

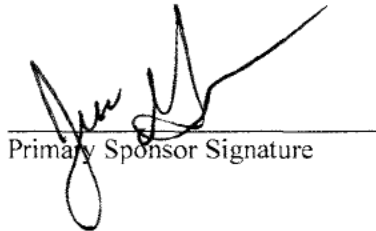
**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: Trees Louisville , Inc / 10,000 Trees for Rubbertown
Applicant Requested Amount: \$ 52,000.00
Appropriation Request Amount: [REDACTED] ~~\$2,000.00~~ ~~\$9,500~~ **\$16,000**

Executive Summary of Request
The goal of this project is to work with partners in the Rubbertown Corridor from Portland to the Gene Snyder to plant 10,000.00 trees in three years to maximize the tree canopy in and around Rubbertown creating a green infrastructure that celebrates and enhances a positive identity of Rubbertown and the Corridor and improving the ecosystem. The vision of Trees Louisville is to improve the health and quality of life in Metro Louisville and reduce the urban heat island

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.

1 District #  Primary Sponsor Signature \$ 2,000 Amount Sep 16, 2020 Date

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

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

TMP-491

Applicant/Program:

Trees Louisville Inc

10,000 Trees for Rubbertown

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.

None

Council Member Signature and Amount

| | | |
|-------------|------------------------|----------|
| District 1 | _____ | \$ _____ |
| District 2 | <i>Banks Blount</i> | \$ 500 |
| District 3 | _____ | \$ _____ |
| District 4 | _____ | \$ _____ |
| District 5 | _____ | \$ _____ |
| District 6 | <i>Dale</i> | \$ 500 |
| District 7 | _____ | \$ _____ |
| District 8 | _____ | \$ _____ |
| District 9 | <i>Bill Hollander</i> | \$ 2,000 |
| District 10 | <i>Eamon McWhorter</i> | \$ 500 |
| District 11 | _____ | \$ _____ |
| District 12 | <i>Rick Blackwell</i> | \$ 2,000 |
| District 13 | <i>Mark Fox</i> | \$ 2,500 |
| District 14 | <i>Cindi Fowler</i> | \$ 1,000 |
| District 15 | <i>Ken Triplett</i> | \$ 1,000 |

Applicant/Program:
Trees Louisville Inc 10,000 Tress for Rubbertown

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.
None

District 16 *End* \$ 250

District 17 *[Signature]* \$ 1,000

District 18 *Marilyn Hoken* \$ 250

District 19 *Anthony Piagentini* \$ 500

District 20 _____ \$ _____

District 21 *Mede George* \$ 500

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 *Madonna Flood* \$ 500

District 25 *Amy Holton Stewart* \$ 1,000

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| | |
|--|------------------------------|
| Legal Name of Applicant Organization Tress Louisville Inc | |
| Program Name and Request Amount 10,000 Trees for Rubbertown \$ 52,000 | |
| | Yes/No/NA |
| Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? | <input type="checkbox"/> Yes |
| Is the funding proposed by Council Member(s) less than or equal to the request amount? | <input type="checkbox"/> Yes |
| Is the proposed public purpose of the program viable and well-documented? | <input type="checkbox"/> Yes |
| Will all of the funding go to programs specific to Louisville/Jefferson County? | <input type="checkbox"/> Yes |
| Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? | <input type="checkbox"/> Yes |
| Has prior Metro Funds committed/granted been disclosed? | <input type="checkbox"/> N/A |
| Is the application properly signed and dated by authorized signatory? | <input type="checkbox"/> Yes |
| Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? | <input type="checkbox"/> Yes |
| If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district? | <input type="checkbox"/> No |
| Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? | <input type="checkbox"/> Yes |
| Is the current Fiscal Year Budget included? | <input type="checkbox"/> Yes |
| Is the entity's board member list (with term length/term limits) included? | <input type="checkbox"/> Yes |
| Is recommended funding less than 33% of total agency operating budget? | <input type="checkbox"/> Yes |
| Does the application budget reflect only the revenue and expenses of the project/program? | <input type="checkbox"/> Yes |
| Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? | <input type="checkbox"/> N/A |
| Is the most recent annual audit (if required by organization) included? | <input type="checkbox"/> N/A |
| Is a copy of Signed Lease (if rent costs are requested) included? | <input type="checkbox"/> N/A |
| Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included? | <input type="checkbox"/> N/A |
| Are the Articles of Incorporation of the Agency included? | <input type="checkbox"/> Yes |
| Is the IRS Form W-9 included? | <input type="checkbox"/> Yes |
| Is the IRS Form 990 included? | <input type="checkbox"/> Yes |
| Are the evaluation forms (if program participants are given evaluation forms) included? | <input type="checkbox"/> N/A |
| Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)? | <input type="checkbox"/> N/A |
| Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards? | <input type="checkbox"/> Yes |
| Prepared by: Charles Weathers Date: Sep 16, 2020 | |

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant Organization:

(as listed on: <http://www.sos.ky.gov/business/records>) TreeLouisville, Inc

Main Office Street & Mailing Address: 3110 Lexington Road Louisville, KY 40206

Website: <https://treeslouisville.org>

| | | | |
|---------------------------|----------------|---------------|---------------------------|
| Applicant Contact: | Cindi Sullivan | Title: | Executive Director |
| Phone: | (502) 648-6707 | Email: | cindi@treeslouisville.org |
| Financial Contact: | Cindi Sullivan | Title: | Executive Director |
| Phone: | (502) 648-6707 | Email: | cindi@treeslouisville.org |

Organization's Representative who attended NDF Training: Cindi Sullivan

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

Program Facility Location(s): Jefferson County

Council District(s): 1-26 **Zip Code(s):** All Jefferson County

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

PROGRAM/PROJECT NAME: 10,000 Trees For Rubbertown

Total Request: (\$) \$ 52,000.00 **Total Metro Award (this program) in previous year: (\$)** \$ 0.00

Purpose of Request (check all that apply):

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

The Following are Required Attachments:

- | | |
|--|---|
| <ul style="list-style-type: none"> <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) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense | <ul style="list-style-type: none"> <input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable |
|--|---|

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

| | |
|---------|--------------|
| Source: | Amount: (\$) |
| Source: | Amount: (\$) |
| Source: | Amount: (\$) |

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

TreesLouisville is a 501c3 non profit organization dedicated to preserving and enhancing our community tree canopy.

