

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

Applicant/Program: Trees Louisville  
Applicant Requested Amount: \$20,000  
Appropriation Request Amount: \$1,000.00

Executive Summary of Request  
Freshman High School Tree give Away 2018

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

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

7 District #      [Signature] Primary Sponsor Signature      \$1,000.00 Amount      4/26/18 Date

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

Approved by:  
\_\_\_\_\_  
Appropriations Committee Chairman      Date  
Final Appropriations Amount: \_\_\_\_\_

**Applicant/Program:**

**Additional Disclosure and Signatures**

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

**Council Member Signature and Amount**

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

**Applicant/Program:**

**Additional Disclosure and Signatures**

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

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Legal Name of Applicant Organization** *Trees Louisville*  
**Program Name and Request Amount** *Freshman Tree Give Away, \$20,000.00*

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

Prepared by: *E. Atkinson*

Date: *4/26/18*

*See Attached*

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> TreesLouisville, Inc. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 3110 Lexington Road Louisville, KY 40206/ P. O. Box 5816 40255			
<b>Website:</b> <a href="https://treeslouisville.org">https://treeslouisville.org</a>			
<b>Applicant Contact:</b>	Charlotte Jones	<b>Title:</b>	Project Manager
<b>Phone:</b>	502.632.3785	<b>Email:</b>	charlotte@treeslouisville.org
<b>Financial Contact:</b>	Cindi Sullivan	<b>Title:</b>	Executive Director
<b>Phone:</b>	502.208.8746	<b>Email:</b>	cindi@treeslouisville.org
<b>Organization’s Representative who attended NDF Training:</b> Cindi Sullivan			
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> 2018 Jefferson County Freshman Tree Giveaway			
<b>Total Request: (\$)</b>	20,000	<b>Total Metro Award (this program) in previous year: (\$)</b>	15,100
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency’s total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>	Louisville Metro	<b>Amount: (\$)</b>	7,100
<b>Source:</b>	Louisville Metro	<b>Amount: (\$)</b>	23,000
<b>Source:</b>		<b>Amount: (\$)</b>	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

TreesLouisville, Inc. was launched by Mayor Greg Fischer in partnership with the executive leadership of the Louisville Metro Tree Advisory Commission in response to the findings of the 2015 Louisville Urban Tree Canopy Assessment.

The assessment documents a steady decline in tree canopy coverage that if not addressed will have a devastating impact on the health and quality of life of Louisville. Louisville lost the equivalent of more than 54,000 trees per year during the eight-year study period. To compound this trend, Louisville will experience a significant canopy loss due to the emerald ash borer in the coming years.

Our Vision is a more livable and healthy community for Louisville's current and future generations through a robust community tree canopy. Our mission is to raise public awareness of the value of the community forest and Louisville's tree canopy deficit and to fund tree planting in areas of greatest need. We are a catalyst for broad civic engagement through public awareness, education, and engagement campaigns that promote preservation and expansion of the tree canopy as a community wide value.

Our goal is to ensure that the public and private investment in increasing the community tree canopy is done strategically and collaboratively and to provide a framework for supporting and coordinating existing tree planting organizations and efforts.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

Board Member	Term End Date
Henry V. Heuser, Jr	Oct 31, 2018
Allen F. Steinbock	10/31/2018
Katy Schneider	10/31/2019
Jim Allen	10/31/2019
Dan Barberchack	10/31/2018
Linda Danna	10/31/2019
Charles Denny	10/31/2018
Greg Heitzman	10/31/2019
Franklin Jelsma	10/31/2018
Charles Marsh	10/31/2019
Mike Mountjoy	10/31/2018
Paul Thompson	10/31/2019
Pattie Dale Tye	10/31/2018

**Describe the Board term limit policy:**  
 There is no term limit policy.

Three Highest Paid Staff Names	Annual Salary
Cindi Sullivan	79,200
Charlotte Jones	34,000

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

The 2018 Jefferson County Freshman Tree Giveaway Project

Summary:

As evidenced by the 2015 Urban Tree Canopy Assessment, Jefferson County is experiencing a rapid decline in tree canopy cover -- a problem that, if not aggressively faced, could have serious repercussions in terms of environmental and human health in our area. This project proposes a cost-effective and large-scale approach to tree planting, while also engaging and educating a large percentage of Jefferson County's high school-aged demographic. Through a series of organized giveaways, freshman students at 20 high schools will each receive a tree seedling (along with protective materials and instructional information) which they will be encouraged to plant and nurture at home or at another designated location. Planting 10,000 saplings (at a cost \$2-3 each), of which an estimated 50% will survive to maturity, would yield 5,000 trees. While the survival rate of more mature trees is much higher, the cost drastically increases, therefore decreasing the number of trees capable of being planted with the same amount of money (~180 trees at \$150/ea).

The project is anticipated to begin and be completed in March 2018.

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

Summary:

Funds will be spent on tree saplings, supplies to increase the survivability, and printing of educational materials, to provide refreshments for volunteer events, and promotional and distribution materials at schools.





LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

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

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

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

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

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

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The effects of this program will help restore the tree canopy in Jefferson County with an expected yield of 5,000 trees county wide.

