to volunteer from our community gardeners. Unfortunately, we are not very well equipped to take on such a large volunteer force at our gardens. A few of the gardeners pitch in by helping to plot out the gardens each Spring by hammering stakes and running twine, taking old tomato stakes and turning them into smaller stakes that are used to plot out the gardens, and by helping to mow grass pathways within the garden area. All of our volunteers are registered through Frankfort; a copy of the volunteer application is attached to this grant request. This ensures that they know their individual duties and assume any risk involved with the programs they are volunteering for, as well as helping us to recognize the work they do for us by logging hours worked and awarding them with incentives.

Our primary need at this point would be to get more volunteer help with the maintenance of the community garden areas. This includes mowing, string trimming, and helping keep brush and other unwanted vegetation out of the plot areas. They also would help to secure any holes in the fence made by critters like rabbits and groundhogs. We have had a couple of volunteers help with the mowing, but with the park only having one push mower, and that mower often being used by our full time maintenance crew, the garden volunteers had trouble ever getting to use it. Another problem with using the maintenance equipment is the logistics of actually getting the equipment to the gardens from the maintenance yard. In order to help mow aisles, they have to either bring a mower from home or load it into a car at the maintenance yard and then haul it to the gardens area. Most of our gardeners are elderly and have a hard time loading and unloading mowers into vehicles, or do not have suitable vehicles to load such equipment.

With the revamping of the Community Gardens Volunteer project, we are looking to increase volunteerism and make it easier for those volunteers to access park equipment to help maintain the garden areas. In order to accomplish these goals, we feel that having separate garden maintenance equipment placed at the community garden area would be a great help. We would like for the equipment to be housed in a locked tool shed that only registered volunteers would have the combination to get into. The equipment would include two mowers, two string trimmers, safety equipment for up to four people at a time, and some hand tools to help where larger equipment cannot reach. By having the equipment already near the gardens area, it would make it easier for the volunteers to access it and use without needing to have a full time maintenance person help with loading or unloading of equipment. Giving the volunteers an easier way to lend a hand, also helps the park with labor costs and instills a greater sense of community amongst the gardeners.

Each volunteer would be asked to log his/her hours when they use the equipment. They would also need to indicate which piece of equipment they used and the condition it was found/left in. An example of such a log is attached. This would help on the maintenance of the newly attained equipment and cut down on loss. After reaching volunteer hour milestone, the volunteer would be rewarded for their hard work with pool passes, free hike passes, or other such incentives. Our volunteer program is open to anyone who would like to register and there is often a great variety of people who want to sign up. In the past, once they sign up, they find it difficult to lend a hand due to the trouble with accessing park equipment to use and become frustrated with the volunteer program. Having the shed with equipment specifically for community garden volunteers would greatly ease this pain and allow them to get right to work without all of the frustrations.

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

The grant funding would be spent on a variety of yard maintenance equipment. After comparing prices at several home improvement stores, it has been determined that Home Depot, located at Wesport road in Springhurst, has the best pricing on the equipment that is needed. More specifically, items such as push mowers, string trimmers, gloves, glasses, ear muffs, and hand tools would be purchased. We would also like to purchase a small tool shed to house all of the new equipment. With the location of the shed being right next to the community gardens, the volunteers would have quick access to any equipment they need.

One last improvement we would like to make to the gardens is to install a permanent gravel pathway from the parking lot to the new garden area that was installed in 2013. This would help gardeners and volunteers move back and forth between the two areas easier and also make it easier to move equipment back and forth to each location. The quote for all of the requested materials is attached to the end of the grant document.

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

- The funding request is a reimbursement of the following expenditures that have occurred prior to the application date:
 - ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

- The funding request is a reimbursement of the following expenditures that will be incurred after the application date, but prior to the Metro Council approval date. This option will allow expenditures occurring within this time frame to be considered compliant with the grant agreement.
 - ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.
 - ✓ The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

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

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program specifically.

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

The Community Gardens program benefits many local communities and park visitors year after year. It gives the participants a chance to socialize with others who share the same interest in gardening and horticulture. Along with the social aspect of gardening, it is actually a very good way to get some low impact exercise. It helps by increasing flexibility, strengthen endurance, and getting the participants outside into the fresh air. Many of the gardeners are elderly, and they relish the chance to tend to a garden in an environment where they have the chance to be part of a larger community.

Gardeners who are new to the activity already have a bounty of resources at their fingertips when joining the Community Gardens. There are many experienced gardeners who are involved here at the park and they love to spread their knowledge to others. All of the gardeners get to learn about planting crops, tending to the garden areas, harvesting crops, and then drying or canning crops to save for the winter. Having the skill of gardening is an invaluable tool in today's world of overpriced produce and produce that is not as fresh as it once was. Gardeners get the chance to experiment with different types of crops, not only the species that are sold in the big name grocery stores. Organic stores can be very expensive, so doing the work themselves is also a cost effective way to provide healthy and organic food for themselves and their families.

We all know that there are many families who can barely afford to get fresh produce to feed themselves. It is for this reason, we have started up a produce donation program at our Community Gardens. Two of our experienced gardeners have taken the lead on this by building the collection tables, collecting the produce as it was needed, weighing the amount to be donated, and then dropping it off at a local food pantry. So far in 2013, we have collected and donated 649 pounds of fresh produce to Neighborhood Visitor Pantry, a part of the Eastern Area community Ministry, St. Vincent de Paul open hand kitchen and Sister Visitor Program.

At the end of each season, in December, we have a garden meeting at the park to discuss how the season went, changes we would like to see next year, and new ideas for programs and gardening techniques. Beyond this, I am in constant contact with all of the gardeners via email or person to person encounters. Every time I am at the gardens, I make sure to stop and talk to everyone I see out there just to see how it is going, what is working for them, and any new tricks they have come up with that I could possibly tell others about. It is with this interaction that we get to learn together and continue to make improvements, big and little, to our community garden program.

SECTION 6 - PROGRAM BUDGET SUMMARY

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

Program Expenses	Column 1	Column 2*	Column 3
	Proposed Metro Funds	Non-Metro Funds	Total Program Cost
A: Personnel Costs Including Benefits		\$2,496.00	\$2,496.00
B: Rent/Utilities		\$817.52	\$817.52
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detailed List)			
J: Machinery & Equipment	\$1,077.00		\$1,077.00
K: Capital Project	\$2,393.90		\$2,393.90
L: Other Expenses (Attach Detail List)			
SUBTOTAL	\$3,470.90	\$3,313.52	\$6,784.42
% of Program Budget –	51 %	49 %	100%
Value of volunteer services and how computed:	N/A	<small>5 volunteers/2hrs w/d \$10 an</small>	\$3,600.00
Value of in-kind assets, such as donated space, supplies, use of equipment, etc. <i>(Detail on Next Page)</i>	N/A	0	0
Total Program Funds			\$10,384.42

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

Other State, Federal or Local Government	
United Way	
Private Contributions	
Fees Collected from Program Participants	\$3,875.00
Other (please specify)	
Total Revenues	\$3,875.00

PROGRAM BUDGET SUMMARY (CONTINUED)

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
5 volunteers (2hr/wk/36wks)	\$3,600.00	\$10/hr (36 weeks in a garden season)
Total Value of In-Kind <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)		\$3,600.00

* Donor information refers to who made the in kind contribution. Volunteers need not be listed individually, but grouped together on one line as a total noting how many hours per person per week)

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

If YES, please explain:

SECTION 7 - CERTIFICATIONS AND ASSURANCES

By signing the first page 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. 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. Return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. 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.

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.

Eatherly, Kip

From: Balbach, John [jbalbach@deandorton.com]
Sent: Wednesday, January 22, 2014 10:24 AM
To: Eatherly, Kip; earlenebisigzimlich
Subject: Operational Budget

Kip

The 501 (C) (3) entity Tom Sawyer State Park Foundation has no formal overhead in its operations, such as rent, employee salaries, etc. The two fixed costs we have each year is the \$15 fee paid to the Secretary of State to verify we exist, and our directors liability insurance, which was \$1,307.00 in 2013. We spend on behalf of the Tom Sawyer State Park funds that were given in the form of Grants to the Foundation for items allowed by the specific grants. We have fund raisers that basically require only volunteer time (parking fees, which we split with the Park in that they provide their paid employees to do this function, we provide approximately equal number of bodies working the venues in collecting the fees. The Fall Festival that is put on has been sponsored by Norton's (with others assisting at times), but though this event does provide normally some net amount of fees, it has been done more to promote the park and show what it has.

We can send a "budget" showing the balance of unrestricted cash the Foundation has at the start of the year, less the two named expenses above, for a net amount, as the parking collections are simply accounted for as collected, and grant expenditures occur as the needs arise and are requested. Most of the directors liability insurance cost is offset (if not all of it) by donations by those of us on the Board to our entity.

I hope this shorten response is enough to answer your (and the Metro Government's) request on the budget.

John

We Moved!
Effective September 23, Dean Dorton Allen Ford is located
at PNC Plaza, 500 W. Jefferson Street, Suite 1400



John Balbach, CPA
Director of Tax Services

PNC Plaza, 500 W. Jefferson St, Ste 1400
Louisville, KY 40202
ph (502) 566-1004 fax (502) 568-4304
www.deandorton.com

IRS Circular 230 Notice: unless indicated otherwise, if this communication constitutes a covered opinion, any tax advice it contains cannot be used to avoid tax penalties.

