

APR 17 2015 PM 2:22 M.W.

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

Applicant/Program: Just Enterprises, Inc.

Executive Summary of Request:

Just Creations will be hosting a 25th Anniversary Street Fest on Sunday, June 14, 2015. This is a free event and will include children's activities, food and live music. Grant will pay for the rental of the stage platforms from the City.

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.

9

District #

Bill Helade

Council Member Signature

\$255 -

Amount

04/16/15

Date

Primary Sponsor Disclosure

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

n/a

Approved by:

Appropriations Committee Chairman

Date

Clerk's Office Only:

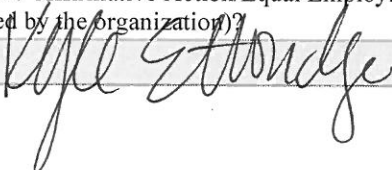
Request Amount: _____

Committee Amended Appropriation: _____

Original Appropriation: _____

Council Amended Appropriation: _____

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Just Enterprises, Inc.	
Program Name: 25th Anniversary Street Fest Request Amount: \$255.00	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	Yes
Request form: Is the funding proposed less than or equal to the request amount?	Yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	Yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?	n/a
Application Page 1: Is the application properly signed and dated by authorized signatory?	Yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	Yes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	Yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	n/a
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	Yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?	n/a
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	Yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	n/a
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 	Yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	n/a
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	n/a
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	n/a
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
Operating Budget: Is the organization’s current fiscal year operating budget included?	Yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	No
Board Members: Is the entity’s board member list (with term length/term limits) included?	Yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	Yes
Annual Audit: Is the most recent annual audit (if required by organization) included?	n/a
Rent Requests: Is a copy of signed lease included?	n/a
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	Yes
IRS Form W-9: Is the IRS Form W-9 included?	Yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	n/a
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	n/a
Prepared by: 	Date: 04/15/15



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		JUST ENTERPRISES, INC	
<small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
Main Office Street & Mailing Address: 2722 FRANKFORT AVE			
Website: JUSTCREATIONS.ORG			
Applicant Contact:	JOAN FRISZ	Title:	EXECUTIVE DIRECTOR
Phone:	502-897-7319	Email:	INFO@JUSTCREATIONS.ORG
Financial Contact:	JOAN FRISZ	Title:	EXECUTIVE DIRECTOR
Phone:	502-897-7319	Email:	INFO@JUSTCREATIONS.ORG
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	2722 FRANKFORT AVE LOUISVILLE, KY 40206		
Council District(s):	9	Zip Code(s):	40206
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: 25TH ANNIVERSARY STREET FEST			
Total Request: (\$)	255	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter		<input type="checkbox"/> Signed lease if rent costs are being requested	
<input checked="" type="checkbox"/> Current Year Projected Budget		<input checked="" type="checkbox"/> IRS Form W9	
<input checked="" type="checkbox"/> List of Board of Directors (include term & term limits)		<input type="checkbox"/> Evaluation forms if used in the proposed program	
<input checked="" type="checkbox"/> Current financial statement		<input type="checkbox"/> Annual audit (if required by organization)	
<input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H		<input type="checkbox"/> Faith Based Organization Certification Form, if required	
<input checked="" type="checkbox"/> Articles of Incorporation		<input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
<input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense			
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

JUST CREATIONS IS A INTERNATIONAL FAIR TRADE MARKETPLACE THAT PROVIDES MARKETING ASSISTANCE TO LOW-INCOME CRAFTSPEOPLE IN THE DEVELOPING WORLD. THE SALE OF THESE PRODUCTS HELPS TO PROVIDE A FAIR WAGE FOR THE ARTISANS AND ENABLES THEM TO PAY FOR FOOD, EDUCATION, HEALTH CARE, AND HOUSING.

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

WE WILL HOST A 25TH ANNIVERSARY STREET FEST ON SUNDAY, JUNE 14. IT IS A FREE, PUBLIC EVENT TO CELEBRATE 25 YEARS OF MAKING A DIFFERENCE FOR PEOPLE THROUGHOUT THE DEVELOPING WORLD. THE EVENT WILL INCLUDE CHILDREN'S ACTIVITIES, FOOD, LIVE MUSIC, AND A WORLD OF FUN.

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

THE RENTAL FEE FOR THE STAGE PLATFORMS FROM THE CITY IS \$255. THIS GRANT WOULD BE USED TO COVER THAT COST.

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

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

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

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

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

THE MEASURABLE OUTCOMES ARE ILLUSTRATED IN THE LIVES THAT ARE AFFECTED THROUGH THE SALE OF PRODUCTS. THIS INCLUDES THE ARTISANS BEING ABLE TO SEND THEIR CHILDREN TO SCHOOL, RATHER THAN HAVING THEM WORK IN THE FIELDS; PROVIDE HEALTH CARE FOR THEIR FAMILIES; AND PAY SCHOOL FEES. IN ADDITION, THEY WORK TO IMPROVE THEIR COMMUNITIES THROUGH COMMUNITY DEVELOPMENT FUNDS THAT ARE SHARED AMONG THE ARTISANS. THIS EVENT IS DESIGNED TO CELEBRATE THE CONTRIBUTIONS OF CUSTOMERS AND VOLUNTEERS AS THEY HAVE PARTNERED WITH US FOR 25 YEARS OF MAKING A DIFFERENCE IN THE LIVES OF ARTISANS AROUND THE WORLD.