TreesLouisville, Inc. was organized by the 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.

Louisville also has one of the fastest warming urban heat island (UHI) effects in the nation. Improving the overall community tree canopy is recommended as the most economical and effective means of mitigating the effects of UHI.

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 communitywide value and we convene interest groups to focus on canopy improvement.

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. | 01/01/2021 |
| Katy Schneider | 01/01/2021 |
| Allen Steinbock | 01/01/2022 |
| James Allen | 01/01/2023 |
| Charles Denny | 01/01/2023 |
| Franklin Jelsma | 01/01/2023 |
| Mike Mountjoy | 01/01/2023 |
| JK McKnight | 01/01/2024 |
| Boyce Martin | 01/01/2024 |
| Bill Hollander | 01/01/2024 |
| Wes Sydnor | 01/01/2024 |
| Dawne Gee | 01/01/2024 |
| Jackie Cobb | 01/01/2024 |
| Dan Barbercheck | 01/01/2023 |
| Charles Marsh | 01/01/2023 |
| Dale Woods | 01/01/2024 |
| paul Thompson | 01/01/2023 |

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

| Three Highest Paid Staff Names | Annual Salary |
|--------------------------------|---------------|
| Cindi Sullivan | \$ 82,000.00 |
| Charlotte Jones | \$ 37,000.00 |
| Rob Monsma | \$ 31,000.00 |

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 goal of this project is to work with partners in the Rubbertown Corridor to plant 10,000 trees in three years. The trees will be planted in large open spaces, reforestation style; along roadways; on private properties; distributed to homeowners in residential areas and at faith based communities-in short, anywhere we can maximize tree canopy. The project will need the support of the public and private sectors to synergize efforts.

Through a generous grant from The Michelin Foundation, TreesLouisville (TL) hired three college interns during the summer of 2019 to take a deeper dive into site analysis to provide specific recommendations for creating green infrastructure that celebrates and enhances a positive identity of the Rubbertown area with the overarching goal of tree canopy and ecosystem services improvement.

This project will take advantage of the partnerships formed through the Michelin study that will synergize canopy improvement. Projects have begun along significant thoroughfares in the Corridor. Zeon Chemical and Lubrizol have funded plantings initiated by TL along Bells Lane. American Synthetic Rubber Company is funding a reforestation project on a 50 acre property located across from their facility. Trees will be planted along the new Louisville Loop/Multi Use Path in the Corridor in partnership with Metro Public Works. Lastique and several other facilities in Riverport have sponsored major tree plantings.

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

The funds will be spent to purchase and plant landscape sized trees by professionals and smaller trees for volunteer based plantings and tree distributions to area residents during FY21.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:
This is not a fundraising activity.

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:

Urban forests are a solution to many modern urban challenges. Trees provide a broad spectrum of environmental, economic, and social benefits, many of which are quantifiable at the community level.

These include prevention of water pollution, less energy consumption, cleaner air, temperature moderation, reduced rates of asthma in children and higher property values. With expected population growth in urban areas, these forests have become even more critical for many reasons. Many urban areas lack adequate canopy coverage and continue to lose coverage due to development, natural tree death, invasive insects, and disease.

Often lower socio-economic (<US\$24,000 average median household income) neighborhoods are largely devoid of tree canopy cover, compounding multiple existing socio-economic issues, such as health disparities and academic attainment. Tree canopy restoration is commonly located in areas where the potential for planting is easy and desired, which are often not the areas that aid in buffering the urban heat island effect or social inequities.

This project will plant trees in west, southwest and south central Metro areas. Since our prevailing winds all come from the west, these trees will provide necessary biofilters to improve the air quality for the entire community. We all breathe the same air.

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.

American Synthetic Rubber Company, Michelin North America, Michelin Foundation, Waste Management, Inc, Vanguard, Hexion, Zeon Chemical, Lastique, and Lubrizo are all facilities that have contributed to this project. These companies have donated more than \$200,000 and have planted more than 450 trees. We are also partnering with schools and faith based communities.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

| Program/Project Expenses | Column 1 | Column 2 | Column (1+2)=3 |
|--|----------------------|-----------------|----------------|
| | Proposed Metro Funds | Non-Metro Funds | Total Funds |
| A: Personnel Costs Including Benefits | | \$ 285,000.00 | \$ 285,000.00 |
| B: Rent/Utilities | | \$ 14,400.00 | \$ 14,400.00 |
| C: Office Supplies | | \$ 4,000.00 | \$ 4,000.00 |
| D: Telephone | | | \$ 0.00 |
| E: In-town Travel | \$ 1,000.00 | \$ 4,000.00 | \$ 5,000.00 |
| F: Client Assistance (See Detailed List on Page 8) | | | \$ 0.00 |
| G: Professional Service Contracts | \$ 16,800.00 | \$ 273,000.00 | \$ 289,800.00 |
| H: Program Materials | \$ 2,700.00 | \$ 4,000.00 | \$ 6,700.00 |
| I: Community Events & Festivals (See Detailed List on Page 8) | | \$ 5,000.00 | \$ 5,000.00 |
| J: Machinery & Equipment | | | \$ 0.00 |
| K: Capital Project | | | \$ 0.00 |
| L: Other Expenses (See Detailed List on Page 8) | \$ 31,500.00 | \$ 45,000.00 | \$ 76,500.00 |
| *TOTAL PROGRAM/PROJECT FUNDS | \$ 52,000.00 | \$ 634,400.00 | \$ 686,400.00 |
| Total Program Budget | 7.58% | 92.42% | 100% |