Trees provide many health and environmental benefits, including improved air quality (and therefore reduction in rates of respiratory and heart disease, stroke, etc.), storm water mitigation and shade from heat in the summer. Numerous studies have shown that neighborhoods with larger tree canopies report fewer incidences of violent crime, and that students with access to trees in close proximity to where they work and play tend to perform better in school. By targeting a youthful population, we hope to foster a culture of stewardship that will carry forward to the future.

We plan to conduct follow-up surveys among students who participated in the program as they progress through high school, tracking tree location, tree health/growth and other factors that will help us determine the success rate of the project.

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

Organizations that are lending time and resources to this project in some way:

- Highlands Douglass Neighborhood - Volunteers, donations and marketing
- Sierra Club of Greater Louisville - Volunteers, donations and marketing
- The Louisville Nature Center - Volunteers, marketing
- Various JCPS Beta and Environmental Clubs

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY**

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>	0	0	0
<b>B: Rent/Utilities</b>	0	0	0
<b>C: Office Supplies</b>	200	0	200
<b>D: Telephone</b>	0	0	0
<b>E: In-town Travel</b>	0	0	0
<b>F: Client Assistance (See Detailed List on Page 8)</b>	0	0	0
<b>G: Professional Service Contracts</b>	0	0	0
<b>H: Program Materials</b>	19,000	10000	29,000
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	200	0	200
<b>J: Machinery &amp; Equipment</b>	0	0	0
<b>K: Capital Project</b>	0	0	0
<b>L: Other Expenses (See Detailed List on Page 8)</b>	600	0	600
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	20000	10000	30,000
<b>% of Program Budget</b>	66.7 %	33.3 %	100%

ERP

ERP

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

Other State, Federal or Local Government	\$5,000 MSD
United Way	
Private Contributions (do not include individual donor names)	\$5,000
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	10,000

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

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

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Volunteer Events/refreshments, lunches	200	0	200
Marketing	600	0	600
<del>Printing, Posters, office and distribution supplies</del>	<del>200</del>	<del>0</del>	<del>200</del>
<b>Total</b>	<del>1,000</del> \$200	0	<del>1,000</del> \$800.00

CRH

CRH

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteer Labor Hours	\$5400.00	\$12.00/hr at 450 hours
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$5,400.00 ERH	

**\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

**Agency Fiscal Year Start Date:** July 1

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

**If YES, please explain:**

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

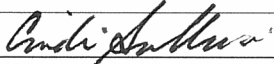
#### Standard Certifications

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	8 November 2017
<b>Legal Signatory: (please print):</b>	Cindi Sullivan	<b>Title:</b>	Executive Director
<b>Phone:</b>	502.208.8746	<b>Extension:</b>	
<b>Email:</b>	cindi@treeslouisville.org		

# Jefferson County High School Freshman Tree Giveaway

Parents and Students,

In 2004, 2008, and 2012, the 2015 Louisville Urban Tree Canopy Assessment recorded that we had a net loss **average of 54,000 trees a year** with the expectation that the losses will accelerate from emerald ash borer. In order to mitigate canopy loss, we are initiating a tree giveaway to every High School Freshman in Jefferson County. In this project, we are engaging young people now in order to foster a culture of tree planting and stewardship for the future. It is the long term goal of Metro Louisville to **achieve an average of 45% canopy** coverage to help mitigate the Urban Heat Island effect and maximize stormwater retention. In addition, there are expected health benefits related to heart disease, stroke, and asthma.

This year, we will be giving away trees grown from native acorns. All of these trees have few surface roots and are slow growing. We will be distributing:

- Black Gum - PINK\*\* Beautiful fall foliage, medium size tree
- Red Maple - PURPLE\*\* Shallow roots, water loving, good for moist soils, low lands and back yards
- \*Tulip Poplar - BLUE\*\* tall, fast growing, state tree of Kentucky, replacement for ash trees
- \*Hardy Pecan - GREEN\*\* Recommended for backyards only, (away from streets and sidewalks)
- Willow Oak - YELLOW\*\* Leaves mulch up from mowing, don't require raking, Deep Roots
- \*Red Oak - RED\*\* - Deep Roots
- \*Sour Wood - TEAL\*\* small/medium tree, likes shade of a larger tree,

\*Specific schools only \*\*Painted color code for easy identification

## The Right Tree, the Right Place

To resolve conflicts between trees and infrastructure, proper siting is critical. These trees can live for several hundred years if they are planted in the right place.