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.

THROUGH OUR COMMUNITY SHOPPING NIGHT PROGRAM, WE PARTNER WITH OTHER LOCAL NON-PROFIT ORGANIZATIONS AND MAKE A DONATION TO THEIR PROGRAMMING, BASED ON THE SALES GENERATED IN THE STORE.

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)	255	4545	4800
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	255	4545	4800
% of Program Budget	5.3 %	94.7 %	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)	2545
Fees Collected from Program Participants	
Other (please specify) <i>JUST CREATIONS BUDGETED EXP</i>	2000
Total Revenue for Columns 2 Expenses **	4545

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

**Must equal or exceed total in column 2.

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Budget

Description	Expenses	Income	Notes
HH - Process Mailing	\$ 365.00		1/2 Adv
Postage for Mailing	\$ 325.00		1/2 Adv
Newsletter Printing (6000)	\$ 726.50		1/2 Adv
Tent	\$ 276.00		
T-Shirt Printing	\$ 626.00		
Fundraising Letter Exp	\$ 116.68		
Staff (in-store)	\$ 75.00		Avg \$10/hr - 4 hrs
Appalatin	\$ 600.00		
Stage Platforms	\$ 255.00		Metro Funds
Permits	\$ 40.00		
Food/Drink	\$ 40.00		
Door Prizes	\$ 100.00		
Advertising	\$ 1,000.00		
Fundraising Letter Don		\$ 2,545.00	
Metro Funds		\$ 255.00	
Just Creations Budgeted		\$ 2,000.00	
	\$ 4,545.18	\$ 4,800.00	



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
PRESBYTERIAN HUNGER PROC 	2000	RETAIL VALUE
LOUISVILLE PUBLIC MEDIA	2200	MEDIA PRICING
DOUBLE S PRINTING	1000	PRODUCT/SERVICE PRICING
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

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

Agency Fiscal Year Start Date: JANUARY 1

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

If YES, please explain:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications


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

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

N/A

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	4/9/15
Legal Signatory: (please print):	JOAN C. FRISZ	Title:	EXECUTIVE DIRECTOR
Phone:	502-897-7319	Extension:	
Email:	INFO@JUSTCREATIONS.ORG		

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

DEPARTMENT OF THE TREASURY

Date:

MAY 18 1995

JUST ENTERPRISES INC
2722 FRANKFORT AVE
LOUISVILLE, KY 40206

Employer Identification Number:

Case Number:

315095023

Contact Person:

ANNETTE KLEAR

Contact Telephone Number:

(513) 684-3578

Our Letter Dated:

August 27, 1991

Addendum Applies:

No

Dear Applicant:

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

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(2).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

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

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

Sincerely yours,



C. Ashley Bullard
District Director

JUST CREATIONS
Board of Directors
2015-2016

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>PHONE</u> (home)	<u>PHONE</u> (work)	<u>e-MAIL</u>	<u>TERM</u>
1 Bowling	Josh		Louisville	KY					2015-2018 (1)
2 Faleide	Tina		Louisville	KY			326-2386		2015-2018 (1)
3 Frisz	Joan		Louisville	KY			897-7319		ex-officio
4 Isgrigg	Laura		Louisville	KY			379-4960		2015-2018 (2)
5 Jacobs	Brenda		Louisville	KY			326-2398		2015-2018 (2)
6 Kulkarni	Surekha		Prospect	KY					2015-2018 (1)
7 Lippe	Kevin		Louisville	KY			583-0248		2015-2018 (2)
8 Mahoney	Debbie		Louisville	KY					2015-2018 (1)
9 Newton	Gordon		Louisville	KY					2015-2018 (1)
10 Pollard	Donna		Louisville	KY			263-5611		2015-2018 (1)
<u>Non-Board Committee Member</u>									
Strange	Ellen								
<u>EXECUTIVE COMMITTEE</u>									
Laura Isgrigg, Chair		<u>MARKETING COMMITTEE</u>							
Kevin Lippe, Vice-Chair		Debbie Mahoney, Chair							
Tina Faleide, Treasurer		Gordon Newton							
Donna Pollard, Secretary		Donna Pollard							
Debbie Mahoney, Marketing									
Josh Bowling, Outreach		<u>FINANCE COMMITTEE</u>							
Joan Frisz, Executive Director		Tina Faleide, Chair							
		Brenda Jacobs							
		Kevin Lippe							
<u>OUTREACH COMMITTEE</u>									
Josh Bowling, Chair									
Laura Isgrigg		<u>ST WILLIAM LIAISON</u>							
Surekha Kulkarni		Joan Frisz							
Ellen Strange									
Tricia Lloyd-Sidle, Staff Liaison									
<u>AD HOC COMMITTEES</u>									
<u>HUMAN RESOURCES</u>									
		Laura Isgrigg, Chair							
		Josh Bowling							
		Gordon Newton							
<u>BOARD DEVELOPMENT</u>									
		Kevin Lippe, Chair							
		Tina Faleide							
		Debbie Mahoney							