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

| | |
|---|---------------|
| Other State, Federal or Local Government | |
| United Way | |
| Private Contributions (do not include individual donor names) | \$ 634,000.00 |
| Fees Collected from Program Participants | |
| Other (please specify) | |
| Total Revenue for Column 2 Expenses | \$ 634,000.00 |

*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 |
| Tree Distribution & Planting | 31,500.00 | | 31,500.00 |
| Events Public Free Tree Giveaways | | 5,000.00 | 5,000.00 |
| Other Tree purchasing, delivery and storage | | 45,000.00 | 45,000.00 |
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| Total | 31,500.00 | 50,000.00 | 81,500.00 |

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 |
|---|-------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| <p align="center"><i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</p> | <p align="center">\$ 0.00</p> | |

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

Agency Fiscal Year Start Date: 07/01/2020

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.

Council Member Bill Hollander is a member of this Board.

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:

Cindi Sullivan

Date: 08/25/2020

Legal Signatory: (please print):

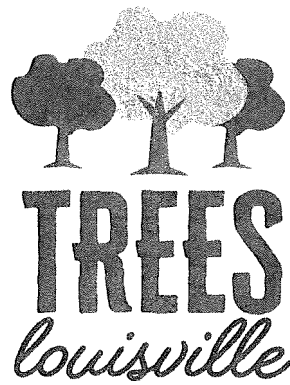
Cindi Sullivan

Title: Executive Director

Phone: (502) 648-6707

Extension:

Email: cindi@treesloouisville.org



10,000 Trees for Rubbertown

The goal of this project is to work with partners in the Rubbertown Corridor to plant 10,000 trees in three years. The trees will be planted in large open spaces, reforestation style; along roadways; on private properties; distributed to homeowners in residential areas and at faith based communities-in short, anywhere we can maximize tree canopy. The project will need the support of the public and private sectors to synergize efforts.

Through a generous grant from The Michelin Foundation, TreesLouisville (TL) hired three college interns during the summer of 2019 to take a deeper dive into site analysis to provide specific recommendations for creating green infrastructure that celebrates and enhances a positive identity of the Rubbertown area with the overarching goal of tree canopy and ecosystem services improvement.

This project will take advantage of the partnerships formed through the Michelin study that will synergize canopy improvement. Projects have begun along significant thoroughfares in the Corridor. Zeon Chemical and Lubrizol have funded plantings initiated by TL along Bells Lane. American Synthetic Rubber Company is funding a reforestation project on a 50 acre property located across from their facility. Trees will be planted along the new Louisville Loop/Multi Use Path in the Corridor in partnership with Metro Public Works. So far, these facilities have contributed **\$170,000** to the project.

We are looking for support from the Louisville Metro Council as well. Jessica Greene is sponsoring an NDF grant to support the project. We are asking each Metro Council District to contribute \$2000 this spring so that we can plant several projects in the area before the end of this planting season.

Background

The genesis of Rubbertown in Louisville, KY was in 1918 with the construction of the Standard Oil Refinery. Growth continued through the 1930's but exploded during World War II with the U.S. Office of War Production contracts. Growth has seen ebbs and flows through time and is now host to several facilities that manufacture products as diverse as solid rocket fuel for the space shuttle, sprinkler systems, resins for pipes, liquid latex for paints and coatings, and solar panels.

In September 2004, to improve environmental conditions, the Air Pollution Control District (APCD) proposed the Strategic Toxic Air Reduction (STAR) Program. The STAR Program is a regulatory program to reduce harmful contaminants in the air we breathe, to better protect the health of our citizens, and enhance the quality of life. Since the Air Pollution Control District first implemented STAR in 2005, emissions of toxic chemicals have dropped almost 70 percent in Louisville/Jefferson County. Still, there is much to do.

Over time, several studies have been conducted for the Rubbertown area, a 2010 Rubbertown Corridor Economic Development Strategy was jointly produced by The Louisville Chemistry Partnership (LCP), Greater Louisville Inc. (GLI), and Louisville Metro Government Economic Development Department (EDD). Among

other findings, this study suggested improvements for primary gateways, managing stormwater sustainably, providing public access to the river and improving pedestrian and cycling safety.

Green Infrastructure, Aesthetics, and Tree Canopy

Urban forests are a solution to many modern urban challenges. Trees provide a broad spectrum of environmental, economic, and social benefits, many of which are quantifiable at the community level. These include prevention of water pollution, less energy consumption, cleaner air, temperature moderation, reduced rates of asthma in children and higher property values. With expected population growth in urban areas, these forests have become even more critical for many reasons.

Many urban areas lack adequate canopy coverage and continue to lose coverage due to development, natural tree death, invasive insects, and disease. Often lower socio-economic (<US\$24,000 average median household income) neighborhoods are largely devoid of tree canopy cover, compounding multiple existing socio-economic issues, such as health disparities and academic attainment.