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From: Eatherly, Kip [<mailto:Kip.Eatherly@louisvilleky.gov>]
Sent: Wednesday, January 22, 2014 10:02 AM
To: earlenebisgizimlich; Balbach, John
Subject: Operational Budget

As you know, on the NDF application there is a section for financial information. Your organization did not check the box for "Current Year Projected Budget". Would you please explain the reasoning behind that so we can include that in the packet? Thank you.

Kip Eatherly
Legislative Aide, Metro Council District 17
601 West Jefferson Street
Louisville, KY 40202
Office: 502-574-3462
Fax: 502-574-4501

Community Garden Volunteer Project Expenditures (funds applied for)					
Retailer	Item/description	Price per	Amount	Total	
Home Depot	Toro 22" high wheel recycler mower	\$319.00	1.00	\$319.00	
"	Echo 17" gas straight trimmer	\$219.00	1.00	\$219.00	
"	Double leather palm glove- large	\$4.46	2.00	\$8.92	
"	Stylish outdoo safety glasses	\$5.96	4.00	\$23.84	
"	Safety ear muffs	\$14.97	2.00	\$29.94	
"	28" powerlever bypass lopper	\$22.97	2.00	\$45.94	
"	softgrip bypass pruner	\$13.97	2.00	\$27.94	
"	Echo trimmer line 3lb .095	\$29.97	2.00	\$59.94	
"	SAE 30 4cy oil 20 oz.	\$4.38	2.00	\$8.76	
"	Echo 2 cycle oil: 16OZ 50:1	\$8.97	2.00	\$17.94	
"	5 tine forged manure fork	\$34.97	4.00	\$139.88	
"	6 cu ft poly w/total contro handles (wheel barell)	\$69.97	1.00	\$69.97	
"	1 gallon gas can	\$9.98	2.00	\$19.96	
"	Husky 16 tine rake fbgl hndl	\$25.97	1.00	\$25.97	
"	3 yr repair plan- mowers	\$60.00	1.00	\$60.00	\$1,077.00
Crane Landscaping	Scoop of small Pea Gravel/ path way	\$23.00	4.00	\$92.00	
"	Delivery of gravel to site	\$40.00	1.00	\$40.00	\$132.00
Global Industrial	Jayhawk recycled plastic Large message board	\$693.00	1.00	\$693.00	
"	Freight charge for message board	\$108.00	1.00	\$108.00	\$801.00
Tuff Shed Louisville KY	Garden Ranch 8'x8' (4x6' door) (free delivery and installation)	\$1,303.00	1.00	\$1,303.00	
"	Shed Paint charge	\$123.90	1.00	\$123.90	
"	8" x16" vent screen white charge	\$17.00	2.00	\$34.00	\$1,460.90

Total cost for all materials needed

\$3,470.90

QUOTE

Store 2305 WESTPORT
10301 WESTPORT RD
LOUISVILLE, KY 40241

Phone: (502) 339-7909
Salesperson: RXR4920
Reviewer:

QUOTE

Home Phone
(502) 429-3280

FOREMAN CLAY

Address 3000 FREYS HILL RD

City LOUISVILLE

State KY

Work Phone (502) 429-3280

Company Name

Job Description COMMUNITY GARDENS

County JEFFERSON

Zip 40241-2132

2013-11-22 12:14

Prices Valid Thru: 1/29/2013

SOLD TO

CUSTOMER PICKUP #1

MERCHANDISE AND SERVICE SUMMARY

REF # W16 SKU # 0000-515-664 Customer Pickup / Will Call

We reserve the right to limit the quantities of merchandise sold to customers

STOCK MERCHANDISE TO BE PICKED UP:

REF #	SKU	QTY	UM	DESCRIPTION	PI	TAX	PRICE EACH	EXTENSION
R01	0000-731-533	1.00	EA	TORO 22" HIGH WHEEL RECYCLER MOWER /	G	Y	\$319.00	\$319.00
R02	0000-306-575	1.00	EA	ECHO 17" GAS STRAIGHT TRIMMER /	G	Y	\$219.00	\$219.00
R03	0000-295-378	2.00	PR	DOUBLE LEATHER PALM GLOVE - LARGE /	A	Y	\$4.46	\$8.92
R04	0000-711-937	4.00	EA	STYLISH OUTDOOR SAFETY GLASSES /	A	Y	\$5.96	\$23.84
R05	0000-453-521	2.00	EA	28" POWERLEVER BYPASS LOPPER /	A	Y	\$22.97	\$45.94
R06	0000-143-118	2.00	EA	SAFETY EAR MUFFS /	A	Y	\$14.97	\$29.94
R07	0000-546-276	2.00	EA	SOFTGRIP BYPASS PRUNER /	A	Y	\$13.97	\$27.94
R08	0000-137-779	2.00	EA	ECHO TRIMMER LINE: 3LB .095 /	A	Y	\$29.97	\$59.94
R09	0000-460-478	2.00	EA	SAE 30 4-CY OIL - 20OZ /	A	Y	\$4.38	\$8.76
R10	0000-551-696	2.00	EA	ECHO 2 CYCLE OIL: 16OZ 50:1 /	A	Y	\$8.97	\$17.94
R11	0000-148-570	4.00	EA	5-TINE FORGED MANURE FORK /	A	Y	\$34.97	\$139.88
R13	0000-539-968	2.00	EA	1 GAL GAS CANYON /	A	Y	\$9.98	\$19.96
R14	0000-300-534	1.00	EA	HUSKY 16" PAKE FBGL HANDLE /	A	Y	\$25.97	\$25.97

*** CONTINUED ON NEXT PAGE ***

FOR WILL CALL
MERCHANDISE PICK-UP
PROCEED TO WILL CALL OR
SERVICE DESK AREA
(Pro Customers, Proceed To The Pro Desk)

CUSTOMER PICKUP #1

(Continued)

REF #W16

R15	0000-984-778	1.00	EA 3 YR REPAIR PLAN \$300-\$399.99 /	A	N	\$60.00	\$60.00
R17	0000-326-898	1.00	EA 6 CU FT POLY W/TOTAL CONTROL HANDLES /	A	Y	\$69.97	\$69.97
SCHEDULED PICKUP DATE: 11/27/2013							
MERCHANDISE TOTAL:							\$1,077.00
END OF CUSTOMER PICKUP - REF #W16							

TOTAL CHARGES OF ALL MERCHANDISE & SERVICES

Policy Id (PI):

A: 90 DAYS DEFAULT POLICY.....
 G: 30 DAYS MANAGER OVERRIDE POLICY.....;

The Home Depot reserves the right to limit / deny returns. Please see the return policy sign in stores for details.

ORDER TOTAL	\$1,077.00
SALES TAX	-\$61.02
TOTAL	-\$1,198.02
BALANCE DUE	\$1,198.02

Tax Exempt

END OF ORDER No. 2305-315141

**CRANE
LANDSCAPING, INC.**

"THE STONE STORE"

12305 OLD LAGRANGE ROAD

LOUISVILLE, KY 40248

(502) 241-5400 (502) 241-7079 FAX

FAX

To: Nick Pace
Fax: (502) 429-7273
Phone: _____

From: Matt @ crane landscaping
Pages: 1

Date: 18 Sept 2013
Subject: E. P. TOM SWAYER PARK

4 scoops of small pea gravel

\$23.00 per scoop of $\frac{3}{8}$ " pea gravel

\$40.00 Delivery fee

Tax ϕ , with presentation of tax exemption form.

Total cost \$ 132.00

QUOTE 2430434

Snyder, Daryl [dsnyder@globalindustrial.com]

Sent: Wednesday, September 18, 2013 4:00 PM

To: Price, Nick (Parks)



2505 MILL CENTER PARKWAY SUITE 100
 BUFORD, GA 30518

Sales Quote

Account #: 652419	Quote #: 2430434	Quote Issued: 09/18/2013
TOM SAWYER PARK		*Quote Expires 30 Days from Issue
NICK PRICE	Phone: 502-429-7270	
3000 FREYS HILL RD	Fax:	
LOUISVILLE, KENTUCKY 40241		
CLICK HERE TO LOGIN AND PLACE THIS ORDER ONLINE.		

Part#	Description	Shipping	Quantity	Price	Extended
B264121	Jayhawk Plastics Large Message Center, Recycled Plastic, One Side, Two Posts, Green, 51"W x 36"H	YRC - TRUCKING	1	\$693.00	\$693.00
Item Total:					\$693.00
Estimated Freight:					\$108.00
PLEASE BE SURE TO REVIEW OUR TERMS AND CONDITIONS					*Total: \$801.00

<p>Notes Delivery 3 weeks</p>	<p>Thank you for the opportunity to help with your needs. To place your order or for further assistance please contact me.</p> <p>Name:DARYL SNYDER Email:DSNYDER@GLOBALINDUSTRIAL.COM Phone:(678) 969-6565 x2565 Fax:(678) 969-6847</p>
-----------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*Applicable taxes and shipping charges will be added to invoice. Globals standard terms and conditions apply. Please see our website www.globalindustrial.com for details.

Daryl Snyder
 Account Manager
 Direct: 678-969-6565
 Fax: 678-969-6847
www.globalindustrial.com
 Federal ID: 11-3584699
 Cage Code: OKHX1
 Dunns: 60655-2065



Check out this great deal!