JUST ENTERPRISES, INC*JUST CREATIONS*

2722 FRANKFORT AVENUE

LOUISVILLE, KY 40206

Profit & Loss Statement

March 2015

INCOME	
GROSS SALES	\$19,174.00
DONATIONS	\$565.00
OTHER INCOME	\$2.00
Total INCOME	\$19,741.00
COST OF GOODS SOLD	
SHIPPING	\$153.00
SHRINKAGE	\$9.00
COST OF SALES	\$9,529.00
Total COST OF GOODS SOLD	\$9,691.00
Gross Profit	\$10,049.00
ADMINISTRATIVE EXPENSES	
PROFESSIONAL SERVICES	\$500.00
BOARD EXPENSES	\$12.00
DIRECTOR'S & OFFICER'S INS	\$107.00
TRAVEL	\$30.00
ADVERTISING & PROMOTION	\$1,296.00
BANK CHARGES	
CREDIT CARD EXPENSE	\$466.00
Total BANK CHARGES	\$466.00
PAYROLL	
WAGES	\$10,341.00
EMPLOYER EXPENSES	\$788.00
STORE EXPENSES	
DEPRECIATION EXPENSE	\$115.00
DISPLAY EXPENSES	\$45.00
INSURANCE - LIABILITY	\$141.00
INSURANCE - WORKER'S COMP	\$121.00
MEDICAL INSURANCE - JOAN	\$613.00
MEDICAL INSURANCE - MIMI	\$489.00
MEDICAL INSURANCE - TRICIA	\$969.00
Total STORE EXPENSES	\$2,493.00
OFFICE SUPPLIES	\$84.00
POSTAGE AND SHIPPING	\$29.00
REPAIRS AND MAINT	\$25.00
UTILITIES - LG&E	\$410.00
UTILITIES - PHONE	\$205.00
RENT	
RENT	\$3,175.00
SPECIAL EVENT EXPENSES	\$27,045.00

Total ADMINISTRATIVE EXPENSES	\$47,005.00
Operating Profit	(\$36,956.00)
OTHER INCOME	
SPECIAL EVENT INCOME	\$32,245.00
Total OTHER INCOME	\$32,245.00
OTHER EXPENSES	
Net Profit / (Loss)	(\$4,711.00)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**JUST ENTERPRISES, INC.**Doing Business As **JUST CREATIONS**

Number and street (or P.O. box if mail is not delivered to street address)

2722 FRANKFORT AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LOUISVILLE, KY 40206**F** Name and address of principal officer: **JOAN C. FRISZ****SAME AS C ABOVE****D** Employer identification number**E** Telephone number**502-897-7319****G** Gross receipts \$ **583,862.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.JUSTCREATIONS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1990** **M** State of legal domicile: **KY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: JUST CREATIONS PROVIDES MARKETING ASSISTANCE TO LOW-INCOME CRAFTSPEOPLE IN THE DEVELOPING		
	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	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	12
	6	Total number of volunteers (estimate if necessary)	6	94
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,657.	Current Year 1,392.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	583.	536.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	290,427.	290,473.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	292,667.	292,401.
	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)	166,410.	167,624.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,973.		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	132,055.	136,991.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	298,465.	304,615.
	19	Revenue less expenses. Subtract line 18 from line 12	-5,798.	-12,214.
	20	Total assets (Part X, line 16)	Beginning of Current Year 267,037.	End of Year 249,778.
21	Total liabilities (Part X, line 26)	44,028.	38,983.	
22	Net assets or fund balances. Subtract line 21 from line 20	223,009.	210,795.	

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
	JOAN C. FRISZ, EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	BARBARA A. LASKY	
Firm's name	Firm's address	Firm's EIN ▶
	ANDERSON, BRYANT, LASKY & WINSLOW, PSC	943 SOUTH FIRST STREET
LOUISVILLE, KY 40203		Phone no. (502) 584-9793

