

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Legal Name of Applicant Organization** Blackacre Conservancy, Inc.

**Program Name and Request Amount** Community Garden Field Office \$6,000

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

Prepared by: *Scott W. Hanning*

Date: *3-16-18*

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

**Applicant/Program:** Blackacre Conservancy, Inc./Community Garden Field Office  
**Applicant Requested Amount:** \$6,000  
**Appropriation Request Amount:** \$6,000

**Executive Summary of Request**  
Funding will be used to replace a dilapidated 30 year old trailer currently being used as a field office for the community garden with a newer modular unit measuring 10' X 44'. Please see page 4 of the application for a more detailed list.

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.

... 11      Kevin J. Kramer      \$3,000      3/16/2018  
District #      Primary Sponsor Signature      Amount      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.  
  
None

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

**Applicant/Program:**

Blackacre Conservancy, Inc./Community Garden Field Office

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

Councilman Stuart Benson currently serves as a board member for Blackacre Conservancy, Inc.

**Council Member Signature and Amount**

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

**Applicant/Program:**

Blackacre Conservancy, Inc./Community Garden Field Office

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

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

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

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

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

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

District 20 Stuart Benson \$ 3000.00

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

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

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

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


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

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



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Blackacre Conservancy, Inc. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 3200 Tucker Station Road			
<b>Website:</b> BlackacreConservancy.org			
<b>Applicant Contact:</b>	A. Dale Josey	<b>Title:</b>	Executive Director
<b>Phone:</b>	502.266.9802	<b>Email:</b>	Blackacre1844@gmail
<b>Financial Contact:</b>	Douglas Weaver	<b>Title:</b>	Treasurer
<b>Phone:</b>	502.266.9802	<b>Email:</b>	douglasaweaver@gmail
<b>Organization's Representative who attended NDF Training:</b> A. Dale Josey			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Community Garden at Blackacre		
<b>Council District(s):</b>	11, 20	<b>Zip Code(s):</b>	40299
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Community Garden Field Office			
<b>Total Request: (\$)</b>	\$6,000.00	<b>Total Metro Award (this program) in previous year: (\$)</b>	
<b>Purpose of Request (check all that apply):</b>			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>			
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	
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 checked="" type="checkbox"/> No			

Applicant's Initials 

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

The mission of the Blackacre Conservancy is to preserve Blackacre's natural and historic features, promote outdoor environmental education, and share Blackacre's cultural heritage with the community. For nearly thirty years, Blackacre Conservancy, a 501(c) 3 nonprofit organization, has worked to preserve and share the combined lands of the first state nature preserve in the Commonwealth of Kentucky. Nearly three hundred acres of rolling fields, wetlands, forests, and streams surround a working historic homestead dating back to the 1790s that lies at the heart of the Preserve. Today, Blackacre is an "island" in the middle of suburban development in eastern Jefferson County. Blackacre Conservancy preserves a piece of Kentucky's natural legacy and early settlement history for visitors of all ages, offering a place of peace and refuge, not only for our urban visitors, but for all the preserve's wild inhabitants.

Blackacre is surrounded by what we fondly refer to as 'captive communities' defined principally as Bolling Brook, Saratoga Woods, Fox Creek, Carington Greene, Land Herr, Stonewood Lakes, and Tyler Woods. Recent census data confirms thousands of either relatively young families or grand-parents with little ones live either within a short walk or drive. Our goal is to continuously provide programming and outdoor experiences which the entire family within these targeted communities, including the new Kendall apartment complex (500 units representing nearly 1,000 more people including children) can enjoy for years to come.



# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
See Attachment A	

**Describe the Board term limit policy:**

Directors shall be eligible to serve two (2) consecutive three (3) year terms after which they must be absent from the Board for one (1) year before again being eligible to serve as Directors. The foregoing notwithstanding, each Director shall serve until his or her successor shall have been duly elected and qualified or until his or her earlier resignation, removal from office or death.