DISCLAIMER: This communication (including any attachments) is intended solely for the recipient(s) named above and may contain information that is confidential, privileged or legally protected. Any unauthorized use or dissemination of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender by return e-mail message and delete all copies of the original communication. Thank you for your cooperation.



Sales Quote

Customer Number 1089722
 Ship To 1089722
 Building WO
Order Number 744500 SQ

STORE 270 - LOUISVILLE
 10801 BLUE GRASS PKWY

JEFFERSTOWN, KY 40299
 Phone: 502-671-8833 Fax: 502-671-8388
 1-800-BUY-TUFF

Sold To:

E.P. Tom Sawyer State Park Home: 502-429-3280
 3000 Freys Hill Road Office: -
 Cell: -
 Louisville, KY 40241 Fax: -

Ship To:

E.P. Tom Sawyer State Park Home: 502-429-3280
 3000 Freys Hill Road Office: -
 Cell: -
 Louisville, KY 40241 Fax: -

nick.price@ky.gov

Order Date	Requested	Customer PO	ShipVia	Shipping Instructions	/Serial Number	Sales Person	Work Order Numbers
11/1/2013							

Description	Item No.	Requested Date	Line	Shipped	Price	Extended Amount
SHED	Shed Series		1.000	1.00		
Garden Ranch 08' Wide 08' Long 4 x 6' Door EW Centered						
Base Paint Color: To Be Determined Trim Paint Color: To Be Determined						
Shingle Color: Onyx Black - Supreme 3-Tab White Drip Edge Roofing Material: 7/16" OSB						
Floor Decking Material: 3/4" T & G OSB						
04/12 Roof Pitch 24" O.C. Spacing						
Building has steel base.						
2413	8" x 16" Vent Screen White		1.001	2.00	17.00	34.00
	Shed Paint Charge		1.002	1.00		123.90
	Building Base Price		1.003	1.00	1,303.00	1,303.00

Order Sub Total

Sub Total	1,460.90
Sales Tax	
Delivery	
Order Total	1,460.90

Payments

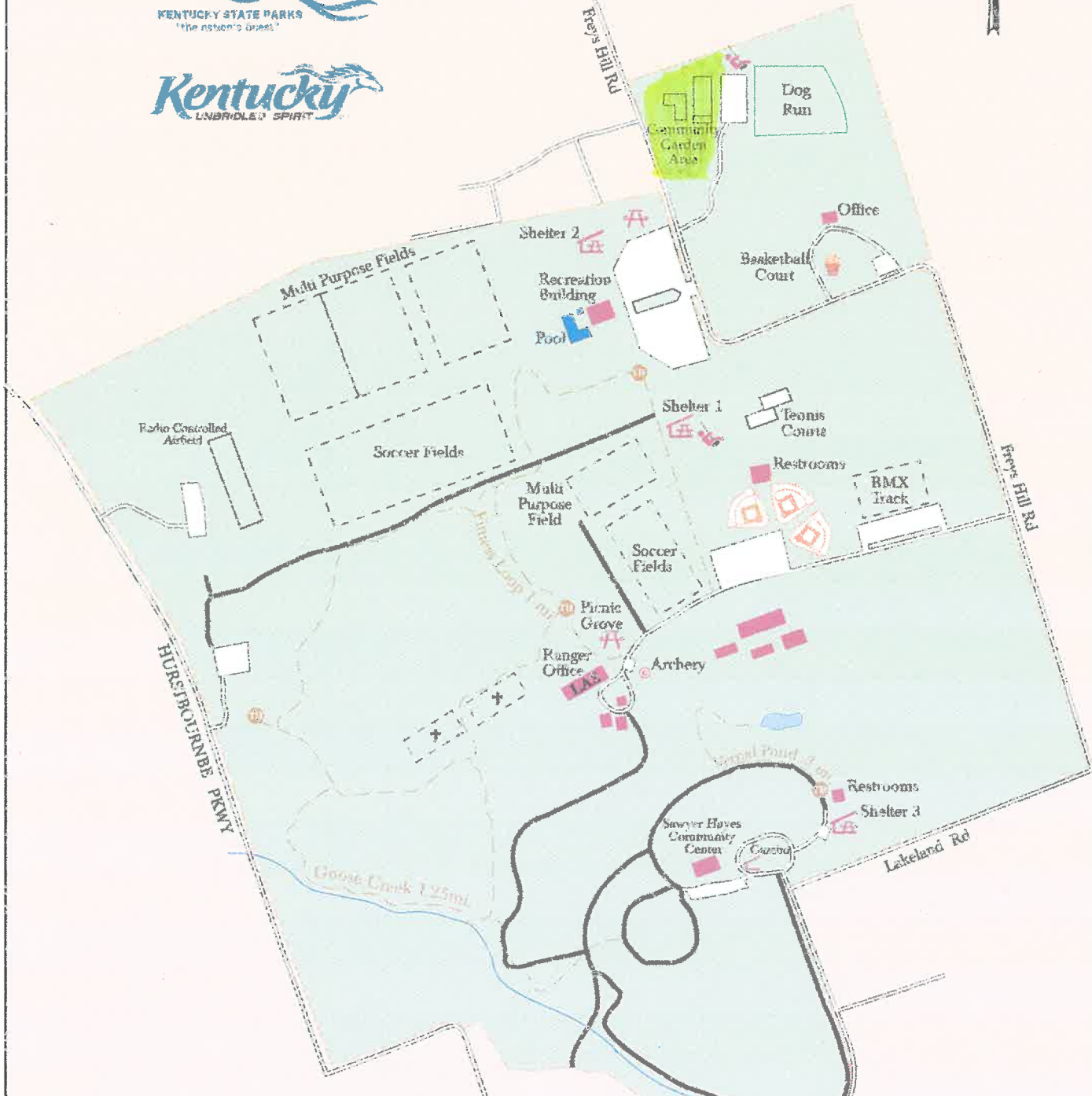
Signature _____ Date _____

Please read the terms and conditions contained in the above referenced warranty. Those terms and conditions are part of this order. Buyer agrees to purchase and pay for the products set forth in this sales order, including those referenced in the above stated warranty. Final payment is due upon delivery of building.

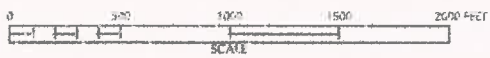
E.P. "TOM" SAWYER STATE PARK



To  Freys Hill Rd



- Road 
- Service Rd 
- Trail 
- Building 
- Playground 
-  Picnic area
-  Shelter
-  Trailhead
-  Volleyball
-  Noise: Foot travel allowed



E. P. "Tom" Sawyer State Park Community Gardens 2013

Welcome to E.P. "Tom" Sawyer State Park's Community Gardens! Below is the list of rules and regulations for the Community Garden at E.P. "Tom" Sawyer State Park. This is a great privilege for both you, as a gardener, and us, as a park, to have a community garden. We request that you comply with the rules and regulations outlined in this contract, and we ask that you respect your fellow gardeners. If we all work together, we can make this an enjoyable and fulfilling program.

- Hosing will not be provided. If you wish to water with a hose, you must provide your own. There are rain barrels and three spigots that you can use to attach hosing to or fill watering jugs with. **Please turn off water completely when done.**
- All plots must be starting to get planted by April 30, unless you notify of other plans. You are still responsible for keeping your garden weeded, even if not planted. **Gardens not planted by April 30 will be automatically refunded and given to the next person on the waiting list.**
- *If you would like to help us keep the garden area maintained, **sign up as a volunteer through park and receive all of the benefits!** Gain access to park equipment during regular hours; report your hours to earn volunteer incentives like pool passes and much more! We could greatly use any help that we can get, maintaining the gardens is a huge undertaking!*
- **WEED WARNINGS** will now be in writing, and mailed from our business office. Failure to respond to this warning will constitute the loss of the plot; once two "weed warnings" have been issued, the next weed issue will constitute the loss of the plot. Please keep up with your weeds, if there is some reason you are having trouble, please notify park staff.

Garden Plots:

- *All new garden plots* will be assigned randomly.
- If you had a plot during the 2012 Season, you may keep that same plot. If you choose not to keep that same plot, a new plot will be assigned to you.
- Two or more plots may not be combined into one large plot. Each plot is an individual garden. One plot per family. Many families in Louisville would like a garden plot, and it is our goal to reach as many individual families as possible.
- All gardeners must sign the rules and regulations and pay a \$25 utility fee to receive a garden plot.
- If you vacate your plot, you must vacate your plot by April 30 to receive a refund. **No refunds will be given after April 30.**

Gardener Responsibilities:

- Gardeners must provide their own seeds, seedlings, plants, and other items to grow a garden.
- No decorations or stone footpaths are allowed in the gardens.
- Gardeners must bring watering devices to use. These may be kept at the gardens and taken home at the end of the season, but the park is not responsible for loss or damage to personal property.
- Wooden trellises and stakes are allowed, but they must be less than **6 feet** in height and must be kept neat. **No fencing is allowed. Please do not shade out your neighbors.**
- You may add additional soil to your plot and fertilize your plots.
- Do not spray fertilizers or pesticides on windy days or days where there is potential for rain.