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

332001 10-29-13

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

Form **990** (2013)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ X

1 Briefly describe the organization's mission:
JUST CREATIONS PROVIDES MARKETING ASSISTANCE TO LOW-INCOME CRAFTSPEOPLE IN THE DEVELOPING WORLD. THE SALE OF THESE PRODUCTS HELPS TO PROVIDE A FAIR WAGE FOR THE ARTISANS AND ENABLES THEM TO PAY FOR FOOD, EDUCATION, HEALTH CARE AND HOUSING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **279,546.** including grants of \$) (Revenue \$ **290,473.**)
JUST CREATIONS IS A NOT-FOR-PROFIT FAIR TRADE STORE THAT OPENED IN APRIL 1990 IN ORDER TO "PROVIDE MARKETING ASSISTANCE TO LOW-INCOME CRAFTSPEOPLE IN THE DEVELOPING WORLD." JUST CREATIONS FEATURES HANDMADE PRODUCTS FROM TALENTED ARTISANS FROM 47 COUNTRIES AROUND THE WORLD. WE ARE PROUD TO BE A PART OF A NETWORK OF STORES THROUGHOUT NORTH AMERICA WHO PURCHASE FROM FAIR TRADE ORGANIZATIONS WHO WORK WITH THE ARTISANS AND ENSURE THAT THEY ARE PAID FAIRLY FOR THEIR HANDCRAFTS AND TREATED FAIRLY IN THE WORKPLACE. ANOTHER ESSENTIAL PART OF OUR PROGRAMMING IS OUR EDUCATIONAL OUTREACH, WHEREBY WE GO OUT INTO THE COMMUNITY TO EDUCATE THE PUBLIC ABOUT FAIR TRADE, TELL THE STORIES OF THE ARTISANS, AND HELP PEOPLE UNDERSTAND HOW THEIR PURCHASE OF FAIR TRADE PRODUCTS MAKES A DIFFERENCE IN THE LIVES OF OTHERS AROUND THE

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **279,546.**

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)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2013)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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 so, 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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a 2		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 12		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2013)

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

☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	11													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		11												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						X								
13 Did the organization have a written whistleblower policy?														X
14 Did the organization have a written document retention and destruction policy?								X						
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official									X					
b Other officers or key employees of the organization														X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).														
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?														X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														

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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 502-897-7319**
2722 FRANKFORT AVENUE, LOUISVILLE, KY 40206

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,392.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,392.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		536.			536.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	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	580,958.			
	b Less: cost of goods sold	b	291,461.			
	c Net income or (loss) from sales of inventory		289,497.	289,497.		
Miscellaneous Revenue		Business Code				
11 a OTHER	900099	976.	976.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		976.				
12 Total revenue. See instructions.		292,401.	290,473.	0.	536.	

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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	55,271.	41,453.	13,818.	
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	77,337.	77,337.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	24,379.	22,543.	1,836.	
10 Payroll taxes	10,637.	9,469.	1,168.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
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.)				
12 Advertising and promotion	22,602.	22,602.		
13 Office expenses	3,738.	3,364.	374.	
14 Information technology				
15 Royalties				
16 Occupancy	35,703.	33,918.	1,785.	
17 Travel	1,681.	1,513.	168.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,788.	2,509.	279.	
23 Insurance	3,981.	2,804.	1,177.	
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 RUG EVENT	18,933.	16,022.		2,911.
b PROFESSIONAL SERVICES	14,250.	13,537.	713.	
c BANK FEES	13,193.	13,193.		
d CONTRIBUTIONS	7,388.	7,388.		
e All other expenses	12,734.	11,894.	778.	62.
25 Total functional expenses. Add lines 1 through 24e	304,615.	279,546.	22,096.	2,973.
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 SheetCheck 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	183,315.	1 163,378.
	2	Savings and temporary cash investments		2
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	45.	4 0.
	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	73,067.	8 79,535.
	9	Prepaid expenses and deferred charges	1,072.	9 1,174.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,904.	
	b	Less: accumulated depreciation	10b 51,704.	10c 4,200.
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11	3,583.	12 1,491.
	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)	267,037.	16 249,778.	
Liabilities	17	Accounts payable and accrued expenses	44,028.	17 38,983.
	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	44,028.	26 38,983.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	214,928.	27 203,691.
	28	Temporarily restricted net assets	8,081.	28 7,104.
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	223,009.	33 210,795.
	34	Total liabilities and net assets/fund balances	267,037.	34 249,778.

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck 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	292,401.
2	Total expenses (must equal Part IX, column (A), line 25)	2	304,615.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,214.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	223,009.
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	
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	210,795.

Part XII Financial Statements and ReportingCheck 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 (2013)

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.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

JUST ENTERPRISES, INC.

Employer identification number

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- | | Yes | No |
|--|----------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____ | 11g(i) | |
| (ii) A family member of a person described in (i) above? _____ | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____ | 11g(iii) | |
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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 type="checkbox"/>
b 33 1/3% support test - 2012. 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 - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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"/>

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,135.	1,304.	3,898.	1,718.	2,369.	13,424.
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	527,660.	564,325.	597,602.	579,124.	580,958.	2,849,669.
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	531,795.	565,629.	601,500.	580,842.	583,327.	2,863,093.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						2,863,093.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	531,795.	565,629.	601,500.	580,842.	583,327.	2,863,093.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,252.	1,092.	3,957.	583.	536.	8,420.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,252.	1,092.	3,957.	583.	536.	8,420.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				3,847.	976.	4,823.
13 Total support. (Add lines 9, 10c, 11, and 12.)	534,047.	566,721.	605,457.	585,272.	584,839.	2,876,336.

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.54 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.49 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.29 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.37 %

19a 33 1/3% support tests - 2013. 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 - 2012. 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

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

JUST ENTERPRISES, INC.