Conflicts can be avoided by following the guidelines listed below:

- No Right of Ways - Giveaway trees are not permitted for



TreesLouisville - Project page for tree info:

<https://www.facebook.com/SchoolsofJeffersonCountyTreeGiveaway/>

planting on City Right of Way at this time. (we are bummed too)

- Foundations - Minimum optimal distance should be 12' for large trees.
- Powerlines - Recommended minimum distance should be 8' for residential service and 15' for residential transmission.
- Absolute Minimum 2' away from any underground utilities for all trees
- Recommended minimum 7' away from sidewalks patios to reduce the possibility of heaving.
- It is recommended to not plant directly in front of any window

## Planting Prep (Do this before you get the tree)

Once you have determined the location, there are certain requirements that must be followed:

- You **MUST call Before-You-Dig (BUD) at 811, it's the STATE LAW.** You wouldn't want to plant on top of a water line or gas line.
- Always get permission to plant if you don't own the property.
- If it is desired to plant on the right of way (easement) then a permit will be required, contact Metrocall 311 to obtain a permit. During planting season, it may take a while before the permit can be issued. Giveaway Trees are typically not permitted to be planted on Right of Ways, though variances can be granted in certain circumstances such as staking the tree out to increase visibility and safety.

For questions text Josh White at (502) 822-6544 Please call before 8:30 pm.

Additional information specific to your neighborhood and how you can help:

- <https://louisvilleky.gov/government/sustainability/tree-canopy-assessment>
- [https://louisvilleky.gov/sites/default/files/advanced\\_planning/louisville\\_heat\\_mgt\\_revision\\_final\\_prelim.pdf](https://louisvilleky.gov/sites/default/files/advanced_planning/louisville_heat_mgt_revision_final_prelim.pdf)



TreesLouisville - Project page for tree info:

<https://www.facebook.com/SchoolsofJeffersonCountyTreeGiveaway/>



## 2018 Jefferson County Schools Tree Giveaway Budget Estimate

Saplings	\$ 4,500.00
Tubes, stakes, Wrap	13,000.00
Terra Sorb	350.00
Bags	250.00
Buckets/boxes	100.00
Tags	600.00
Volunteer Event Refreshments	250.00
Poster printing	50.00
Instruction printing	600.00
Advertising	<u>300.00</u>
Total Estimate	\$20,000

**TreesLouisville, Inc.**  
**Projected Budget**  
2017

	<u>Total</u>
<b>Income</b>	
43400 Direct Public Support	331,637.08
43410 Corporate/Business Contributions	7,675.00
45000 Investments	31.12
46400 Other Types of Income	570.30
<b>Total Income</b>	<b>\$ 339,913.50</b>
 <b>Cost of Programs</b>	
50000 Investment in Trees	183,610.51
55000 Public Engagement	111,138.18
<b>Total Cost of Programs</b>	<b>\$ 294,748.69</b>
 <b>Expenses</b>	
60900 Business Expenses	15.00
62100 Contract Services	2,648.68
62800 Facilities and Equipment	14,436.00
65000 Operations	3,800.76
66000 Payroll Expenses	8,848.23
68300 Organizational Development	7,678.06
<b>Total Expenses</b>	<b>\$ 37,426.73</b>

Tuesday, Nov 07, 2017 08:33:12 AM GMT-8 - Cash Basis

# 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)  
**TreesLouisville, 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) ▶ \_\_\_\_\_  
 Other (see instructions) ▶ \_\_\_\_\_

Exemptions (see instructions):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_

501c3

Address (number, street, and apt. or suite no.)  
**P. O. Box 5816**

City, state, and ZIP code  
**Louisville, KY 40205**

List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on 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.

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

Social security number	

Employer identification number

**Part II Certification**

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here      Signature of U.S. person ▶ *Agathe M. N. N. N.*      Date ▶ *15 December 2015*

**General Instructions**

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

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**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, payments made to you in settlement of payment card and third party network transactions, 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, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

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

DEPARTMENT OF THE TREASURY

Date: **AUG 06 2015**

TREESLOUISVILLE INC  
PO BOX 5816  
LOUISVILLE, KY 40255

Employer Identification Number:  
[REDACTED]  
DIN:  
17053176341015  
Contact Person:  
CHITRA MAMLATDARNA ID# 52471  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
March 27, 2015  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax-deductible payments, devises, transfers or gifts under section 2055, 2106 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.


Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

2

TREESLOUISVILLE INC

Sincerely,



Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements

## **2018 Participating Schools**

Assumption

Atherton

Ballard

Butler

Central

Doss

Eastern

Fairdale

Fern Creek

Iroquois

J-Town

Male

Manual

Moore

Presentation Academy

PRP

Sacred Heart

Seneca

Shawnee

St. X

Stuart Middle

Valley

Waggner

Western

**Hinson, Erin**

---

**From:** Joshua White <joshuaiwhite1@gmail.com>  
**Sent:** Sunday, March 18, 2018 9:01 PM  
**To:** Hinson, Erin  
**Subject:** Fwd: Tree Giveaway Updates

----- Forwarded message -----

From: Joshua White <[joshuaiwhite1@gmail.com](mailto:joshuaiwhite1@gmail.com)>  
Date: Sun, Mar 18, 2018 at 8:41 PM  
Subject: Tree Giveaway Updates

To: [REDACTED]  
<[alis](#)>  
<[car](#)>  
<[cat](#)>  
<[col](#)>  
Erin  
<[rur](#)>  
Jess  
<[jsc](#)>  
Barr  
<[tha](#)>  
<[lib](#)>  
<[ins](#)>  
<[mh](#)>  
Siev  
<[ksz](#)>  
<[dix](#)>  
<[coj](#)>  
<[k.n](#)>  
Sull  
<[kec](#)>  
<[tre](#)>