- Do not let weeds or plants creep into other garden plots. **Each gardener is responsible for maintaining the pathways adjacent to their plots.**
- Please keep plants at least 6 inches off plot boundary to prevent plants overgrowing into others plots and also to allow for room to move between plots
- Do not plant mint, catnip, Jerusalem artichokes, comfrey, raspberries, or other plants that are aggressive and spread quickly.
- **No potatoes** shall be planted due to the threat of the Potato Beetle which can devastate everyone's garden. This is a safety measure for all gardeners.
- Corn is allowed, but please reduce the possibility of shading out other gardeners' vegetables by placing them carefully in your plot. Respect your neighbor's right to grow vegetables.
- Please conserve the use of water. Use the rain barrels located at the corners of the gardens when ever possible Mulch with leaves, grass clippings, or straw to reduce water evaporation. Unattended watering is NOT permitted. Do not use plastic or landscaping fabric, because they are too difficult to remove in the fall during clean-up.
- Please place **all plant material** in the waste area at the rear of the gardens. Place all trash material in trash cans located at either entrance to the gardens. Throwing weeds/waste in the aisle ways is not permitted and will constitute a "**weed warning**".
- If you bring children or pets into the garden, please watch them closely to ensure that no garden plot is trampled and that produce is not picked. (If you wish to use the Dog Park, you must become a member first.)
- All plants and materials **must be removed by November 15**. Please remove all plant materials to reduce the risk of any diseases remaining in the garden for the next growing season. Tilling of the soil will take place in the spring. Any items left in the garden will be collected may be subject to use by the park.
- Notify park staff if you are unable to tend to your plot, will be absent for a long period of time, or have asked a friend to tend your garden.

Park Staff Responsibilities:

- The park staff will enforce rules and make decisions for the community garden. The park staff have the authority to resolve conflicts, including refusing a plot to a gardener or dismissing a current gardener.
- All plots will be inspected, and all plots should be under cultivation. In cases where the plot has not been planted, is weedy, or does not meet the guidelines, the gardener will be notified by mail. Failure to respond within seven (7) days will result in forfeiture of the plot. Garden plots will be reassigned on the third occurrence of a weedy garden. **Refunds will not be granted after April 30.**
- The Park is not liable for items damaged by weather, theft, or damages from infestations. If vandalism or theft occurs, notify park staff.

History:

The Community Garden Program at E.P. "Tom" Sawyer State Park was funded by a grant through Councilman Glen Stuckel through the Louisville Metro Council District 17 Neighborhood Development Fund. The purpose of the project was to provide an opportunity for recreation, exercise, and education to the seniors in the community. The goal was to provide a catalyst for neighborhood and community development, stimulate social interaction, encourage self-reliance, reduce family food budgets, conserve resources, and produce nutritious food. In addition, this project is intended to enhance and beautify the neighborhood and protect our Louisville quality of life by providing sustainable agriculture and by utilizing unused land for growing.

Fees:

The Community Garden plots are \$25 per season, and the raised boxes are \$10 per season. This fee pays for the services that E.P. "Tom" Sawyer State Park provides to the gardeners. If a gardener pays the fee and then is unable to work the garden, the fee will be refunded if the garden plot is vacated by **May 15 or for emergency reasons.**

*Please make checks out to **E.P. "Tom" Sawyer State Park.***

*You can return payment and signed contract to: **3000 Freys Hill rd. Louisville KY 40241***

Plot Size:

There are 85 garden ground plots and five raised plots. Raised plots are 3 feet by 10 feet with a depth of 1 foot and are 3 feet off the ground. Ground level plots are 20 by 20 feet with a depth of 4-6 inches.

Hours of Operation:

April 1 to November 15
7:00 AM to 10:00 PM

Services provided by E.P. "Tom" Sawyer State Park:

- Tilled plots
- Garden Management
- Waste Removal
- Water for gardens (rain barrels and water line)
- Harvest Recipe Competition; part of "Sawyer Foundation Fall Fest"

Your compliance with the above regulations will help everyone have an enjoyable and prosperous gardening season. If you have any questions, please contact:

Nick Price
(502) 429-7270
Email: Nick.Price@ky.gov

-----Return portion below only, keep above for your records-----

I have read and fully understand the rules and regulations of the Community Garden at E.P. "Tom" Sawyer State Park. I understand that my plot lease can be terminated at any time for not following the rules and regulations put forth.

Name: _____ Date: _____

Signature: _____

Plot Assignment: _____

Would you like to sign up as a Community Garden Volunteer? (Circle one) Yes No

Contact Information:

**Required Field*

*Address: _____

*City: _____ *State: _____ *Zip: _____

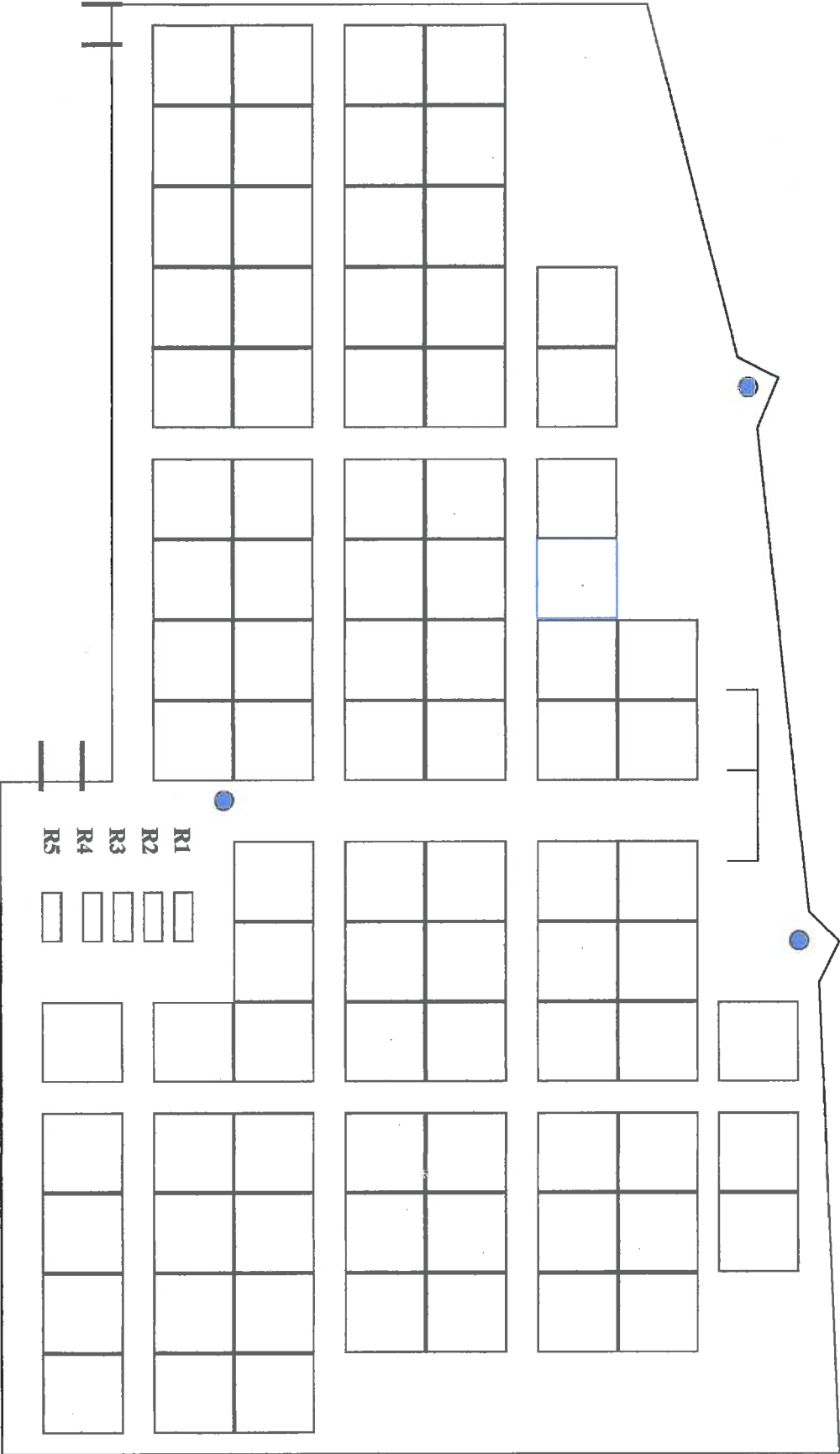
Email (so you may receive updates via email): _____

*Phone (daytime): _____ *Evening: _____

Garden Area #1
 (88) 20x20 plots
 (5) 3x10 raised beds
 3 water spigots
 3 rain barrels
 1 bench area
 2 garden waste areas