Additional Funding Opportunities Gleaned from Research and Site Analysis

Brand and design wayfinding and signage

Integrate public art- paint storage tanks, stacks, etc

Plant native grasses and forbs as bioremediation and additional green infrastructure

Workforce development programs for Green Jobs

Marketing campaigns, videos, website

Improve significant gateways at I264 exit ramps

Reforestation projects on closed landfill/open space sites

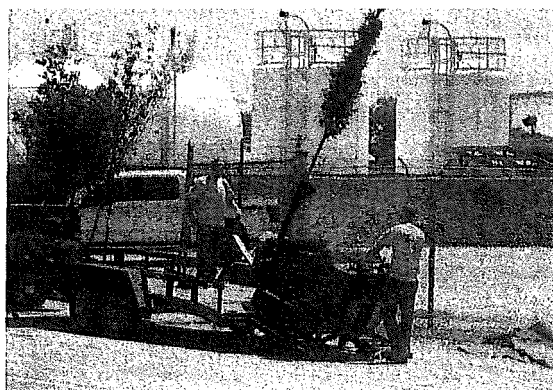
Neighborhood tree planting projects

Tree planting along Louisville Loop

Interpretive Center for STEM education

Shared resource center for training

Improve pedestrian safety with lighting and crosswalks



The goal of this project is to work with partners in the Rubbertown Corridor to plant 10,000 trees in three years. The trees will be planted in large open spaces, reforestation style; along roadways; on private properties; distributed to homeowners in residential areas and at faith based communities—in short, anywhere we can maximize tree canopy. The project will need the support of the public and private sectors to synergize efforts.

Through a generous grant from The Michelin Foundation, TreesLouisville (TL) hired three college interns during the summer of 2019 to take a deeper dive into site analysis to provide specific recommendations for creating green infrastructure that celebrates and enhances a positive identity of the Rubbertown area with the overarching goal of tree canopy and ecosystem services improvement.

This project will take advantage of the partnerships formed through the Michelin study that will synergize canopy improvement. Projects have begun along significant thoroughfares in the Corridor. Zeon Chemical and Lubrizol have funded plantings initiated by TL along Bells Lane. American Synthetic Rubber Company is funding a reforestation project on a 50 acre property located across from their facility. Trees will be planted along the new Louisville Loop/Multi Use Path in the Corridor in partnership with Metro Public Works. Lastique and several other facilities in Riverport have sponsored major tree plantings. So far, these partners have contributed more than \$170,000 to the project.

We are looking for support from the Louisville Metro Council as well. Jessica Greene is sponsoring an NDF grant to support the project. We are asking each Metro Council District to contribute \$2000 this spring so that we can plant several projects in the area before the end of this planting season.

Background

The genesis of Rubbertown in Louisville, KY was in 1918 with the construction of the Standard Oil Refinery. Growth continued through the 1930's but exploded during World War II with the U.S. Office of War Production contracts. Growth has seen ebbs and flows through time and is now host to several facilities that manufacture products as diverse as solid rocket fuel for the space shuttle, sprinkler systems, resins for pipes, liquid latex for paints and coatings, and solar panels.

In September 2004, to improve environmental conditions, the Air Pollution Control District (APCD) proposed the Strategic Toxic Air Reduction (STAR) Program. The STAR Program is a regulatory program to reduce harmful contaminants in the air we breathe, to better protect the health of our citizens, and enhance the quality of life. Since the Air Pollution Control District first implemented STAR in 2005, emissions of toxic chemicals have dropped almost 70 percent in Louisville/Jefferson County. Still, there is much to do.

Over time, several studies have been conducted for the Rubbertown area, a 2010 Rubbertown Corridor Economic Development Strategy was jointly produced by The Louisville Chemistry Partnership (LCP), Greater Louisville Inc. (GLI), and Louisville Metro Government Economic Development Department (EDD). Among other findings, this study suggested improvements for primary gateways, managing stormwater sustainably, providing public access to the river and improving pedestrian and cycling safety.

| Trees | Cost | Contractor Cost | Supplies | Transportation | Total Tree Cost | Planting Cost | Total |
|-------|----------|-----------------|------------|----------------|-----------------|---------------|-------------|
| 160 | \$150.00 | \$105.00 | \$1,500.00 | \$700.00 | \$24,000.00 | \$16,800.00 | \$52,000.00 |
| 250 | \$30.00 | | \$1,250.00 | \$250.00 | \$7,500.00 | | |
| 410 | | | \$2,750.00 | \$950.00 | \$31,500.00 | \$16,800.00 | \$52,000.00 |