Tree Giveaway Champions

Volunteers are needed, (signups are populated as the schools signup, will complete the signup list later this week)

We will be using signup genius <http://www.signupgenius.com/go/20f0a4daaad2da3ff2-tree1>  
I expect to have many more signups by the end of the week. If you have any time available or a school that you are particularly interested in then let me know

UPDATES:

- Have scheduled: Manual, Saint X, and Atherton.
- Sacred Heart, Presentation and Assumption have asked to do the giveaway, and we are awaiting their preferred date.
- Stewart Middle has requested trees, we are looking into the impact that Stewart middle will have on the rest of the giveaway in future years.
- Individualized emails have been sent out to : Ballard, Fern Creek, Fairdale, Moore, J-Town, and Waggener.
- Monday Attempts will be made to reach Shawnee and Central.
- Wednesday we will start scheduling Seneca, Iroquois, Valley, Western
- Depending on what's left or if we do another tree kitting, we will engage a few elementary schools as well.

Cindi Sullivan/Charlotte Jones will be making attempts to engage Male, PRP, Butler, Eastern, Doss,

-Regards,

**Joshua I. White**

---

UofL Bioengineer B.S, M.S.

Mobile [502-767-1722](tel:502-767-1722)

Work [502-561-9040](tel:502-561-9040) x7007

Production Manager/Firmware Development - **Neuronetrix, Inc.**

Project Manager - 2017 Jefferson County High School Tree Give Away

Director - Graffiti Abatement Coalition of Louisville

Board Member Executive Committee - Greater Louisville Sierra Club

**Safety Committee Chair/Tree Reforestation Project Manager - Highlands Douglas Neighborhood Association (HDNA)**

2016 Metro Louisville Council Candidate: District 8/Highlands

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**Joshua I. White**

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**Safety Committee Chair/Tree Reforestation Project Manager** - Highlands Douglas Neighborhood Association  
(HDNA)

2016 Metro Louisville Council Candidate: District 8/Highlands

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**0918051.09**amcray  
ADDAlison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
3/27/2015 3:17 PM  
Fee Receipt: \$8.00**ARTICLES OF INCORPORATION****OF****TREESLOUISVILLE, INC.**

The undersigned incorporator executes these Articles of Incorporation for the purpose of forming, and does hereby form, a nonprofit corporation (the "Corporation") under the laws of the Commonwealth of Kentucky (KRS 273.161 et seq.), with all the rights, privileges and immunities of a corporation organized within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or corresponding section of any future federal tax code), in accordance with the following provisions:

**ARTICLE I****Name**

The name of the Corporation is TreesLouisville, Inc.

**ARTICLE II****Purposes and Powers**

The Corporation is organized and operated exclusively for charitable, religious, scientific, and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or corresponding section of any future federal tax code). The Corporation shall receive contributions and fees, and shall distribute its funds for charitable or educational purposes. In carrying out its corporate purposes, the Corporation shall have all the powers allowed corporations by Chapter 273 of the Kentucky Revised Statutes.

Any other provision of these articles to the contrary notwithstanding, the Corporation shall have no capital stock and no power to issue certificates of stock nor to declare dividends; no part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, trustees, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make distributions in furtherance of Section 501(c)(3) purposes; no substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office; and the Corporation shall not carry on any activities denied to: (a) a corporation described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or corresponding section of any future federal tax code) or (b) a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986, as amended (or corresponding section of any future federal tax code).

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**ARTICLE III**  
**Registered Office and Registered Agent**

The street address of the initial registered office of the Corporation is 2000 PNC Plaza, 500 West Jefferson Street, Louisville, Kentucky 40202. The name of the initial registered agent at that address is SKO - Louisville Services, LLC.

**ARTICLE IV**  
**Principal Office**

The mailing address of the Corporation's principal office is TreesLouisville, Inc., 1700 Cherokee Road, Louisville, KY 40205.

**ARTICLE V**  
**Directors**

The Corporation shall be governed by a Board of Directors consisting of not less than three (3) nor more than nine (9) members, the exact number and the terms of each to be set in the manner provided for in the Bylaws. The initial Board of Directors of the Corporation shall consist of three (3) persons who shall serve until the first annual election of Directors or until their successors are elected and qualify. The names and mailing addresses of said directors are:

Henry V. Heuser, Jr.  
222 South First Street, Suite 500  
Louisville, KY 40202

Allen F. Steinbock  
1700 Cherokee Road  
Louisville, KY 40205

Katherine M. Schneider  
1219 Summit Avenue  
Louisville, KY 40204

**ARTICLE VI**  
**Officers**

The Bylaws shall provide for such officers and committees as are necessary for the proper administration of the Corporation's activities. The officers of the Corporation shall be elected for such term and in such manner as is provided in the Bylaws.

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#### **ARTICLE VII Bylaws**

The Bylaws for the Corporation shall be adopted, and may be amended or repealed, by the Board of Directors.

#### **ARTICLE VIII Exemption From Liability and Indemnification**

The private property of the directors of the Corporation shall be exempt from liability for any and all debts of the Corporation.