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

H
G
F
E
D
C
B
A



Freys Hill Rd

N

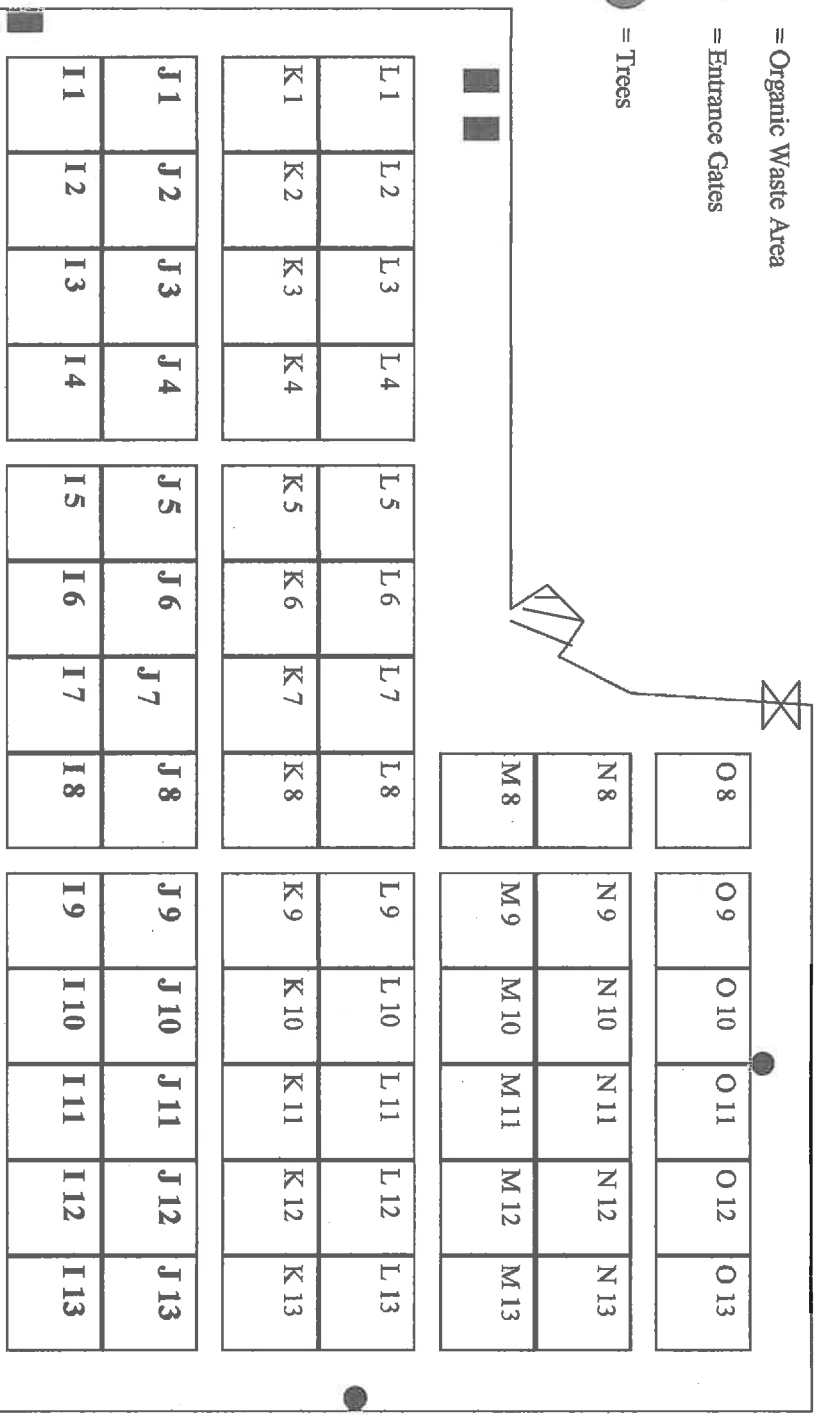
● = Water Spigot

■ = Rain Barrel

▨ = Organic Waste Area

⊗ = Entrance Gates

● = Trees



To Parking Lot
At Dog Park





STEVEN L. BESHEAR
GOVERNOR

CLAY FOREMAN
PARK MANAGER

E. P. "TOM" SAWYER STATE PARK
DEPARTMENT OF PARKS
COMMERCE CABINET
3000 Freys Hill Road
Louisville, Kentucky 40241
Phone 502-429-7270
Fax 502-429-7274
www.parks.ky.gov

MARCHETA SPARROW
SECRETARY

ELAINE WALKER
COMMISSIONER

Community Garden

! Weed Warning !

Dear (*Gardener here*):

This letter is to inform you that your garden has either; **1) *not been planted by May 1 or*** **(2) *has extensive weeds growing in it.*** We try to keep all of the gardens free of weeds for numerous reasons; it begins to effect others gardens or the public aisle ways, it looks unsightly, and it gives a place for nuisance pests to hide.

I am noting this as one "weed warning" notice for your plot for the season. As stated in the contract signed by all gardeners at the start of receiving a plot, after receiving two of these "weed warning" notices, the third notice will be of plot cancellation. I am aware that it is a big job to maintain a 20x20 plot, but it is important to take care of these issues so that we can continue to have a strong community feeling in our gardens.

Please respond to this letter, either by return mail, calling the Recreation office, or emailing me at nick.price@ky.gov. **As stated in the Community Gardens contract, failure to respond to this letter within seven (7) days will result in plot cancellation with no refund due.**

If there is some reason you are having trouble keeping up with the plot assigned to you, please let me know and we will try to work something out.

Date letter sent:

Respond by:

Sincerely,
Nick Price, Park Naturalist

To all of our gardeners:

The gardens will be officially closing for the season on
November 15, 2013.

Please remove all plants, stakes, plastic, and fencing by
December 1, 2013.

Place unwanted stakes at the entrances to the gardens.

There will be a short Community Gardens meeting held on
December 14, from 2:00pm to 3:00pm.

We will discuss concerns and future improvements for our
gardens. 2014 contracts will also be available then.
Meet in the Activities Building across the road from gardens

You can pick up contracts for next year in the
recreation office starting December 14th, 2013.
**Any plots not renewed by February 17 will be given to a
new gardener on the waiting list.**

Please spread the word if you can

Hope to see you back next season!!

If you are interested in volunteering your help with
the end of the 2013 season clean-up or set up for the
2014 season, please call
the Recreation Office at **502-429-7270**



**AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICE
KENTUCKY DEPARTMENT OF PARKS**

JOB TITLE (Refer to the Volunteer Brochure for a list of job titles) _____

NAME OF PARK _____

DATES OF SERVICE: FROM _____ **TO** _____

NAME _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE: HOME (____) _____ **WORK** (____) _____ **CELL**(____) _____

EMAIL ADDRESS _____

VALID DRIVER'S LICENSE, state & no. & **PROOF OF INSURANCE** _____

(Must provide photocopy of driver's license and car insurance card if position requires you to drive a state vehicle)

DATE OF BIRTH _____ **SSN** _____

NAME/PHONE NUMBER of person to call in an emergency _____

MEDICAL CONDITIONS of which we should be aware _____

-
1. Description of work has been presented and described to the applicant. This agreement is in effect during the specified dates of service listed above and must be renewed annually.
 2. All of the described work will be noncompensable. Except as otherwise provided I understand this service will not confer on me the status of a state employee.
 3. I understand that either the Department of Parks or I may cancel this agreement at any time by notifying the other party.
 4. I understand and agree to follow the established dress code for the Department of Parks.
 5. **I have been offered insurance coverage through the Office of Volunteer Services. I (circle one) Accept/Decline such coverage. I understand that it is my responsibility to submit payment for insurance coverage directly to the Office of Volunteer Services.**
 6. I understand that if I am under 18 years of age, I will need the signature of my parent or legal guardian.
 7. I absolve and release the Kentucky Department of Parks, its agents, officers, and employees from all liability from injury, loss or damage sustained by me during the course of such activity.
 8. I understand that the Department of Parks will perform a background check using the information I have provided, and failure to complete the form in its entirety may prohibit me from participating in the Department of Parks Volunteer Program.
 9. I understand the rules and regulations of being a Kentucky State Park volunteer. I also understand that a copy of the rules and regulations can be obtained through my direct supervisor.

I HEREBY AGREE TO ALL THE PROVISIONS LISTED ABOVE:

SIGNATURE OF VOLUNTEER

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF MANAGER

DATE

COPY TO VOLUNTEER, COPY FOR YOUR FILES, SEND ORIGINAL TO: THE VOLUNTEER COORDINATOR

Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)
TOM SAWYER STATE PARK FOUNDATION, INC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Exempt payee

Other (see instructions) ▶ **501 (C) 3 ORGANIZATION**

Address (number, street, and apt. or suite no.)

3000 FREYS HILL RD

City, state, and ZIP code

LOUISVILLE, KY 40222

Requester's name and address (optional)

List account number(s) here (optional)

Print or type
See Specific Instructions on page 2.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

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

Employer identification number
61-1009412

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *John J. Balbach, Treasurer* Date ▶ **SEPTEMBER 28, 2012**

General Instructions

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

Purpose of Form

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

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

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

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

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

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

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

Internal Revenue Service
District Director

Department of the Treasury

F. O. BOX 2508
CINCINNATI, OH 45201

Date: MAY 18 1988

TOM SAWYER STATE PARK FOUNDATION
INC
3000 FREYS HILL RD
LOUISVILLE, KY 40222

Employer Identification Number:
61-1009412
Contact Person:
CARRIE M. RICKENBAUGH
Contact Telephone Number:
(513) 684-3578

Our Letter Dated:
Nov 21, 1984
Caveat Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi). Your exempt status under Code section 501(c)(3) is still in effect.