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations ☐
 (ii) related organizations ☐

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		28,319.	24,120.	4,199.
d Equipment		27,585.	27,584.	1.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,200.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2013

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.

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Name of the organization

JUST ENTERPRISES, INC.

Employer identification number

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

WORLD. THE SALE OF THESE PRODUCTS HELPS TO PROVIDE A FAIR WAGE FOR THE
ARTISANS AND ENABLES THEM TO PAY FOR FOOD, EDUCATION, HEALTH CARE AND
HOUSING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WORLD.

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

EXPLANATION: FORM 990 IS ANNUALLY REVIEWED BY THE TREASURER/FINANCE
COMMITTEE AND THE EXECUTIVE DIRECTOR BEFORE FILING.

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

EXPLANATION: IF AN ISSUE IS TO BE DECIDED BY THE BOARD THAT INVOLVES A
POTENTIAL CONFLICT OF INTEREST FOR A BOARD MEMBER, IT IS THE RESPONSIBILITY
OF THAT BOARD MEMBER TO: (1) IDENTIFY THE POTENTIAL CONFLICT OF INTEREST,
(2) NOT PARTICIPATE IN THE DISCUSSION OF THE BOARD ACTION THAT IS BEING
CONSIDERED, AND (3) NOT VOTE ON THE ISSUE.

IT IS THE RESPONSIBILITY OF THE BOARD TO RECORD IN THE MINUTES OF THE BOARD
MEETING BOTH THE POTENTIAL CONFLICT OF INTEREST AND THE ACTIONS TAKEN AS A
RESULT OF THE PROCEDURES OUTLINED IN THIS POLICY (E.G. THE ABSTENTION OF A
BOARD MEMBER FROM A VOTE).

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

EXPLANATION: AN ANNUAL REVIEW IS UNDERTAKEN DURING THE BUDGETING PROCESS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
332211
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

JUST ENTERPRISES, INC.

Employer identification number

FOR THE COMING YEAR. THIS IS HANDLED BY THE FINANCE COMMITTEE AND PRESENTED
TO THE FULL BOARD WHEN THE ANNUAL BUDGET IS PRESENTED FOR APPROVAL.

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

EXPLANATION: THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

EXTENSION FILING INSTRUCTIONS

FORM 8868 FOR FORM 990-T

FOR THE YEAR ENDING

December 31, 2013

Prepared for	Just Enterprises, Inc. 2722 Frankfort Avenue Louisville, KY 40206
Prepared by	Anderson, Bryant, Lasky & Winslow, PSC 943 South First Street Louisville, KY 40203
Amount due	No amount is due.
Make check payable to	No amount is due.
Mail extension and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0045
Extension must be mailed on or before	May 15, 2014
Special Instructions	Form 8868 extends the filing date of the return to November 17, 2014.

Form **990-T**

REQUEST FOR 45R CREDIT ONLY

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2013Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

For calendar year 2013 or other tax year beginning _____, and ending _____

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		JUST ENTERPRISES, INC.	
		Number, street, and room or suite no. If a P.O. box, see instructions. 2722 FRANKFORT AVENUE	E Unrelated business activity codes (See instructions.)
		City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40206	
C Book value of all assets at end of year 249,778.	F Group exemption number (See instructions.) ▶		
	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity. ▶**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☐ No
If "Yes," enter the name and identifying number of the parent corporation. ▶**J** The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **502-897-7319**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Form 8949 and Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule.)		12		
13 Total. Combine lines 3 through 12		13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules.)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	
29 Total deductions. Add lines 14 through 28		29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	0.
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)		33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	0.

323701
12-12-13

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2013)

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36**37 Proxy tax.** See instructions 37**38 Alternative minimum tax** 38**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.**Part IV Tax and Payments****40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) 40a

b Other credits (see instructions) 40b

c General business credit. Attach Form 3800 40c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d

e **Total credits.** Add lines 40a through 40d 40e**41 Subtract line 40e from line 39** 41 0.**42 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) 42**43 Total tax.** Add lines 41 and 42 43 0.**44a Payments:** A 2012 overpayment credited to 2013 44a

b 2013 estimated tax payments 44b

c Tax deposited with Form 8868 44c

d Foreign organizations: Tax paid or withheld at source (see instructions) 44d

e Backup withholding (see instructions) 44e

f Credit for small employer health insurance premiums (Attach Form 8941) 44f 1,185.

g Other credits and payments: ☐ Form 2439 ☐ Other Total 44g☐ Form 4136 ☐ Other**45 Total payments.** Add lines 44a through 44g 45 1,185.**46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ☐ 46**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed 47**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 1,185.**49 Enter the amount of line 48 you want:** Credited to 2014 estimated tax Refunded 49 1,185.**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year 1

2 Purchases 2

3 Cost of labor 3

4a Additional section 263A costs (att. schedule) 4a

b Other costs (attach schedule) 4b

5 **Total.** Add lines 1 through 4b 5

6 Inventory at end of year 6

7 **Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2 7

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date Title EXECUTIVE DIRECTOR

Paid Preparer Use OnlyPrint/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN

Firm's name ANDERSON, BRYANT, LASKY & WINSLOW, PSC Firm's EIN

Firm's address 943 SOUTH FIRST STREET Phone no. (502) 584-9793

Firm's address LOUISVILLE, KY 40203

Credit for Small Employer Health Insurance Premiums

OMB No. 1545-2198

2013Attachment
Sequence No. **63**Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Information about Form 8941 and its separate instructions is at www.irs.gov/forms8941

Name(s) shown on return

Identifying number

JUST ENTERPRISES, INC.**[REDACTED]****Caution.** See the instructions and complete Worksheets 1 through 7 as needed.