The Corporation shall have the power to indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending or completed action, suit or proceedings, whether civil, criminal, administrative or investigative (other than an action by or on behalf of the Corporation) by reason of the fact that he is or was a director, officer, employee or agent of the Corporation, against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement, actually and reasonably incurred by him in connection with such action, suit or proceeding. Further provisions for indemnification of officers and directors may be specified in the Bylaws.

#### **ARTICLE IX Limitation of Director Liability**

No director shall be personally liable to the Corporation for monetary damages for breach of his duties as a director except for liability:

- (a) For any transaction in which the director's personal financial interest is in conflict with the financial interests of the Corporation;
- (b) For acts or omissions not taken in good faith or which involve intentional misconduct or are known to the directors to be a violation of law; or
- (c) For any transaction from which the director derived an improper personal benefit.

If the Kentucky Revised Statutes are amended after the effective date of these Articles of Incorporation to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the Corporation shall be eliminated or limited to the fullest extent permitted by the Kentucky Revised Statutes, as amended. Any repeal or modification of this Article shall not adversely affect any right or protection of a director of the Corporation existing at the time of such repeal or modification.

#### **ARTICLE X Dissolution**

Dissolution shall be accomplished in accordance with Chapter 273 of the Kentucky Revised Statutes or its successor.

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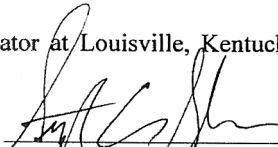
Upon dissolution of the Corporation, the Board of Directors shall, after paying or making provisions for the payment of, all liabilities of the Corporation, dispose of all corporate assets to such organizations organized and operated exclusively for charitable, educational, religious or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or corresponding section of any future federal tax code), or to such organizations described under Section 170(c)(1) of the Internal Revenue Code of 1986, as amended (or corresponding section of any future federal tax code), as the Board of Directors shall determine. Any such assets not disposed of by the Board of Directors shall be disposed of by the Circuit Court of the County in which the principal office of the Corporation is then located, to such organization or organizations organized and operated exclusively for charitable, educational, religious or scientific purposes as shall, at that time, qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or corresponding section of any future federal tax code).

**ARTICLE XI  
Incorporator**

The name and mailing address of the Incorporator is:

Stephen A. Sherman  
2000 PNC Plaza, 500 West Jefferson Street  
Louisville, Kentucky 40202

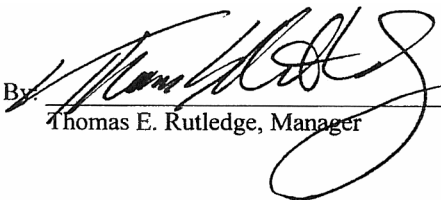
Signed and acknowledged by the Incorporator at Louisville, Kentucky, on March 27, 2015.

  
\_\_\_\_\_  
Stephen A. Sherman, Incorporator

**WRITTEN CONSENT OF INITIAL REGISTERED AGENT**

The undersigned, SKO - Louisville Services, LLC, a Kentucky limited liability company, hereby consents to serve as initial registered agent of this company.

SKO - LOUISVILLE SERVICES, LLC

By:   
\_\_\_\_\_  
Thomas E. Rutledge, Manager

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**THIS INSTRUMENT PREPARED BY:**



**Stephen A. Sherman**  
**Stoll Keenon Ogden PLLC**  
2000 PNC Plaza  
500 West Jefferson Street  
Louisville, KY 40202-2874  
(502) 333-6000

991157.871157/1204907.1

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Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning JAN 1, 2017 and ending JUN 30, 2017

B Check if applicable: C Name of organization TREESLOUISVILLE INC D Employer identification number E Telephone number 502-208-8746 F Group Exemption Number G Accounting Method: X Accrual I Website: WWW.TREESLOUISVILLE.ORG J Tax-exempt status (check only one) X 501(c)(3) K Form of organization: X Corporation 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 119,958.

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 X

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Revenue total: 119,958. Expenses total: 236,030. Net Assets total: 35,041.

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

Form 990-EZ (2016)

**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	153,920.	38,978.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	153,920.	38,978.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	2,807.	3,937.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	151,113.	35,041.

**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

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.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	143,468.
29 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	71,138.
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	214,606.

**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
JAMES R. ALLEN DIRECTOR	0.50	0.	0.	0.
CHARLES DENNY DIRECTOR	0.50	0.	0.	0.
GREG HEITZMAN DIRECTOR	0.50	0.	0.	0.
MIKE MOUNTJOY DIRECTOR	0.50	0.	0.	0.
DAN BARBERCHECK DIRECTOR	0.50	0.	0.	0.
PAUL THOMPSON DIRECTOR	0.50	0.	0.	0.
PATTI DALE TYE DIRECTOR	0.50	0.	0.	0.
LINDA DANNA DIRECTOR	0.50	0.	0.	0.
CHARLES MARSH DIRECTOR	0.50	0.	0.	0.
FRANKLIN JELSMA DIRECTOR	0.50	0.	0.	0.
HENRY V. HEUSER CHAIRMAN	1.00	0.	0.	0.
ALLEN F. STEINBOCK SECRETARY/TREASURER	1.00	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)
35a 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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
42a The organization's books are in care of
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)