Grantors and contributors may rely on this determination until 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 that resulted in your loss of such status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

RECEIVED

MAY 19 1988

E. P. "TOM" SAWYER PARK

TOM SAWYER STATE PARK FOUNDATION

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Harold M. Browning
District Director

2013-2014 Board of Directors
Tom Sawyer State Park Foundation

No Term Limits, members are invited to maintain positions from year to year

OFFICERS:

Earlene Bisig Zimlich*,
Chairman
(Michael)
1434 Twin Ridge Road
Louisville, KY 40242
Home: (502) 326-3858
Cell: (502) 262-1272
Work: (502) 637-2922/637-2955
earlenezimlich@aol.com

Armond Russ, Vice Chairman
(Cathy)
3115 Indian Lake Drive
Louisville, KY 40241
Home: (502) 618-2158
Cell: (502) 321-0381
armond.russ@insightbb.com

John Balbach, Treasurer
(Cathy)
715 Elsmere Circle
Louisville, KY 40223
Home: (502) 426-7049
Cell: (502) 551-5544
Work: (502) 566-1004
jbabach@ddafcpa.com

Laura McDaniel Kazlauskas,
Secretary
(Jeremy)
109 Oxford Place
Louisville, KY 40207
Cell: (704) 616-2935
laura_mcdaniel80@yahoo.com

BOARD MEMBERS:

Gordon Dean*
(Ronda)
4403 Windy Oaks Road
Louisville, KY 40241
Home: (502) 423-8303
Cell: (502) 338-1841
gordde5@aol.com

Todd Hoon* (Margie)
7610 Maria Avenue
Louisville, KY 40222
Home: (502) 425-0570
Cell: (502) 744-1476
toddhon@aol.com

Nathaniel Iannone
11213 Coventry Greens Drive
Louisville, KY 40241
Cell: (563) 320-6530
nianno@gmail.com

Jeff McKenzie* (Dodie)
3500 National City Tower
101 South Fifth Street
Louisville, KY 40202
Cell: (502) 387-4529
jam@gdm.com

Andrew "Skipper" Martin
(Hana)
8303 Shelbyville Road
Louisville, KY 40222
Home: (502) 423-1662
Cell: (502) 693-6996
skipper@themartinnct.com

Mark Melvin
1040 Everett Ave. #1
Louisville, KY 40204
Cell: (502) 436-2730
Work: (502) 587-3773
mmelvin@bgdlegal.com

Pat J. Perry, RA (Mike)
4216 Ashleywood Court
Louisville, KY 40241
Home: (502) 749-3252
Cell: (502) 550-4574
pperry4579@aol.com

John Shaw, MD, (Sharon)
16518 Briston Avon Lane
Louisville, KY 40245
Cell: (502) 645-1004
Home: (502) 584-3376
johnshaw@aol.com

Mike Skinner (Pat)
7305 E. Orchard Grass Blvd.
Crestwood, Ky. 40014
Cell: (502) 338-0202
skinu@att.net

Carol Timmons* (Tom)
3010 Lake Vista Drive
Louisville, KY 40241
Home: (502) 425-1750
Work: (502) 498-1958
Cell: (502) 593-9737
ctimmons@bizjournals.com

* Past chairman

EX OFFICIO:

Clay Foreman, Park Manager
3000 Freys Hill Road
Louisville, KY 40241
Office: (502) 429-7270
Cell: (502) 243-7261
clay.foreman@ky.gov

2013 Regular Meetings
Mondays at 6:30 p.m.
Sawyer Hayes
Community Center

Feb. 18
March 18
April 15
May 20
June 17
July 15
Aug. 19
Sept. 16
Oct. 21
Nov. 18

December holiday party
Sawyer Hayes Community
Center • Date TBA

TOM SAWYER STATE PARK FOUNDATION

TREASURER'S REPORT
07/16/2013 to 08/15/2013

BALANCE - July 16, 2013		62,082.02
RECEIPTS		
Donations made in February by director's Balbach (\$100), Kazlauskas \$50, Russ \$50, Skinner \$100, Timmons \$100, Zimlich \$50, May-Perry \$100, Hoon \$50, June-Shaw \$50		
Donations -- Dean Family general donation for the Park (8-6-2013)	500.00	

TOTAL RECEIPTS		500.00
EXPENDITURES		
Ck. #653 A New Leaf, July monthly billing for SHC Bldg. (7-16-2013)	771.67	
Ck. #654, YPAL (annual dues for Tom Sawyer Park Kassie Alderson) (7-16-2013)	50.00	

TOTAL EXPENDITURES		821.67
BALANCE ON HAND PER CHECKBOOK (August 15, 2013)		<u>61,760.35</u>
FUNDS AVAILABLE - August 15, 2013		
Bank Checking Account	61,760.35	
Certificate of Deposit	<u>14,376.46</u>	
TOTAL		<u>76,136.81</u>
ALLOCATION OF FUNDS		
Held Funds (Other)		
Friends of the Park		2,815.00
Community Garden Grants, from Metro Government		0.00
Lou Dog Run Assn. 11/13/06		500.00
Nature Grant of 2007 (see detail)		1,502.59
Playground grant of 2008 (see detail)		331.63
Trail Development grant of 2008 (see detail)		4,147.92
Community Garden Grant, Metro 2013		0.00
Beckham Bird Club grant (see detail)		870.00
Public Archeology Grant (see detail)		4,017.81
Compost Grant (see detail)		100.05
Tree Grant for Vic		100.00
Garden Grant (Horn Foundation) (see detail)		<u>412.77</u>
Subtotal		<u>14,797.77</u>
Restricted towards building project or available for other uses:		
Reforestation grant from EON		201.50
Reforestation (\$15,189.85 less 1/2 check #548 \$4,798.50)		10,391.35
Sawyer-Hayes for completion of building and surrounding grounds (see detail)--signage is \$20,000 of this		13,386.92
Funds held for use only on Sawyer-Hayes Building		1,200.00
Funds held for Proposed Splash Grounds		3,000.00
General Foundation Purposes (fall festival, interest, etc.)		<u>33,159.27</u>
Subtotal		<u>61,339.04</u>
TOTAL IN BANK ACCOUNTS for GRANTS, OTHER		<u>76,136.81</u>

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

Filing Instructions

Prepared for:

TOM SAWYER STATE PARK FOUNDATION, INC
3000 FREYS HILL RD
LOUISVILLE, KY 40241-2132

Prepared by:

DEAN DORTON ALLEN FORD, PLLC
200 SOUTH 5TH STREET, SUITE 201 SOUTH
LOUISVILLE, KY 40202

2012 FORM 990-EZ

ELECTRONIC FILING:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY AUGUST 15, 2013.

2012 FORM 990-PF - KY FILING COPY

PLEASE MAIL A COPY OF THE RETURN TO: OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
1024 CAPITAL CENTER DRIVE
SUITE 200
FRANKFORT, KY 40601-8204

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2012

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
TOM SAWYER STATE PARK FOUNDATION, INC.

D Employer identification number
61-1009412

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
3000 FREYS HILL RD

E Telephone number
502-589-6050

City or town, state or country, and ZIP + 4
LOUISVILLE, KY 40241-2132

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 107,391.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															105,730.												
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																											
	4	Investment income SEE SCHEDULE O															54.												
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	6b	Gross income from fundraising events (not including \$ 5,000. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)															1,607.												
6c	Less: direct expenses from gaming and fundraising events															5,413.													
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)															-3,806.													
7a	Gross sales of inventory, less returns and allowances																												
7b	Less: cost of goods sold																												
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O)																												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															101,978.													
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O															102,245.												
17	Total expenses. Add lines 10 through 16															102,245.													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-267.												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															82,707.												
	20	Other changes in net assets or fund balances (explain in Schedule O)															0.												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															82,440.												

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	82,707.	22	82,440.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	82,707.	25	82,440.
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,707.	27	82,440.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	FUNDS ARE SPENT FOR THE SUPPORT OF E.P. "TOM" SAWYER STATE PARK LOCATED IN JEFFERSON COUNTY, KY.		
	(Grants \$ 7,809.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	102,245.
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	102,245.

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
EARLENE ZIMLICH				
VICE CHAIRMAN	5.00	0.	0.	0.
GORDON DEAN				
CHAIRMAN	3.00	0.	0.	0.
LAURA KAZLAUSKAS				
SECRETARY	1.00	0.	0.	0.
JOHN BALBACH				
TREASURER	2.00	0.	0.	0.
TODD HOON				
DIRECTOR	1.00	0.	0.	0.
CAROL TIMMONS				
DIRECTOR	5.00	0.	0.	0.
DAN PELLISSIER				
DIRECTOR	1.00	0.	0.	0.
DAVID DIERUF				
DIRECTOR	1.00	0.	0.	0.
ARMOND RUSS				
DIRECTOR	1.00	0.	0.	0.
ANDREW "SKIPPER" MARTIN				
DIRECTOR	0.00	0.	0.	0.
JEFF MCKENZIE				
DIRECTOR	0.00	0.	0.	0.
AIJA POTAPOUS				
DIRECTOR	0.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911; section 4912; section 4955
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of
Located at
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

Table with columns Yes and No. Rows 33-43. Values: 33 (No: X), 34 (No: X), 35a (No: X), 35b (N/A), 35c (No: X), 36 (No: X), 37a (0), 37b (No: X), 38a (No: X), 38b (N/A), 39a (N/A), 39b (N/A), 40a (0, 0, 0), 40b (No: X), 40c (0), 40d (0), 40e (No: X), 41 (KY), 42a (JOHN BALBACH, 502-589-6050, 200 SOUTH FIFTH ST, SUITE 201S, LOUISVILLE, KY, 40202), 42b (No: X), 42c (No: X), 43 (N/A)

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Table with columns Yes and No. Rows 44a-45b. Values: 44a (No: X), 44b (No: X), 44c (No: X), 44d, 45a (No: X), 45b