1a Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (total from Worksheet 1, column (a))	12
b Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1a if different from the identifying number listed above	61-1176695
2 Enter the number of full-time equivalent employees (FTEs) you had for the tax year (from Worksheet 2, line 3). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	3
3 Average annual wages you paid for the tax year (from Worksheet 3, line 3). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	42,000.
4 Premiums you paid during the tax year for employees included on line 1a for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (b))	24,379.
5 Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (total from Worksheet 4, column (c))	14,808.
6 Enter the smaller of line 4 or line 5	14,808.
7 Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	3,702.
8 If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6	3,702.
9 If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, enter the amount from Worksheet 6, line 7	1,185.
10 Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	
11 Subtract line 10 from line 4. If zero or less, enter -0-	24,379.
12 Enter the smaller of line 9 or line 11	1,185.
13 If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (total from Worksheet 4, column (a))	3
14 Enter the number of FTEs you would have entered on line 2 if you only included employees included on line 13 (from Worksheet 7, line 3)	2
15 Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	
16 Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h	1,185.
17 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	
18 Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	
19 Enter the amount you paid in 2013 for taxes considered payroll taxes for purposes of this credit (see instructions)	10,637.
20 Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 44f	1,185.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **8941** (2013)

Additional Information Needed to Complete Lines 4-14

[illegible]

FTE Limitation

- | | |
|---|--------|
| 1. Enter the amount from Form 8941, line 7 | 3,702. |
| 2. Enter the amount from Form 8941, line 2 | 3 |
| 3. Subtract 10 from line 2 (if line 2 is 10 or less, skip to line 6) | |
| 4. Divide line 3 by 15 | |
| 5. Multiply line 1 by line 4 | |
| 6. Subtract line 5 from line 1. Reported this amount on Form 8941, line 8 | 3,702. |

Average Annual Wages Limitation

- | | |
|---|---------|
| 1. Enter the amount from Form 8941, line 8 | 3,702. |
| 2. Enter the amount from Form 8941, line 7 | 3,702. |
| 3. Enter the amount from Form 8941, line 3 | 42,000. |
| 4. Subtract 25,000 from line 3 | 17,000. |
| 5. Divide line 4 by 25,000 | .680 |
| 6. Multiply line 2 by line 5 | 2,517. |
| 7. Subtract line 6 from line 1. Reported this amount on Form 8941, line 9 | 1,185. |

FTEs Enrolled in Coverage

- | | |
|---|--------|
| 1. Enter the total enrolled employee hours of service from column (d) above | 5,287. |
| 2. Hours of service per FTE | 2,080 |
| 3. Divide line 1 by line 2. Report this amount on Form 8941, line 14 | 2 |

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

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

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

Part I only ☒

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

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. JUST ENTERPRISES, INC.	Employer identification number (EIN) or [REDACTED]
	Number, street, and room or suite no. If a P.O. box, see instructions. 2722 FRANKFORT AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40206	

Enter the Return code for the return that this application is for (file a separate application for each return) **07**

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

THE ORGANIZATION

- The books are in the care of ► **2722 FRANKFORT AVENUE - LOUISVILLE, KY 40206**
Telephone No. ► **502-897-7319** Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2013** or
► ☐ tax year beginning , and ending .

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

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

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

ARTICLES OF INCORPORATION

OF

JUST ENTERPRISES, INC.

WE, THE UNDERSIGNED, having associated for the purposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273, Kentucky Revised Statutes, hereby certify as follows:

ARTICLE I

The name of the corporation shall be JUST ENTERPRISES, INC.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The address of the registered office of the corporation is 1226 West Oak Street, Louisville, Kentucky 40210. The name of the initial agent for service of process at such address is John Egan.

The principal office of the Corporation is 1226 West Oak Street, Louisville, Kentucky 40210. Other places of business in Louisville, Kentucky or elsewhere may be designated by resolution of the Board of Directors.

ARTICLE IV

The Corporation is organized and shall be operated exclusively for religious, charitable and educational purposes as described within Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt from Federal income tax under said Section 501(c)(3).

The purposes of the Corporation are more specifically stated as follows:

A. To actively participate in long-term solutions to the problems of hunger and poverty within the United States and within the developing countries of Africa, Asia and Latin America.