	<b>Yes</b>	<b>No</b>
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 .....		<b>X</b>
	<b>46</b>	

**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

	<b>Yes</b>	<b>No</b>
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	<b>47</b>	<b>X</b>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	<b>48</b>	<b>X</b>
49a Did the organization make any transfers to an exempt non-charitable related organization? .....	<b>49a</b>	<b>X</b>
b If "Yes," was the related organization a section 527 organization? .....	<b>49b</b>	

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	(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  NONE

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 business address of each independent contractor	(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 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 \_\_\_\_\_  
**CYNTHIA SULLIVAN, EXECUTIVE DIRECTOR**  
 Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL B MOUNTJOY				
	Firm's name <b>MOUNTJOY CHILTON MEDLEY LLP</b>	Firm's EIN <b>[REDACTED]</b>		Phone no. <b>(502) 749-1900</b>	
	Firm's address <b>462 S. FOURTH ST., SUITE 2600 LOUISVILLE, KY 40202-3445</b>				

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2016**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

TREESLOUISVILLE INC

Employer identification number



**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....			195,982.	306,401.	119,657.	622,040.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....			195,982.	306,401.	119,657.	622,040.
<b>5</b> 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) .....						170,141.
<b>6 Public support.</b> Subtract line 5 from line 4.						451,899.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....			195,982.	306,401.	119,657.	622,040.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....			9.	16.	15.	40.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					243.	243.
<b>11 Total support.</b> Add lines 7 through 10						622,323.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	600.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			



**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART II, SHORT YEAR EXPLANATION:**

**CHANGE IN ACCOUNTING PERIOD.**

Multiple horizontal lines for providing supplemental information.

**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.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

TREESLOUISVILLE INC

Employer identification number



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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2016)

Name of organization  <b>TREESLOUISVILLE INC</b>	Employer identification number  <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

**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	<hr/> <hr/> <hr/>	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 7,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 6,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>TREESLOUISVILLE INC</b>	Employer identification number  <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

**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 <b>TREESLOUISVILLE INC</b>	Employer identification number <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

TREESLOUISVILLE INC

Employer identification number

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

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	15.

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
OTHER	286.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BOOKS, SUBSCRIPTIONS, REFERENCE	227.
CONFERENCE CONVENTION MEETING	2,262.
OFFICE EXPENSES	399.
MEALS AND ENTERTAINMENT	1,577.
TREES	49,089.
TRAVEL	2,058.
MATERIALS	16,010.
MEDIA & PUBLIC ENGAGEMENT	71,138.
TOTAL TO FORM 990-EZ, LINE 16	142,760.

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	2,807.	3,937.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TREESLOUISVILLE IS**

**DEDICATED TO A MORE LIVABLE AND HEALTHY COMMUNITY FOR LOUISVILLE'S**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

TREESLOUISVILLE INC

Employer identification number

CURRENT AND FUTURE GENERATIONS THROUGH A ROBUST COMMUNITY TREE CANOPY.

OUR MISSION IS TO RAISE PUBLIC AWARENESS OF THE VALUE OF THE COMMUNITY  
FOREST AND LOUISVILLE'S TREE CANOPY DEFICIT AND TO FUND TREE PLANTING  
IN AREAS OF GREATEST NEED.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

TREESLOUISVILLE PROMOTES AWARENESS OF THE VALUE OF THE  
COMMUNITY FOREST AND OUR TREE CANOPY DEFICIT THROUGH  
INTENSIVE PUBLIC ENGAGEMENT MEDIA CAMPAIGNS AND OTHER  
FORMS OF OUTREACH.

TREESLOUISVILLE PARTNERS WITH JEFFERSON COUNTY PUBLIC SCHOOLS (JCPS) TO  
ENHANCE THE TREE CANOPY OF JCPS CAMPUSES AND PROVIDING CURRICULUM  
MATERIALS FOR CANOPY ECOSYSTEM SERVICES.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

TREESLOUISVILLE, INC. PROVIDES A FRAMEWORK FOR SUPPORTING  
AND COORDINATING EXISTING TREE PLANTING ORGANIZATIONS AND  
EFFORTS SUCH AS BRIGHTSIDE, LOUISVILLE GROWS AND THE  
LOUISVILLE SUSTAINABILITY COUNCIL'S TREE ACTION TEAM MEMBERS AND  
NEIGHBORHOOD ASSOCIATIONS THROUGH GRANTS, THUS REDUCING DUPLICATION OF  
SERVICES AND CONSERVING RESOURCES. OUR RELATIONSHIP WILL BE TO SUPPORT  
THEIR EXISTING TREE PLANTING EFFORTS AND TO PARTNER WITH THEM ON NEW  
PROJECTS IN ORDER TO SYNERGIZE EFFORTS TO IMPROVE OUR TREE CANOPY.

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

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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**2016**

Open to Public  
Inspection

Name of the organization

TREESLOUISVILLE INC

Employer identification number

[REDACTED]

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.