Three Highest Paid Staff Names	Annual Salary
A. Dale Josey	\$75,000 .00
Allision Wroblewski	\$35,000.00

Applicant's Initials *AK*

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Many things have changed since 1981 when Blackacre State Nature Preserve & Historic Homestead was donated to the Commonwealth of Kentucky. One thing that has not changed is the nearly 30-year old 12' x 44' mobile home which has evolved into a field office for our Community Garden Manager. Regrettably it also now sags badly in several places to the point marbles could easily roll across the floor. The public and our Garden Manager still use this woeful structure with missing ceiling tiles and a perpetual mice problem. Myriad leaks in rain (or melting snow) renders it less than ideal office space. Blackacres community garden is the largest in Jefferson County with over 300 plots divided into sections for organic, non-organic, year-round, and seasonal gardening. Our community includes now includes Hmong, Koreans, Indians, Somalians, Haitians, native born Americans, and other cultures interested in the popular "Farm to Table" concept. To accomplish this idea of building, maintaining and educating our community of passionate families and individuals Blackacre is in dire need of a refurbished 10' x 44' field office. This is where our part-time Garden Manager works and where folks register and pay their annual \$30.00 fee for a garden plot. Blackacre has contacted nearly two-dozen construction companies and General Contractors seeking donation of a used construction trailer which they are either replacing or upgrading. Despite generating millions of dollars in revenue in 2016-2017 none of the Top 25 construction / General Contractors in Louisville have responded.

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

Blackacre is working with a company that leases hundreds of mobile offices annually. Periodically they clear out old units which have already been refurbished once or twice and now need to be liquidated. Given the bad shape of our present office Blackacre is of the opinion a liquidated field office remains much better than the 30-year old field office now being used in the Community Garden.

So funds will be used to purchase one of these 10' x 44' modular units in addition to:

- On site demolition on of the 10'x44' unit (which does not have an axle nor wheels for towing)
- Rental of two forty-yard waste containers for plywood flooring, roof, siding and general junk from current trailer
- Aluminum stairs for access
- Pick up, delivery, and set up of replacement 10'x44' unit on same pad where present unit will be demolished
- Rental of cutting torch necessary to cut steel frames for easier removal
- Smartside 48"x96" strand panel siding (volunteers to cut and enclosed trailer to prevent some of the exterior spots from further deterioration).
- Electrician to disconnect and reconnect power



## 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:

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

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

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

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

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



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Immediate outcome is Garden Manager will have a safer place to work while members of the community will have a more attractive place to meet and conduct business free of mold, offensive odors and mice. Throughout the growing season Blackacre hosts educational sessions on best practices including latest trends in gardening. At the beginning of the season we'll conduct small group orientation in this new space while gardeners also stop by to either complete or turn in their registration forms. This refurbished field office will also be more secure allowing for over-night storage of expensive tillers and other farm tools in one of two-locked rooms inside this former construction field office. The current unit exterior door when locked can easily be jimmed open with a well placed screw driver. The Garden Manager cannot even keep small amount of cash on site for daily registrations as quite a few older gardeners only use cash and expect change when renting \$30.00 plots. This replacement unit allows the Garden Manager to keep no more than \$100.00 inside secure work desk within locked office. The budget also includes two halogen lights on at dusk / off at sunrise illuminating both exterior doors and thereby providing even greater security for gardening tools and supplies.

**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.**

See next pg. →

Please read Section F. on following also page 6. Not sure why in saving this NDF proposal our computer program presented a completely blank document.