TreesLouisville, Inc.
Organizational Budget
 July 1, 2019 - June 30, 2020

| | Total |
|--|------------------------|
| Income | |
| Income | |
| 40001 Corporate/Business Contributions | 65,000.00 |
| 40002 Government Contributions | 90,000.00 |
| 40003 Foundation Grants | 200,000.00 |
| 40004 Individual Donations | 450,000.00 |
| 40006 Other Types of Income | 2,500.00 |
| 40026 Sponsorships | 200,000.00 |
| Total Income | \$ 1,007,500.00 |
| Expenses | |
| 5000 Investment In Trees | |
| 50000 Public Education/Engagement | |
| 50003 Media TV | 15,000.00 |
| 50004 Media Print | 1,200.00 |
| 50006 Media Outdoor | 3,250.00 |
| 50007 Media Other | 700.00 |
| 50008 Website Expense | 400.00 |
| 50009 Public Engagement Labor | 22,000.00 |
| 50010 Media Voucher Program | 13,000.00 |
| Total 50000 Public Education/Engagement | \$ 55,550.00 |
| 6000 Projects | |
| 60001 Trees | 200,000.00 |
| 60002 Planting/Contractors | 60,000.00 |
| 60003 Materials/Supplies | 6,000.00 |
| 60004 Other | 500.00 |
| 60005 Mileage/Vehicle | 600.00 |
| 60006 Project Labor | 100,000.00 |
| 60007 Projects Manager | 36,000.00 |
| Total 6000 Projects | \$ 403,100.00 |
| 6500 Advocacy/Collaboration | |
| 65001 Printing and Copying | 500.00 |
| 65002 Parking and Mileage | 300.00 |
| 65004 Materials | 1,500.00 |
| 65005 Advocacy Labor | 5,000.00 |
| 65006 Conferences, Meetings, Travel | 6,000.00 |
| Total 6500 Advocacy/Collaboration | \$ 13,300.00 |
| 7000 Development | |
| 70001 Organizational Development | 500.00 |
| 70002 Meals and Entertainment | 2,500.00 |
| 70004 Printing/Mailings/Postage | 1,600.00 |
| 70005 Other | 300.00 |



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

| | |
|--------------------|--|
| Notice | CP211A |
| Tax period | June 30, 2019 |
| Notice date | December 2, 2019 |
| Employer ID number | 47-3739795 |
| To contact us | Phone 877-829-5500 FAX 877-792-2864 |

166528.207175.219171.9524 1 AB 0.412 370



TREESLOUISVILLE INC
PO BOX 5816
LOUISVILLE KY 40255 0816



Page 1 of 1

166528

Important information about your June 30, 2019 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
June 30, 2019 Form 990.

Your new due date is May 15, 2020.

What you need to do

File your June 30, 2019 Form 990 by May 15, 2020. We encourage you to use electronic filing the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov/forms_pubs or call 800 TAX FORM (800 829 3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

| | |
|--|--|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. TreesLouisville, Inc. | |
| 2 Business name/disregarded entity name, if different from above | |
| 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input checked="" type="checkbox"/> Other (see instructions) ▶ non profit 501c3 | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> |
| 5 Address (number, street, and apt. or suite no.) See instructions. P. O. Box 5816 | Requester's name and address (optional) |
| 6 City, state, and ZIP code Louisville, KY 40255 | |
| 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

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

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

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|
| Social security number | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| OR | | | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> </tr> </table> | 4 | 7 | - | 3 | 7 | 3 | 9 | 7 | 9 | 5 | | | |
| 4 | 7 | - | 3 | 7 | 3 | 9 | 7 | 9 | 5 | | | | |

Part II Certification

Under penalties of perjury, I certify that:

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

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

| | | |
|------------------|----------------------------|---------------------------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ 23 Nov 2020 |
|------------------|----------------------------|---------------------------|

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

| | | | |
|--|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization TREESLOUISVILLE INC | | D Employer identification number 47-3739795 |
| | Doing business as | | E Telephone number 502-208-8746 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 671,952. |
| | PO BOX 5816 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40255 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F Name and address of principal officer: CYNTHIA SULLIVAN SAME AS C ABOVE | | H(c) Group exemption number | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: WWW.TREESLOUISVILLE.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 2015 M State of legal domicile: KY | |

Part I Summary

| | | | |
|---|--|---|---------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TREESLOUISVILLE IS A CATALYST FOR CONSERVING AND INCREASING THE COMMUNITY TREE CANOPY TO ACHIEVE | | |
| | 2 Check this box: <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 15 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 15 |
| | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 2 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 200 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 38 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 445,270. | Current Year 613,348. |
| | 9 Program service revenue (Part VIII, line 2g) | 61,780. | 58,237. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 46. | 222. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 50. | 145. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 507,146. | 671,952. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 143,648. | 193,180. |
| | 16 a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) | 10,170. | | |
| Expenses | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 321,798. | 487,761. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 465,446. | 680,941. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 41,700. | -8,989. |
| | | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 82,184. | End of Year 106,932. |
| | 21 Total liabilities (Part X, line 26) | 18,192. | 57,772. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 63,992. | 49,160. |

Part II Signature Block

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 | | | | |
| Paid Preparer Use Only | Print/Type preparer's name MICHAEL B MOUNTJOY | Preparer's signature | Date 01/28/20 | Check <input type="checkbox"/> if self-employed | PTIN P00751770 |
| | Firm's name MCM CPAS & ADVISORS LLP | Firm's address 462 S. FOURTH ST., SUITE 2600 LOUISVILLE, KY 40202 3445 | Firm's EIN 27-1235638 | Phone no. (502) 749-1900 | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: TREESLOUISVILLE IS A CATALYST FOR CONSERVING AND INCREASING THE COMMUNITY TREE CANOPY TO ACHIEVE AND MAINTAIN AT LEAST 45% OVERALL CANOPY COVERAGE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 107,315. including grants of \$) (Revenue \$) PUBLIC ENGAGEMENT: 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 INCLUDING TREE REBATES AND TREE GIVE AWAYS.

4b (Code:) (Expenses \$ 492,397. including grants of \$) (Revenue \$ 58,237.) TREE PLANTING PROJECTS: TREESLOUISVILLE PARTNERS WITH JEFFERSON COUNTY PUBLIC SCHOOLS (JCPS), FAITH BASED ORGANIZATIONS, CIVIC GROUPS, LOUISVILLE METRO, AND OTHER NON GOVERNMENT ORGANIZATIONS TO ENHANCE THE TREE CANOPY.