**TREESLOUISVILLE, INC.****General Information**

<b>Organization Number</b>	0918051
<b>Name</b>	TREESLOUISVILLE, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	3/27/2015
<b>Organization Date</b>	3/27/2015
<b>Last Annual Report</b>	4/19/2018
<b>Principal Office</b>	3110 LEXINGTON ROAD LOUISVILLE, KY 40206
<b>Registered Agent</b>	SKO-LOUISVILLE SERVICES, LLC 2000 PNC PLAZA 500 WEST JEFFERSON STREET LOUISVILLE, KY 40202

**Current Officers**

<b>Chairman</b>	<a href="#">Henry V Heuser</a>
<b>President</b>	<a href="#">Cindi H Sullivan</a>
<b>Vice President</b>	<a href="#">Katherine M Schneider</a>
<b>Secretary</b>	<a href="#">Allen F Steinbock</a>
<b>Treasurer</b>	<a href="#">Allen F Steinbock</a>
<b>Director</b>	<a href="#">Henry V Heuser</a>
<b>Director</b>	<a href="#">Katherine Schneider</a>
<b>Director</b>	<a href="#">Allen F Steinbock</a>
<b>Director</b>	<a href="#">James R Allen</a>
<b>Director</b>	<a href="#">Charles Denny</a>
<b>Director</b>	<a href="#">Greg Heitzman</a>
<b>Director</b>	<a href="#">Mike Mountjoy</a>
<b>Director</b>	<a href="#">Paul Thompson</a>
<b>Director</b>	<a href="#">Pattie Dale Tye</a>
<b>Director</b>	<a href="#">Dan Barbarcheck</a>
<b>Director</b>	<a href="#">Linda Danna</a>
<b>Director</b>	<a href="#">Franklin Jelsma</a>
<b>Director</b>	<a href="#">Charles Marsh</a>

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

<b>Director</b>	<a href="#">HENRY V. HEUSER, JR.</a>
<b>Director</b>	<a href="#">ALLEN F STEINBOCK</a>

**Director**  
**Incorporator**

[KATHERINE M SCHNEIDER](#)  
[STEPHEN A SHERMAN](#)

## 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.

<a href="#">Annual Report</a>	4/19/2018	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/3/2017	1 page	<a href="#">PDF</a>	
<a href="#">Amendment</a>	7/14/2016	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Principal Office Address Change</a>	7/13/2016 3:38:05 PM	1 page	<a href="#">PDF</a>	
<a href="#">Principal Office Address Change</a>	2/23/2016 3:23:35 PM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/23/2016	1 page	<a href="#">PDF</a>	
<a href="#">Articles of Incorporation</a>	3/27/2015	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/19/2018 4:44:34 PM	4/19/2018 4:44:34 PM	
Annual report	5/3/2017 8:54:54 AM	5/3/2017 8:54:54 AM	
Amendment - Miscellaneous amendments	7/14/2016 10:07:32 AM	7/14/2016	
Principal office change	7/13/2016 3:38:05 PM	7/13/2016 3:38:05 PM	
Annual report	2/23/2016 3:48:22 PM	2/23/2016 3:48:22 PM	
Principal office change	2/23/2016 3:23:35 PM	2/23/2016 3:23:35 PM	
Add	3/27/2015 3:17:37 PM	3/27/2015	

## Microfilmed Images

[For Consumers](#)

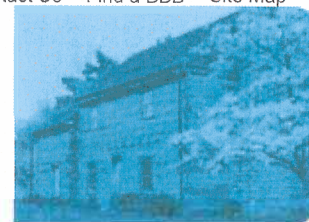
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In Louisville, Southern Indiana and Western Kentucky



## BBB For Consumers

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[BBB Accredited Business & Charity Directory](#)

[Programs and Services](#)

[Find a BBB](#)

[Charity Reports Index](#) [Environment](#) [TreesLouisville](#)

### Better Business Bureau Report for TreesLouisville

Better Business Bureau Report **issued** March 2018  
Better Business Bureau Report **expires** March 2019

#### DOES NOT MEET ONE OR MORE STANDARDS

This charity does not meet one or more of the 20 standards for Charity Accountability. Find out more...

Send to:  
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## Find out more about this charity:

[Charity Contact Information](#)  
[BBB Wise Giving Alliance](#)  
[Comments](#)  
[Programs](#)

[Tax Status](#)  
[Governance](#)  
[Fund Raising](#)  
[Financial](#)

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## Charity Contact Information

Name: TreesLouisville  
Address: P.O. Box 5816  
Louisville , KY 40255  
Phone: (502) 208-8746  
Web Address: <https://treeslouisville.org/>

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## Better Business Bureau Comments

**Year, State Incorporated:** 2015, Kentucky  
**Affiliates:** None

**Stated Purpose:** TreesLouisville's mission is to raise public awareness of the value of the community forest and Louisville's tree canopy deficit and to fund tree planting in areas of greatest need. The nonprofit is a catalyst for broad civic engagement through public awareness, education and engagement campaigns that promote preservation and expansion of the tree canopy as a community-wide value and it convenes interest groups to focus on canopy improvement.