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
	b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____

JOHN BALBACH, TREASURER
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FAITH CRUMP				P00744911
	Firm's name ▶ DEAN DORTON ALLEN FORD, PLLC	Firm's EIN ▶ 27-3858252		Firm's address ▶ 200 SOUTH 5TH STREET, SUITE 201 SOUTH LOUISVILLE, KY 40202	
				Phone no. (502) 589-6050	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67,772.	29,095.	90,781.	3,300.	100,730.	291,678.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,409.	6,037.	8,541.	6,597.	1,607.	30,191.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	75,181.	35,132.	99,322.	9,897.	102,337.	321,869.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	71,500.	27,500.	87,500.	7,500.	85,000.	279,000.
c Add lines 7a and 7b	71,500.	27,500.	87,500.	7,500.	85,000.	279,000.
8 Public support. (Subtract line 7c from line 6.)						42,869.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	75,181.	35,132.	99,322.	9,897.	102,337.	321,869.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	654.	438.	227.	148.	54.	1,521.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	654.	438.	227.	148.	54.	1,521.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	75,835.	35,570.	99,549.	10,045.	102,391.	323,390.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	13.26 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	88.95 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	.47 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	.80 %

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A

Excess Payments from Non-Disqualified Persons
Included on Part III, Line 7b

2012

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2008 Amount	2009 Amount	2010 Amount	2011 Amount	2012 Amount
NORTHEAST CHRISTIAN CHURCH	7,000.	0.	0.	0.	
LG&E	11,500.	0.	5,000.	0.	
NORTON KY STATE PARK FOUNDATION	5,000. 3,500.	5,000. 0.	5,000. 0.	5,000. 0.	
CE&S FOUNDATION	3,000.	0.	0.	0.	
MILDRED V. HORN FOUNDATION	8,500.	5,000.	0.	0.	
GENERAL MILLS FOUNDATION	5,000.	2,500.	0.	2,500.	
SAWYER FAMILY	0.	10,000.	0.	0.	
LINDA FRANKEL	0.	0.	70,000.	0.	75,000.
DAVID W FRANKEL II	0.	0.	0.	0.	5,000.
D W FRANKEL FOUNDATION, INC	0.	0.	0.	0.	5,000.
PAPA JOHN FOUNDATION	1,000.	0.	2,000.	0.	
DERBY CITY ATHLETIC CLUB	0.	0.	2,500.	0.	
METRO GOVERNMENT BECKHAM BIRD CLUB GRANT	15,000. 0.	1,500. 1,000.	3,000. 0.	0. 0.	
KENTUCKY STATE PARK FOUNDATION GRANT	10,000.	2,500.	0.	0.	
KROGERS	2,000.	0.	0.	0.	
Total to Schedule A, Part III, Line 7b	71,500.	27,500.	87,500.	7,500.	85,000.

Identification of Excess Support Payments
Included on Part III, Line 7b, column (e)

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2012	2012 Excess Payments
NORTON	5,000.	
LINDA FRANKEL	80,000.	75,000.
DAVID W FRANKEL II	10,000.	5,000.
D W FRANKEL FOUNDATION, INC	10,000.	5,000.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		85,000.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

TOM SAWYER STATE PARK FOUNDATION, INC.

61-1009412

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization TOM SAWYER STATE PARK FOUNDATION, INC.	Employer identification number 61-1009412
-----------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NORTON HEALTHCARE <hr/> P.O. BOX 35070 <hr/> LOUISVILLE, KY 40202 <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	LINDA S FRANKEL <hr/> 0 NIBANG AVE <hr/> OLD SAYBROOK, CT 06475 <hr/>	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DAVID W. FRANKEL II <hr/> C/O 0 NIGANG AVE <hr/> OLD SAYBROOK, CT 06475 <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	D W FRANKEL FOUNDATION, INC <hr/> C/O 0 NIGANG AVE <hr/> OLD SAYBROOK, CT 06475 <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

TOM SAWYER STATE PARK FOUNDATION, INC.

61-1009412

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization TOM SAWYER STATE PARK FOUNDATION, INC.	Employer identification number 61-1009412
-----------------------------------------------------------------------	-----------------------------------------------------

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization

TOM SAWYER STATE PARK FOUNDATION, INC.

Employer identification number
61-1009412

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	54.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	1,529.
BANK FEES	85.
GRANT EXPENDITURES	7,809.
EXPENDITURES ON BEHALF OF PARK BUILDING	92,707.
EXPENDITURES ON BEHALF OF PARK	115.
TOTAL TO FORM 990-EZ, LINE 16	102,245.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO RAISE MONEY IN THE
SUPPORT OF THE KENTUCKY STATE PARK E.P. "TOM" SAWYER.**

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

**THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.**

**THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. TOM SAWYER STATE PARK FOUNDATION, INC.	Employer identification number (EIN) or 61-1009412
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3000 FREYS HILL RD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40241-2132	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOHN BALBACH

• The books are in the care of ▶ **200 SOUTH FIFTH ST, SUITE 201S - LOUISVILLE, KY 40202**
 Telephone No. ▶ **502-589-6050** FAX No. ▶ **502-581-9016**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2012** or
 ▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2013)

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____, 20__

2012

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

TOM SAWYER STATE PARK FOUNDATION, INC.

61-1009412

Name and title of officer

**JOHN BALBACH
TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	101978
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **DEAN DORTON ALLEN FORD, PLLC** to enter my PIN **60530**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61529760530
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

FILED IN OFFICE

A 27726

ARTICLES OF INCORPORATION

OF

"TOM" SAWYER STATE PARK FOUNDATION, INC.

ORIGINAL COPY
FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

MAY 19 1982

1/8

Francis J. Mills
SECRETARY OF STATE

I, David Laird McMurray, do hereby form a non-stock, non-profit corporation pursuant to Chapter 273 of the Kentucky Revised Statutes, and do hereby adopt the following Articles of Incorporation.

ARTICLE I

The name of the Corporation shall be the "TOM" SAWYER STATE PARK FOUNDATION, INC. and its duration shall be perpetual.

ARTICLE II

The purposes of the Corporation shall be exclusively charitable, scientific, literary and educational and such purposes shall include, but not be limited to:

(a) receiving and maintaining a fund or funds and holding real or personal property or both and applying such fund or property, in whole or in part, for the betterment or expansion or in support of E.P. "Tom" Sawyer State Park, its facilities and the activities carried thereon;

(b) stimulating public support, understanding, interest, and use of E.P. "Tom" Sawyer State Park;

(c) supporting and cooperating with the management and professional staff of E.P. "Tom" Sawyer State Park;

(d) recognizing the contributions of money and property by persons interested in the betterment, expansion and improvement of E.P. "Tom" Sawyer State Park by establishing various categories of donors to the Corporation and issuing certificates, cards or other tokens in recognition of their contribution;

(e) encouraging individuals to work on a volunteer basis in the programs and activities conducted at E.P. "Tom" Sawyer State Park and for the betterment and expansion of E.P. "Tom" Sawyer State Park and establishing a system to coordinate the efforts of such volunteer workers.

ARTICLE III

The Corporation is empowered:

(a) To buy, own, sell, convey, assign, mortgage, or lease any interests in real or personal property, and to construct, maintain and operate improvements thereon necessary or incident to the accomplishment of the purposes set forth in Article II hereof.

(b) To borrow money and issue evidence of indebtedness in furtherance of any or all of the objects of its business

and to secure the same by mortgage, pledge or other lien on the Corporation's real or personal property.

(c) To solicit, receive, accept, or acquire donations of public or private funds.

(d) To do and perform all acts reasonably necessary to accomplish the purposes of the Corporation and to have all powers enumerated in Chapter 273 of the Kentucky Revised Statutes.

ARTICLE IV

The principal place of business of the Corporation in the State of Kentucky is 3000 Freys Hill Road, Louisville, Kentucky 40222. The resident agent for service of process is Richard L. Hacker, and the registered office of the Corporation is 7502 Clipping Cross Road, Louisville, Kentucky 40222.

ARTICLE V

The incorporator herein sets forth with his name and address is as follows:

<u>Name</u>	<u>Address</u>
David Laird McMurray	3400 First National Tower Louisville, Kentucky 40202

ARTICLE VI

The Corporation shall have no members. The affairs of the Corporation shall be managed and conducted by its duly

elected directors. The initial Board of Directors shall consist of eight (8) elected members and one (1) "ex officio" member, which numbers may be increased or decreased by amendment to the By-laws. The election of directors shall be by a majority vote of the members of the Board of Directors. Except as provided with respect to the initial Board, the term of office of directors shall be three years with one-third of the directors (or as close to one-third as is mathematically possible) elected each year. Directors may serve successive terms as directors. Directors may make and adopt By-laws not inconsistent with the provisions of these Articles or the laws of the Commonwealth of Kentucky. Adoption of By-laws and subsequent amendments thereto shall be effective only upon the affirmative vote of two-thirds of the directors of the Corporation at a meeting duly called for that specific purpose. At all times during the existence of the Corporation, the person serving as the Supervisor of E.P. "Tom" Sawyer State Park shall be a non-voting member of the Board of Directors. Such "ex officio" member shall be entitled to attend all meetings of the Board of Directors and shall be entitled to notice thereof but shall not be entitled to vote on any matter.