4c (Code:) (Expenses \$ 10,091. including grants of \$) (Revenue \$) ADVOCACY AND EDUCATION: TREESLOUISVILLE, INC. ADVOCATES FOR THE PRESERVATION AND ENHANCEMENT OF THE COMMUNITY TREE CANOPY THROUGH EDUCATIONAL PROGRAMS, PRESENTATIONS AND PUBLICATIONS FOR THE GENERAL PUBLIC AND POLICY MAKERS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 609,803.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | | X |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|---|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b | If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | | Yes | No |
|----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, charitable contributions, and organizational compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

X

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No columns. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No columns. Includes questions 10a through 16b regarding local chapters, policies, conflict of interest, whistleblower, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) HENRY V. HEUSER CHAIRMAN | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (2) KATHERINE SCHNEIDER VICE CHAIR | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (3) ALLEN F. STEINBOCK SECRETARY/TREASURER | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (4) JAMES R. ALLEN DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (5) CHARLES DENNY DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (6) MIKE MOUNTJOY DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (7) DAN BARBERCHECK DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (8) PAUL THOMPSON DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (9) PATTI DALE TYE DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (10) BILL HOLLANDER DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (11) CHARLES MARSH DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (12) WESLEY SYDNOR DIRECTOR | 0.50 | X | | | | | 0. | 0. | 0. | |
| (13) BOYCE MARTIN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) JK MCKNIGHT DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) JACKIE COBB DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) CYNTHIA SULLIVAN EXECUTIVE DIRECTOR | 40.00 | | | X | | | 86,000. | 0. | 6,968. | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-total | | | | | | | 86,000. | 0. | 6,968. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 86,000. | 0. | 6,968. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | (A) | (B) | (C) | (D) |
|--|--|---------------------------|------------------------------------|----------------------------|--|
| | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | 151,250. | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 462,098. | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | |
| h Total. Add lines 1a-1f | | | 613,348. | | |
| Program Service Revenue | 2 a TREE PLANTING | Business Code 110000 | 56,607. | 56,607. | |
| | b TREE SALES | 110000 | 1,630. | 1,630. | |
| | c | | | | |
| | d | | | | |
| | e | | | | |
| | f All other program service revenue | | | | |
| | g Total. Add lines 2a-2f | | 58,237. | | |
| 3 Investment income (including dividends, interest, and other similar amounts) | | 222. | | | 222. |
| 4 Income from investment of tax-exempt bond proceeds | | | | | |
| 5 Royalties | | | | | |
| Other Revenue | 6 a Gross rents | (i) Real (ii) Personal | | | |
| | b Less: rental expenses | | | | |
| | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | |
| | b Less: cost or other basis and sales expenses | | | | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss) | | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | |
| | b Less: direct expenses | b | | | |
| | c Net income or (loss) from fundraising events | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | |
| | b Less: direct expenses | b | | | |
| | c Net income or (loss) from gaming activities | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | |
| b Less: cost of goods sold | b | | | | |
| c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | |
| 11 a OTHER INCOME | 900099 | 145. | | | 145. |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 145. | | | |
| 12 Total revenue. See instructions | | 671,952. | 58,237. | 0. | 367. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 92,968. | 86,000. | 6,968. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 88,850. | 72,705. | 16,145. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 9,264. | | 9,264. | |
| 10 Payroll taxes | 2,098. | | 2,098. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 3,965. | | 3,965. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 135. | | 135. | |
| 12 Advertising and promotion | 107,316. | 107,316. | | |
| 13 Office expenses | 6,127. | 2,342. | 2,744. | 1,041. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 15,000. | | 15,000. | |
| 17 Travel | 10,712. | 10,712. | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 3,904. | | | 3,904. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 4,247. | | 4,247. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a COST OF TREES | 306,457. | 306,457. | | |
| b EDUCATION | 10,091. | 10,091. | | |
| c MATERIALS | 9,940. | 9,940. | | |
| d PROJECTS | 4,240. | 4,240. | | |
| e All other expenses | 5,627. | | 402. | 5,225. |
| 25 Total functional expenses. Add lines 1 through 24e | 680,941. | 609,803. | 60,968. | 10,170. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958 720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-----------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 69,269. | 1 | 83,200. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 12,915. | 4 | 23,732. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b Less: accumulated depreciation | 10b | | 10c |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | | 82,184. | 16 | 106,932. |
| Liabilities | 17 Accounts payable and accrued expenses | 18,192. | 17 | 57,772. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | | 18,192. | 26 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | | 27 | |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | 0. | 30 | 0. |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | 0. | 31 | 0. |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 63,992. | 32 | 49,160. |
| 33 Total net assets or fund balances | 63,992. | 33 | 49,160. | |
| 34 Total liabilities and net assets/fund balances | 82,184. | 34 | 106,932. | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|--|----|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 671,952. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 680,941. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -8,989. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 63,992. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | -5,843. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 49,160. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | X |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | |

Form 990 (2018)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization: **TREESLOUISVILLE INC**
Employer identification number: **47-3739795**

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 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 195,982. | 306,401. | 119,657. | 445,270. | 613,348. | 1,680,658. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 195,982. | 306,401. | 119,657. | 445,270. | 613,348. | 1,680,658. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 440,006. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 1,240,652. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|------------|
| 7 Amounts from line 4 | 195,982. | 306,401. | 119,657. | 445,270. | 613,348. | 1,680,658. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 9. | 16. | 15. | 46. | 222. | 308. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | 243. | 50. | 145. | 438. |
| 11 Total support. Add lines 7 through 10 | | | | | | 1,681,404. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 120,717. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|---|----|-------|---|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 73.79 | % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | | % |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | | |
| b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | | |
| 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | | |
| b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (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 <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