## 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:**

**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.**

The garden can be seen as an open space for the community. In this open space people can work together, meet each other and participate in educational programs. Last year's census indicated 272-plots of a possible 300-plots in the Community Garden were rented. We have worked hard to attract the non-indigenous segment of the local population with the idea of building, maintaining and educating our community of passionate families and individuals through monthly educational programming ("Coffee & Conversation") in the Community Garden. Growing interest of non-native populations of Hmongs, Chinese, Koreans, Hatiatians, Somalians, Indians and others sparked the idea of working with Kentucky Refugee Minsitries and Catholic Charities on strategies to engage this population interested in popular "Farm-to-Table" strategies. We've had productive meetings in an effoirt to weave the migrant community with native-born Americans interested in learning essential gardening skills. Soon they will sink their hands into the dirt and settle into the work of cultivating a variety of vegetables including plants from their home countries. Monitoring this activity in addition to opportunities to attend workshops about container gardening, cooking, or to simply savor the company of others inside the common area adjacent to the office of the part-time Garden Manager indicates the need for this critical space as an initial point of contact with new or returning gardeners.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (See Detailed List on Page 8)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>			
<b>J: Machinery &amp; Equipment</b>			
<b>K: Capital Project</b>	\$6000.00	\$2343.67	\$8343.67
<b>L: Other Expenses (See Detailed List on Page 8)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$6,000.00	\$2343.67	\$8343.67
% of Program Budget	72 %	28 %	100%

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

Other State, Federal or Local Government	\$2343.67
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
<i>Total Revenue for Column 2 Expenses **</i>	\$2343.67

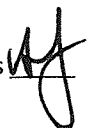
\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

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



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
N/A			
N/A			
N/A			
N/A			
N/A			
N/A			
<b>Total</b>	N/A	N/A	N/A

Applicant's Initials 

## 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
20 hours x 4 volunteer x 5 days = 400 hours	Monday - Friday	Sign in 'time -sheets'
<p style="text-align: center;"><i>Total Value of In-Kind</i>  <b>(to match Program Budget Line Item.</b>                      Volunteer Contribution &amp; Other In Kind)</p>		

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

**Agency Fiscal Year Start Date:** January - December

**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:**

Thirtry seven years ago the Commoneealth of Kentucky accepted the donation of Blackacre as its first state nature preserve and promising to provide for its upkeep and maintainance inperuity. Since 1981 Blackacre has received varying degrees o financial support as part of a line item in the operating budget for the Kentucky State Nature Preserve Commission (KSNPC). Given the significant buget shortfall this year we have been informed the Commonwealth will no longer be funding this line item in the KSNPC budget for the upkeep and maintainance of Blackacre.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

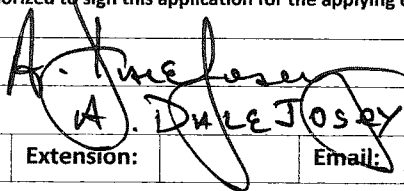
#### Standard Certifications

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	2 March 2018
Legal Signatory: (please print):	A. DUKE JOSBY	Title:	
Phone:	502-266-9802	Extension:	
Email:	Buckner1844@gmail		



**Waste Now Restrooms & Dumpsters**

1228 W. Breckinridge Street  
Louisville, KY 40210 US  
(502)969-7684  
info@wastenowteam.com  
www.wastenowteam.com

# ESTIMATE

**ADDRESS**

Blackacre Conservancy  
Attn: Ali Wroblewski  
3200 Tucker Station Road  
Louisville, KY 40299

**ESTIMATE # 1870**

**DATE 02/27/2018**

ACTIVITY	QTY	RATE	AMOUNT
<b>Route:Port-A-Pot Rental</b> monthly rental of portable restroom. Includes hand sanitizer, 2 rolls of toilet paper and once a week cleaning. Location is: 3200 Tucker Station Road Louisville, KY 40299. Includes Delivery.	4	55.00	220.00
<b>Dropoff of 40yd</b> Dropoff of 40yd - 10 day rental - includes drop-off, pick-up and dump fee up to 5 tons. (overweight is prorated \$30 per ton over the limit)	1	395.00	395.00
<i>(2) units : 1 waste/junk 1 recycling; aluminium, etc.</i>			

ACTIVITY	QTY	RATE	AMOUNT
<b>Restroom Trailer Rental</b>	1	1,250.00	1,250.00

3 Station Restroom Trailer. 1 flushable toilet and fresh water sink in first restroom station. 1 flushable toilet and fresh water sink in second restroom station. 1 flushable toilet, 1 urinal and fresh water sink in third restroom station. All paper towel, soap and toilet paper provided. Customer is responsible for power (110/20) and water supply. Water can be supplied from internal 105 gallon holding tank upon request. Delivered on Friday. Picked up the following Monday.

customer is non-profit and not subject to KY sales tax

These are final costs. There are no fuel surcharges, environmental fees, etc. All estimates are subject to change, depending on amount of services required. Acceptance of this estimate constitutes acknowledgement that during the rental period I accept responsibility for any and all damages or theft of equipment delivered from Waste Now Restrooms and Dumpsters.