The members of the Board of Directors initially holding the elective seats on the Board of Directors shall be the following persons:

<u>Name</u>	<u>Address</u>
Mary Kernen	1001 Old Harrods Creek Road Louisville, Kentucky 40243
Olivia L. Smith	Glenview, Kentucky 40025
Karen Blanton	1403 Claremore Drive Louisville, Kentucky 40223
William Heburn II	P.O. Box 7990 Louisville, Kentucky 40207
David Wheden	8105 Barbour Manor Drive Louisville, Kentucky 40222
Richard L. Hacker	7502 Clipping Cross Road Louisville, Kentucky 40222
John D. Lynch	4844 Brownsboro Road Louisville, Kentucky 40207
Valerie Reisser	4109 Chambers Way Louisville, Kentucky 40299

The terms of office of the first two listed members of the Board of Directors shall be until the end of the first complete fiscal year of the Corporation as determined by the By-laws of the Corporation. Their successors shall be elected at the annual meeting immediately preceding the expiration of their terms and their successors shall serve for three fiscal years. The terms of office of the next three listed members of the initial Board of Directors shall be until the end of the second complete fiscal year. Their successors shall be elected at the annual meeting of the Board of Directors immediately preceding the expiration of their terms and shall serve for three fiscal years. The terms of office of the next three listed members of the

initial Board of Directors shall be until the end of the third complete fiscal year of the Corporation. Their successors shall be elected at the annual meeting of the Board of Directors immediately preceding the expiration of their terms and their successors shall serve for three fiscal years.

The initial "ex officio" member of the Board of Directors shall be Rita L. Stosberg.

ARTICLE VII

The Corporation shall have an Executive Director, a chairperson, one or more vice-chairpersons, a secretary, a treasurer, and such other officers as may be determined in the By-laws of the Corporation. Any two (2) of the offices, except those of chairperson and secretary, may be combined as provided in the By-laws of the Corporation. The officers of the Corporation, except the Executive Director, shall be elected by the Board of Directors for such terms as may be stated in the By-laws and shall have such duties and responsibilities as are set in the By-laws. Such person who is the Supervisor of E.P. "Tom" Sawyer State Park shall be the Corporation's Executive Director unless it shall be provided otherwise by the By-laws of the Corporation.

ARTICLE VIII

The Corporation shall have no capital stock nor shall it operate for pecuniary profit. The Corporation shall have no power to issue certificates of stock nor to declare dividends. The Corporation is dedicated to and operated exclusively for charitable, scientific, literary and educational purposes and no part of the earnings or assets of the Corporation shall inure to the benefit of any person. 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 publishing or distributing statements), any political campaign on behalf of any candidate of public office. Upon dissolution of the Corporation, any remaining assets shall be distributed to charitable, scientific, literary, or educational organizations or societies organized and existing for the same purpose as this Corporation, except that no assets shall be distributed to any person, society, organization or corporation not qualified as a charitable, scientific, literary, or educational organization, which is exempt from Federal Income Tax under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1954, as amended.

ARTICLE IX

The highest amount of indebtedness or liability which the Corporation may incur is unlimited.

"TOM" SAWYER STATE PARK FOUNDATION, INC.**General Information**

Organization Number	0167006
Name	"TOM" SAWYER STATE PARK FOUNDATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	5/19/1982
Organization Date	5/19/1982
Last Annual Report	6/21/2013
Principal Office	3000 FREYS HILL RD. LOUISVILLE, KY 40241
Registered Agent	JOHN J. BALBACH 3000 FREYS HILL RD. LOUISVILLE, KY 40241-2132

Current Officers

Chairman	<u>Earlene Bisig-Zimlich</u>
Vice Chairman	<u>Armond Russ</u>
Secretary	<u>Laura McDaniel Kazlauskas</u>
Treasurer	<u>John J Balbach</u>
Director	<u>Todd Hoon</u>
Director	<u>Andrew "Skipper" Martin</u>
Director	<u>John Shaw</u>
Director	<u>Jeff McKenzie</u>
Director	<u>Carol Timmons</u>
Director	<u>David Dieruf</u>
Director	<u>Gordon Dean</u>
Director	<u>Mark Melvin</u>
Director	<u>Nathaniel Iannone</u>
Director	<u>Pat Perry</u>
Director	<u>Tom Viney</u>

Individuals / Entities listed at time of formation

Director	<u>MARY KEREN</u>
Director	<u>OLIVIA L. SMITH</u>
Director	<u>KAREN BLANTON</u>
Director	<u>WILLIAM HEBURN, II</u>
Director	<u>DAVID WHEDEN</u>
Incorporator	<u>DAVID LAIRD MCMURRAY</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	6/21/2013	1 page	PDF
Annual Report	6/29/2012	1 page	PDF
Registered Agent name/address change	6/22/2011 4:54:59 PM	1 page	PDF
Annual Report	6/22/2011	1 page	PDF
Annual Report	6/28/2010	1 page	PDF
Annual Report	6/23/2009	1 page	PDF
Annual Report	6/19/2008	1 page	PDF
Annual Report	5/25/2007	2 pages	tiff PDF
Annual Report	4/13/2006	1 page	tiff PDF
Annual Report	5/20/2005	1 page	tiff PDF
Annual Report	6/26/2003	1 page	tiff PDF
Annual Report	6/4/2002	1 page	tiff PDF
Annual Report	5/24/2001	1 page	tiff PDF
Annual Report	5/17/2000	1 page	tiff PDF
Reinstatement	3/9/1999	2 pages	tiff PDF
Administrative Dissolution	11/3/1998	1 page	tiff PDF
Annual Report	7/1/1998	1 page	tiff PDF
Annual Report	7/1/1997	1 page	tiff PDF
Reinstatement	6/18/1996	2 pages	tiff PDF
Administrative Dissolution	11/1/1995	1 page	tiff PDF
Annual Report	7/1/1995	6 pages	tiff PDF
Annual Report	7/1/1994	1 page	tiff PDF
Annual Report	7/1/1993	1 page	tiff PDF
Annual Report	7/1/1992	1 page	tiff PDF
Annual Report	7/1/1991	1 page	tiff PDF
Annual Report	7/1/1989	1 page	tiff PDF
Statement of Change	6/12/1987	1 page	tiff PDF
Annual Report	7/1/1986	1 page	tiff PDF
Six Month Notice	7/29/1985	1 page	tiff PDF
Articles of Incorporation	5/19/1982	10 pages	tiff PDF

Assumed Names**Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/21/2013 3:43:48 PM	6/21/2013 3:43:48 PM	
Annual report	6/29/2012 11:42:39 AM	6/29/2012 11:42:39 AM	
Annual report	6/22/2011 5:01:43 PM	6/22/2011 5:01:43 PM	
Registered agent address change	6/22/2011 4:54:59 PM	6/22/2011 4:54:59 PM	

Annual report	6/28/2010 5:13:34 PM	6/28/2010 5:13:34 PM
Annual report	6/23/2009 3:29:57 PM	6/23/2009 3:29:57 PM
Annual report	6/19/2008 8:31:19 PM	6/19/2008 8:31:19 PM
Annual report	5/25/2007 9:18:02 AM	5/25/2007
Annual report	4/13/2006 1:50:44 PM	4/13/2006
Reinstatement	3/9/1999	3/9/1999
Admin Dis. A. report not in	11/3/1998	11/3/1998
Sixty day notification	9/1/1998	9/1/1998
Reinstatement	6/18/1996	6/18/1996
Admin Dis. A. report not in	11/1/1995	11/1/1995

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	5/18/2005	1 page
Annual Report	4/2/2004	1 page
Annual Report	6/26/2003	1 page
Annual Report	6/4/2002	1 page
Annual Report	5/24/2001	1 page
Annual Report	5/17/2000	1 page
Annual Report	11/10/1999	1 page
Reinstatement	3/9/1999	2 pages
Administrative Dissolution	11/3/1998	1 page
Annual Report	7/1/1998	1 page
Annual Report	7/1/1997	1 page
Reinstatement	6/18/1996	2 pages
Administrative Dissolution	11/1/1995	1 page
Annual Report	7/1/1995	5 pages
Annual Report	7/1/1994	1 page
Annual Report	7/1/1993	1 page
Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	3 pages
Annual Report	7/1/1989	1 page
Statement of Change	6/12/1987	1 page
Annual Report	7/1/1986	1 page
Six Month Notice	7/29/1985	1 page
Articles of Incorporation	5/19/1982	9 pages

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: "Tom" Sawyer State Park Foundation, Inc.		
Program Name: Community Gardens	Request Amount: \$3,470.90	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?		Y
Request form: Is the funding proposed less than or equal to the request amount?		Y
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Y
Application Page 1: Has prior Metro funds committed/granted been disclosed?		Y
Application Page 1: Is the application properly signed and dated by authorized signatory?		Y
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?		N/A
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?		Y
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?		Y
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?		Y
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?		Y
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 		Y
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)		N/A
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?		N/A
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Y
Operating Budget: Is the organization's current fiscal year operating budget included?		N/A
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.		Y
Board Members: Is the entity's board member list (with term length/term limits) included?		Y
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?		N/A
Rent Requests: Is a copy of signed lease included?		N/A
Articles of Incorporation: Are the Articles of Incorporation of the organization included?		Y
IRS Form W-9: Is the IRS Form W-9 included?		Y
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: <i>Kip Eatherly</i>		Date: 1-23-14