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## Evaluation Conclusions

TreesLouisville does not meet the following Standard for Charity

Accountability.

**Standard 11: Financial Statements - Make available to all, on request, complete annual financial statements prepared in accordance with generally accepted accounting principles. When total annual gross income exceeds \$500,000, these statements should be audited in accordance with generally accepted auditing standards. For charities whose annual gross income is less than \$500,000, a review by a certified public accountant is sufficient to meet this standard. For charities whose annual gross income is less than \$250,000, an internally produced, complete financial statement is sufficient to meet this standard.**

TreesLouisville does not meet this Standard because:

It's annual gross income is more than \$250,000, and the organization does not have its financial statements reviewed by a certified public accountant.

TreesLouisville Executive Director Cindi Sullivan said a board member who is a CPA does a yearly budget and financial statement review with her as a service to the organization. She said this keeps TreesLouisville from spending money on a more formal audit/review and/or asking for an in-kind donation.

TreesLouisville meets the remaining 19 Standards for Charity Accountability.

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## Programs

TreesLouisville has initiated a groundbreaking partnership with Jefferson County Public Schools (JCPS) to plant what could be described as "mini arboreta" across the Louisville community. The nonprofit is helping to fund and manage the planting of trees of a diverse selection of species, the majority of which are of significant landscape size, on JCPS campuses in areas specifically targeted by the 2015 UTC Assessment as low-canopy areas. The JCPS system consists of 157 schools and over 110,000 students. It is the 27th largest school in the nation and comprises over 2,300 acres in Louisville. This Urban Reforestation Program provides immediate benefit to the school students and neighborhoods while setting the stage for further canopy expansion into the surrounding neighborhoods and contributing to Louisville's long-term livability. The nonprofit focuses its plantings on the areas of the campus most heavily used by students, teachers and neighborhood residents, including walking paths, playgrounds and parking lots. These areas have a direct impact on the health of the students by creating learning environments with connections to the natural world and by providing ecosystem services of air quality improvement, storm water management, wildlife habitat, noise level reduction and heat island mitigation. The other areas targeted for smaller sized tree plantings are the naturalized areas or "no-mow" zones. These urban reforestation sites help reduce emissions from mowing to further combat the urban heat island effect.

For the fiscal year ended December 31, 2016,  
TreesLouisville's program expenses were:

Program Services	204,269
<b>Total Program Expenses:</b>	<b>\$204,269</b>

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## Governance

**Chief Executive :** Cindi Sullivan, Executive Director

**Compensation\*:** \$75,600

**Chair of the Board:** Henry V. Heuser, Jr.

**Chair's Profession / Business Affiliation:** Unistar, LLC

**Co-Chair of the Board :** Katy Schneider

**Chair's Profession / Business Affiliation:** Citizen volunteer

**Board Size:** 13

**Paid Staff Size:** 2

\*Compensation includes annual salary and, if applicable, benefit plans, expense accounts, and other allowances.

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## Fund Raising

### Method(s) Used:

Print advertisements, television, radio, grant proposals, internet, cause-related marketing

Fund raising costs were % of related contributions. (Related contributions, which totaled \$306,401, are donations received as a result of fund raising activities.)

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## Tax Status

This organization is tax-exempt under section 501(c)(3) of the Internal Revenue Code. It is eligible to receive contributions deductible as charitable donations for federal income tax purposes.

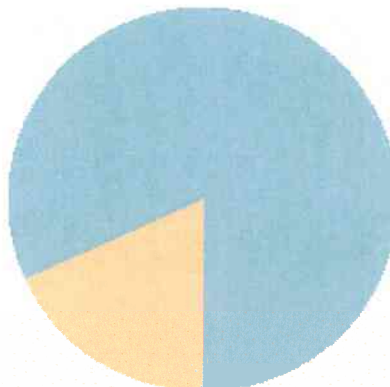
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## Financial

The following information is based on TreesLouisville's IRS Form 990 for the fiscal year ending December 31, 2016.

### Source of Funds

Contributions and Grants	306,401
Program Service Revenue	600
Investment Income	16
<b>Total Income</b>	<b>\$307,017</b>



**Uses of Funds as a % of Total Expenses****Programs: 82% Administrative: 18%**

Total income	\$307,017
Program expenses	\$204,269
Fund raising expenses	
Administrative expenses	45,322
Total expenses	\$249,591
Income in Excess of Expenses	57,426
Beginning net assets	95,517
Other Changes in Net Assets	(1,830)
Ending net assets	151,113
Total liabilities	2,807
Total assets	\$153,920

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An organization may change its practices at any time without notice. A copy of this report has been shared with the organization prior to publication. It is not intended to recommend or deprecate, and is furnished solely to assist you in exercising your own judgment. If the report is about a charity and states the charity meets or does not meet the BBB Standards for Charity Accountability, it reflects the results of an evaluation of information and materials provided voluntarily by the charity. The name Better Business Bureau is a registered service mark of the Council of Better Business Bureaus, Inc.

**This report is not to be used for fund raising or promotional purposes.**

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[Click here for national Charity Reports produced by BBB Wise Giving Alliance](#)

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