- 19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| 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)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. | | |
| c 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)? 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. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 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? If "Yes," provide detail in Part VI. | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 9a 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))? If "Yes," provide detail in Part VI. | | |
| 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? If "Yes," provide detail in Part VI. | | |
| c 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? If "Yes," provide detail in Part VI. | | |
| 10a 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)? If "Yes," answer 10b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a 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 A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 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 Part VI 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. | | |
| 2 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 Part VI 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 |
|---|-----|----|
| 1 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 Part VI 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 |
|---|-----|----|
| 1 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? | | |
| 2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 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 Part VI the role the organization's supported organizations played in this regard. | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a 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 Part VI 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 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a 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 Part VI. | | |
| 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 Part VI 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.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | 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) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

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

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|--|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

7 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)

| Section D - Distributions | | Current Year | | |
|---|---|-----------------------------|--|---|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reasonable cause required; explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| a | From 2013 | | | |
| b | From 2014 | | | |
| c | From 2015 | | | |
| d | From 2016 | | | |
| e | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2018 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2014 | | | |
| b | Excess from 2015 | | | |
| c | Excess from 2016 | | | |
| d | Excess from 2017 | | | |
| e | Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

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.)

Multiple horizontal lines for 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

TREESLOUISVILLE INC

47-3739795

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)(v), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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) (2018)

| | |
|--|---|
| Name of organization TREESLOUISVILLE INC | Employer identification number 47-3739795 |
|--|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 4 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 1 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 90,895. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 7 | | \$ 120,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

TREESLOUISVILLE INC

47-3739795

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 |
|------------|-----------------------------------|----------------------------|---|
| 6 | | \$ 165,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

TREESLOUISVILLE INC

47-3739795

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
TREESLOUISVILLE INC

Employer identification number
47-3739795

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

SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

TREESLOUISVILLE INC

Employer identification number
47-3739795

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND MAINTAIN AT LEAST 45% OVERALL CANOPY COVERAGE. OUR GOALS ARE: TO
CATALYZE BROAD CIVIC ENGAGEMENT THROUGH PUBLIC AWARENESS THAT PROMOTES
PRESERVATION AND EXPANSION OF THE LOUISVILLE AND REGIONAL TREE CANOPY
AS A NECESSARY AND INVALUABLE ASSEST. TO OPTIMIZE THE PUBLIC AND
PRIVATE FINANCIAL STEWARDSHIP PLAN TO INCREASE THE COMMUNITY TREE
CANOPY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PROCESS OF REVIEWING THE FORM 990 ENTAILS A DETAILED REVIEW BY THE
ORGANIZATION'S ACCOUNTING DEPARTMENT. THE GOVERNING BODY RECEIVES AN
ELECTRONIC COPY OF THE FORM 990 INCLUDING REQUESTED SCHEDULES, AS
ULTIMATELY FILED WITH THE IRS, FOR REVIEW AND APPROVE PRIOR TO FILING WITH
THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE WRITTEN CONFLICT OF INTEREST POLICY IS REGULARLY AND CONSISTENTLY
MONITORED AND COMPLIANCE ENFORCED BY THE EXECUTIVE DIRECTOR. THE SCOPE OF
THIS POLICY INCLUDES BOARD OF DIRECTORS, OFFICERS, AND MANAGEMENT
EMPLOYEES. THE POLICY IS IN PLACE TO PROTECT THE INTEREST OF THE
ORGANIZATION WHEN CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT
THAT MIGHT BENEFIT A PRIVATE INTEREST OF AN OFFICER OR DIRECTOR AND TO
PROVIDE PROCEDURES FOR ADDRESSING POTENTIAL CONFLICTS. THE COVERED PERSONS
HAVE A FUDICIARY DUTY OF LOYALTY AND FIDELITY TO THE ORGANIZATION AND
THEREFORE MUST REFRAIN FROM ANY ACTIVITY THAT MIGHT RESULT IN A POSSIBLE
EXCESS BENEFIT TRANSACTION. A SELF DISCLOSURE FROM COVERED PERSONS TO THE

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

TREESLOUISVILLE INC

Employer identification number

47-3739795

BOARD OF DIRECTORS IS REQUIRED ON ANY POTENTIAL CONFLICTS OF INTEREST. THE COVERED PERSONS ARE TO RECUSE FROM PARTICIPATING IN ANY DELIBERATION OR DECISIONS ON SUCH TRANSACTIONS. THE CHAIRPERSON SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO REVIEW AND INVESTIGATE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE REVIEWS PERFORMANCE OF THE EXECUTIVE DIRECTOR AND RECOMMENDS COMPENSATION BASED ON COMPARABILITY DATA AND PERFORMANCE.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT REQUEST.

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

DEPARTMENT OF THE TREASURY

Date: AUG 6 2015

TREESLOUISVILLE INC
PO BOX 5816
LOUISVILLE, KY 40255

Employer Identification Number:
47-3739795
DLN:
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 bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

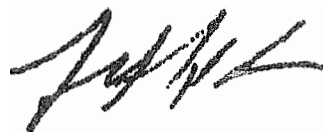
Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. 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

0918051.09

amcray
ADD

Alison 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).

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.

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.

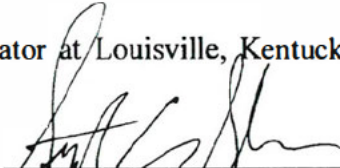
Upon dissolution of the Corporation, the Board of Directors shall, after paying or making provisions for the payment of, all liabilities of the Corporation, dispose of all corporate assets to such organizations organized and operated exclusively for charitable, educational, religious or scientific purposes 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.