B. To operate, on a strictly non-profit basis, a retail crafts store, staffed principally by volunteers, that will serve as a non-exploitative marketing outlet for craftspeople in low-income and otherwise marginalized communities in the United States and in the developing countries of Africa, Asia and Latin America. By purchasing its products primarily from non-profit suppliers that share the goals and purposes of Just Enterprises, Inc., the Corporation will ensure that sale proceeds will benefit as much as possible the craftspeople who actually make the products, and their communities.

C. To provide community education in the Louisville area about the causes and solutions of hunger and poverty in the United States and in the developing countries of Africa, Asia and Latin America.

D. In performing the above functions, to act as a ministry of the faith community at Saint William Catholic Church, 1226 West Oak Street, Louisville, Kentucky, and as a ministry of other communities and individuals who share the goals and purposes of the Corporation and who become involved in its operations.

E. To perform related activities that would be helpful in carrying out the purposes specified above, so long as they are permitted for an organization exempt from Federal income tax under said Section 501(c)(3) of the Internal Revenue Code.

ARTICLE V

The Corporation shall be irrevocably dedicated to and operated exclusively for, non-profit purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

ARTICLE VI

In carrying out the corporate purposes described in Article IV, the Corporation shall have all the powers granted by the laws of the Commonwealth of Kentucky, including in particular those listed in Section 273.171 of the Kentucky Revised Statutes (or corresponding provision of any subsequent state statute), except as follows and as otherwise stated in these articles:

A. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

B. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on:

- (1) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provisions of any subsequent Federal tax laws;
- (2) by a corporation, contributions to which are deductible under Section 107(c)(2) of the Internal Revenue Code of 1954 or the corresponding provisions of any subsequent Federal tax laws

C. If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent Federal tax laws:

- (1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- (2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent Federal tax laws.
- (3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent Federal tax laws.
- (4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent Federal tax laws.

- (5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

The name and address of the incorporator are:

<u>INCORPORATOR</u>	<u>ADDRESS</u>
John Egan	6 Whitehall Terrace Louisville, KY 40220

ARTICLE VIII

The initial Board of Directors shall consist of fourteen (14) Directors. The names and addresses of the initial Board of Directors are:

<u>DIRECTOR</u>	<u>ADDRESS</u>
Ruth Anne Boklage	2901 Springdale Road Louisville, Kentucky 40206
James Butler	2650 Six Mile Lane Louisville, KY 40220
Theresa Butler	2963 Six Mile Lane Louisville, KY 40220
Walter Clare	1128 Samuel Street Louisville, KY 40204
Donald E. Feeney, Jr.	1169 Eastern Parkway - Ste 3351 Louisville, KY 40217
Rev. James R. Flynn	1226 West Oak Street Louisville, KY 40210
Catherine M. Ford	3940 Nanz Avenue, # 1 Louisville, KY 40207
Nancy Fox	2082 Douglass Boulevard, A-18 Louisville, KY 40205
Pat Geier	406 Fountain Court Louisville, KY 40208
Everett C. Hoffman	3940 Nanz Avenue, # 1 Louisville, KY 40207

DIRECTOR

ADDRESS

Nancy Jakubiak

142 East Amherst Avenue
Louisville, KY 40214

Nancy Peterson

1936 Deer Park Avenue
Louisville, KY 40205

Nancy Toole

1807 Douglass Boulevard
Louisville, KY 40205

Charlene Watts

521 Zorn Avenue, H-11
Louisville, KY 40206

ARTICLE IX

The initial By-Laws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the By-Laws.

Any director may be removed for cause pursuant to By-Laws provisions regarding grounds and procedures for such removal.

ARTICLE X

A. The officers, directors and members of the Corporation shall not be held liable for any debt or obligation of the Corporation solely because of their position(s) in the Corporation.

B. Any person serving on the Board of Directors of the Corporation shall not be held personally liable for monetary damages resulting from the breach of his/her duties as a Director unless such act, omission or breach:

- (1) concerned or concerns a transaction in which the Director's personal financial interest was or is in conflict with the financial interests of the Corporation;
- (2) was not in good faith or involved or involves intentional misconduct on the part of the Director;
- (3) was known by the Director to be a violation of law; or
- (4) resulted in an improper personal benefit to the Director.

ARTICLE XI

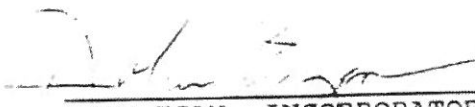
In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.

ARTICLE XII

Amendments to these Articles shall be made pursuant to the provisions of Section 273.263 of the Kentucky Revised Statutes.

IN TESTIMONY WHEREOF, witness the signature of the Incorporator of this Corporation, this 15th day of January, 1990.



JOHN EGAN, INCORPORATOR

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

Before me, the undersigned authority, personally appeared John Egan and, being duly sworn, acknowledged that he was the incorporator of Just Enterprises, Inc., and that he signed the foregoing Articles of Incorporation as his free act and deed.

Witness my signature and seal of office this 15th day of January, 1990.

My Commission Expires: July 15, 1992.



NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This Document Prepared By:

A handwritten signature in dark ink, appearing to read 'E. C. Hoffman', written over a horizontal line.

EVERETT C. HOFFMAN, Attorney
3940 Nanz Avenue, # 1
Louisville, Kentucky 40207
(502) 895-0516

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. JUST ENTERPRISES, INC	
	2 Business name/disregarded entity name, if different from above JUST CREATIONS	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" 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) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 2722 FRANKFORT AVE	Requester's name and address (optional)
	6 City, state, and ZIP code LOUISVILLE, KY 40206	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

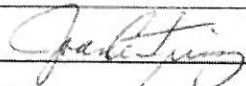
Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ 

Date ▶ 4/15/15

General Instructions

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

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

Purpose of Form

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

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

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

By signing the filled-out form, you:

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

Staff List

Joan Frisz, Executive Director

Mimi Dillinger, Customer Service Manager

Tricia Lloyd-Sidle, Outreach & Education Coordinator

Soni Castleberry, Sales Associate

Noel Rueff, Sales Associate

JUST ENTERPRISES, INC.**General Information**

Organization Number	0267928
Name	JUST ENTERPRISES, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
Organization Date	1/16/1990
Last Annual Report	4/29/2014
Principal Office	2722 FRANKFORT AVE. LOUISVILLE, KY 40206
Registered Agent	JOAN C. FRISZ % JUST CREATIONS 2722 FRANKFORT AVE. LOUISVILLE, KY 40206

Current Officers

President	<u>KEVIN LIPPE</u>
Vice President	<u>LAURA ISGRIGG</u>
Secretary	<u>CORA WIGGER</u>
Treasurer	<u>BRENDA JACOBS</u>
Director	<u>LISA COX</u>
Director	<u>RUTH FARRELL</u>
Director	<u>KATHY ISING</u>

Individuals / Entities listed at time of formation

Director	<u>JAMES BUTLER</u>
Director	<u>THERESA BUTLER</u>
Director	<u>WALTER CLARE</u>
Director	<u>NANCY FOX</u>
Director	<u>PAT GEIER</u>
Incorporator	<u>JOHN EGAN</u>

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Annual Report</u>	4/29/2014	1 page	<u>PDF</u>	
<u>Certificate of Assumed Name</u>	10/3/2013	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/21/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/18/2012	1 page	<u>PDF</u>	

Annual Report	7/12/2011	1 page	PDF	
Annual Report	6/1/2010	1 page	PDF	
Annual Report	4/23/2009	1 page	PDF	
Annual Report	5/1/2008	1 page	tiff	PDF
Name Renewal	4/22/2008	1 page	tiff	PDF
Annual Report	4/17/2007	1 page	tiff	PDF
Annual Report	5/18/2006	1 page	tiff	PDF
Annual Report	6/16/2005	1 page	tiff	PDF
Annual Report	8/13/2003	1 page	tiff	PDF
Name Renewal	7/2/2003	1 page	tiff	PDF
Annual Report	8/21/2002	1 page	tiff	PDF
Annual Report	7/25/2001	1 page	tiff	PDF
Annual Report	7/7/2000	1 page	tiff	PDF
Annual Report	7/21/1999	1 page	tiff	PDF
Annual Report	7/7/1998	1 page	tiff	PDF
Annual Report	7/1/1997	2 pages	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	2 pages	tiff	PDF
Statement of Change	4/26/1994	1 page	tiff	PDF
Annual Report	3/31/1994	1 page	tiff	PDF
Administrative Dissolution	11/2/1993	1 page	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Statement of Change	8/6/1992	1 page	tiff	PDF
Certificate of Assumed Name	8/6/1992	1 page	tiff	PDF
Annual Report	7/1/1992	2 pages	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Articles of Incorporation	1/16/1990	7 pages	tiff	PDF

Assumed Names

[JUST CREATIONS](#)
[JUST CREATIONS](#)

Active
Inactive

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/29/2014 11:12:08 AM	4/29/2014 11:12:08 AM	
Added assumed name	10/3/2013 10:14:55 AM	10/3/2013	JUST CREATIONS
Annual report	6/21/2013 2:49:50 PM	6/21/2013 2:49:50 PM	
Annual report	4/18/2012 11:25:55 AM	4/18/2012 11:25:55 AM	
Annual report	7/12/2011 2:28:48 PM	7/12/2011 2:28:48 PM	
Annual report	6/1/2010 10:48:15 AM	6/1/2010 10:48:15 AM	
Annual report	4/23/2009 10:51:18 AM	4/23/2009 10:51:18 AM	
	5/1/2008 1:45:58		

Annual report	PM	5/1/2008
Annual report	4/17/2007 8:01:50 AM	4/17/2007
Annual report	5/18/2006 3:25:02 PM	5/18/2006

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	6/21/2004	1 page
Annual Report	8/13/2003	1 page
Annual Report	8/21/2002	1 page
Annual Report	7/25/2001	1 page
Annual Report	7/7/2000	1 page
Annual Report	7/21/1999	1 page
Annual Report	7/7/1998	1 page
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