**TOTAL**

**\$1,865.00**

Dumpster rental periods, effective January 1, 2018, are 10 days. Rental periods longer than 10 days are subject to a \$5 per day rental fee.

Accepted By

Accepted Date

**QUOTE**

Store 2301 HURSTBORNE RD  
2600 S HURSTBOURNE PKWY  
LOUISVILLE, KY 40220

Phone: (502) 491-3682  
Salesperson: SEL657  
Reviewer: SEL657

Name

**FOUNDATION BLACKACRE**

Phone 1

**(502) 266-9802**

SOLD TO

Address 3200 TUCKER STATION RD

Phone 2

City LOUISVILLE

Company Name

Job Description Blackacre

State KY

Zip 40229

County BULLITT

**QUOTE**

2018-03-15 15:18

Prices Valid Thru: 03/15/2018

**HOME DEPOT DELIVERY #1**

**MERCHANDISE AND SERVICE SUMMARY**

REF # V06

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

**STOCK MERCHANDISE TO BE DELIVERED:**

REF #	SKU	QTY	UM	DESCRIPTION	PI	TAX	PRICE EACH	EXTENSION
R02	0000-149-671	14.00	EA	1/2" 4X8' PT SPF FULL LATTICE /	A	R	\$17.98	\$251.72
R03	0000-155-395	14.00	EA	1X4-8FT PT WEATHERSHIELD /	A	Y	\$4.17	\$58.38
R04	0000-421-791	3.00	EA	LN HEAVY DUTY 10 OZ /	A	Y	\$2.57	\$7.71
R05	0000-940-753	1.00	EA	GR 21D 2-3/8" X.113 GLV RING PLST 1M /	A	Y	\$20.98	\$20.98

**S/O - MDSE TO BE DELIVERED: S/O CEDAR CREEK CORP REF # S01**

S0101	1000-025-303	28.00	EA	LSTXP384810 / 3/8 (11/32) 4x10 LP SmartSide Cedar Text / 3/8 (11/32) 4x10 LP SmartSide Cedar Texture (Primed 8" O.C. Actual Size: 0.315") Strand 25844) [HDQC:4933044-2.001][QC]	A	Y	\$53.96	\$1,510.88*
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ESTIMATED ARRIVAL DATE: 03/20/2018

**DELIVERY INFORMATION:**

V06	0000-515-663	1.00		Outside Delivery		Y	\$79.00	\$79.00
-----	--------------	------	--	------------------	--	---	---------	---------

**WILL DELIVER MDSE TO:**

FOUNDATION, BLACKACRE

ADDRESS: 3200 Tucker Station Rd

CITY: Louisville

DELIVERY SERVICE SUBTOTAL: \$79.00

MERCHANDISE TOTAL: \$1,849.67

SCHEDULED DELIVERY DATE: Will be scheduled upon arrival of all S/O Merchandise

SCHEDULED DELIVERY

\*\*\* CONTINUED ON NEXT PAGE \*\*\*

**HOME DEPOT DELIVERY #1**

(Continued)

REF #V06

STATE: KY

ZIP: 40299

COUNTY: BULLITT

SALES TAX RATE: 6.000

PHONE: (502) 266-9802

ALTERNATE PHONE: (502) 266-9802

DRIVER SPECIAL INSTRUCTIONS:

MDSE & DELIVERY TOTALS: \$1,928.67

END OF HOME DEPOT DELIVERY - REF #V06

**TOTAL CHARGES OF ALL MERCHANDISE & SERVICES**

Policy Id (PI):

A: 90 DAYS DEFAULT POLICY;

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

ORDER TOTAL	\$1,928.67
SALES TAX	\$115.72
TOTAL	\$2,044.39
BALANCE DUE	\$2,044.39

END OF ORDER No. H2301-47980

WORK AUTHORIZATION FORM

Modular Space Corporation

Blackacre Conservancy authorizes the following to be performed by Modular Space Corporation.