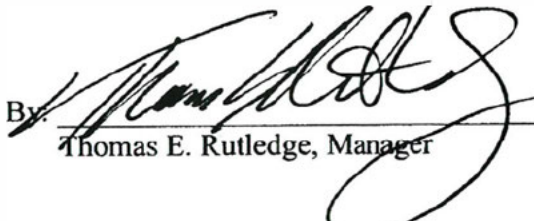


Stephen A. Sherman, Incorporator

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

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



Kentucky Secretary of State

Michael G. Adams

TREESLOUISVILLE, INC.

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

General Information

| | |
|-----------------------------|---|
| Organization Number | 0918051 |
| Name | TREESLOUISVILLE, INC. |
| Profit or Non-Profit | N - Non-profit |
| Company Type | KCO - Kentucky Corporation |
| Status | A - Active |
| Standing | G - Good |
| State | KY |
| File Date | 3/27/2015 |
| Organization Date | 3/27/2015 |
| Last Annual Report | 6/19/2020 |
| Principal Office | 3110 LEXINGTON ROAD LOUISVILLE, KY 40206 |
| Registered Agent | SKO-LOUISVILLE SERVICES, LLC 2000 PNC PLAZA 500 WEST JEFFERSON STREET LOUISVILLE, KY 40202 |

Current Officers

| | |
|-----------------------|-----------------------|
| Chairman | Henry V Heuser |
| President | Cindi H Sullivan |
| Vice President | Katherine M Schneider |
| Secretary | Allen F Steinbock |
| Treasurer | Allen F Steinbock |
| Director | Henry V Heuser |

| | |
|-----------------|---------------------|
| Director | Katherine Schneider |
| Director | Allen F Steinbock |
| Director | James R Allen |
| Director | Charles Denny |
| Director | Mike Mountjoy |
| Director | Paul Thompson |
| Director | Dan Barbarcheck |
| Director | Franklin Jelsma |
| Director | Charles Marsh |
| Director | Sabeen Nasim |
| Director | Boyce Martin III |
| Director | Wesley Sydnor |
| Director | Bill Hollander |
| Director | Jackie Cobb |
| Director | Dale Wood |

Individuals / Entities listed at time of formation

| | |
|---------------------|-----------------------|
| Director | HENRY V. HEUSER, JR. |
| Director | ALLEN F STEINBOCK |
| Director | KATHERINE M SCHNEIDER |
| Incorporator | 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.

| | | | | |
|---------------------------------|----------------------|---------|------|-----|
| Annual Report | 6/19/2020 | 1 page | PDF | |
| Annual Report | 4/29/2019 | 1 page | PDF | |
| Annual Report | 4/19/2018 | 1 page | PDF | |
| Annual Report | 5/3/2017 | 1 page | PDF | |
| Amendment | 7/14/2016 | 3 pages | tiff | PDF |
| Principal Office Address Change | 7/13/2016 3:38:05 PM | 1 page | PDF | |
| Principal Office Address Change | 2/23/2016 3:23:35 PM | 1 page | PDF | |
| Annual Report | 2/23/2016 | 1 page | PDF | |
| Articles of Incorporation | 3/27/2015 | 5 pages | tiff | PDF |

Assumed Names

Activity History

| Filing | File Date | Effective Date | Org. Referenced |
|--------------------------------------|-----------------------|-----------------------|------------------------|
| Annual report | 6/19/2020 2:02:51 PM | 6/19/2020 2:02:51 PM | |
| Annual report | 4/29/2019 10:09:25 AM | 4/29/2019 10:09:25 AM | |
| 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

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Kentucky Unbridled Spirit

Harward, Sonya

From: Cindi Sullivan <cindi@treesloouisville.org>
Sent: Thursday, February 4, 2021 12:52 PM
To: Harward, Sonya
Subject: Re: O-572-20 - Disclosure for Trees Louisville Appropriation

CAUTION: This email came from outside of Louisville Metro. Do not click links or open attachments unless you recognize the sender and know the content is safe

Sonya,
Bill should be the only one! Sorry I missed this.

On Thu, Feb 4, 2021 at 12:27 PM Harward, Sonya <Sonya.Harward@louisvilleky.gov> wrote:

Good afternoon Cindi,

I have added a note to the application on page 10 regarding CM Hollander's membership on the Trees Louisville Board. But I wanted to confirm that he is the only person that should be noted here. Please see the attached page and read the "Relationship Disclosure" part to determine this. If there are others to be added, please let me know and I will get it updated.

Thank you,

Sonya



Sonya Harward

Louisville Metro Council Clerk

[601 W. Jefferson Street, Ste. 103](#)

[Louisville, KY 40202](#)

(502)574-2704 (direct)

(502)574-3902 (ofc)

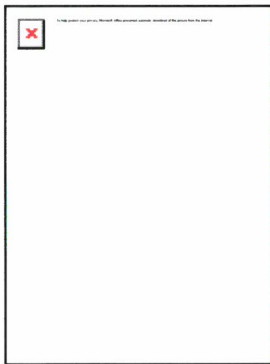
(502)500-5440 (cell)

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--

Best regards and be safe,
Cindi

Cindi Sullivan
Executive Director, TreesLouisville
P. O. Box 5816
Louisville, KY 40255
502.208.8746
www.TreesLouisville.org



*Give a gift that keeps on giving this year...
Plant a tree or let us plant one for you!*
www.treeslouisville.org/gift