Contract #1707283 – Sale Agreement #322750

Scope of Work: Add One (1) Set of OSHA Aluminum Steps to the Sale Agreement.

It is agreed that Blackacre Conservancy will pay Modular Space Corporation.

\$750.00

This price excludes any and all taxes, licenses, permits and insurance coverage.  
An invoice will be forthcoming.

\_\_\_\_\_  
(AUTHORIZED CUSTOMER REP)

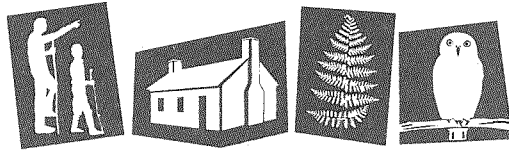
\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(DATE)

General Comments:

**(Customer Address)**  
3200 Tucker Station Road  
Louisville, KY 40299





# BLACKACRE

NATURE PRESERVE & HISTORIC HOMESTEAD

16 March 2018

Councilman Kevin J. Kramer  
Louisville Metro Council District 11  
City Hall  
601 West Jefferson Street  
Louisville, Kentucky 40202

Dear Councilman Kramer ~

As you are aware Blackacre is submitting a Neighborhood Development Fund (NDF) application requesting a total amount of \$6,000.00 from Districts 11 and 20 for purposes of replacing the decrepit 30-year-old field office in our Community Garden. Estimated costs for this project are included in the application. However, to preserve a clean audit trail pursuant to the NDF guidelines two-workers will be paid via checks. But they are doing this work on their own and in such capacity are not able to provide written estimates.

This will be the seventh demolition for one worker and his compadre who provide this service for a mobile home park in Bullitt County. Their fee, based upon experience, is \$1,000.00 for five to six days of work cutting up and otherwise dismantling the 10' x 44' trailer now on site. The person delivering our refurbished trailer sets up construction field offices for a company in southern Indiana. His \$800 fee includes pick-up and delivery in addition to several six-piece anchor kits, cable tie downs; etc.

I trust this is sufficient explanation as to why we do not have both estimated costs also attached to our NDF proposal. Feel free to let me know if you have any additional questions for prompt explanation. Truly appreciate both you and District 20 Councilman Stuart Benson's support for this much needed project in the Community Garden at Blackacre.

Sincerely,

  
A Dale Josey  
Executive Director

c. Stuart Benson,  
Louisville Metro Council District 20

Peyton Contracting, LLC  
10900 Electron Dr. Suite  
100  
Louisville, KY 40299  
(502) 742-4929  
ckpeyton@aol.com



## ESTIMATE

### ADDRESS

Blackacre Conservancy, Inc  
3200 Tucker Station Road  
Louisville, KY 40299

ESTIMATE # 1052

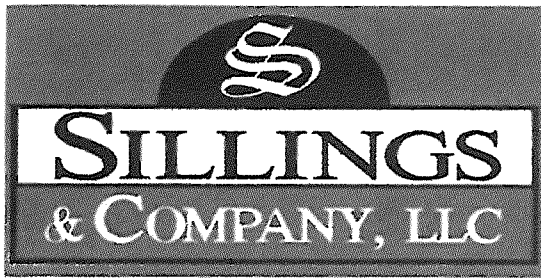
DATE 03/29/2018

---

DESCRIPTION	QTY	RATE	AMOUNT
Demolition of a 10' x 44' mobile field office in the Community Garden at Blackacre			1,000.00
	TOTAL		<b>\$1,000.00</b>

Accepted By

Accepted Date



Sillings & Company, LLC  
P.O. Box 385  
Floyds Knobs, IN 47119  
(812) 903-0565  
ganda0615@gmail.com

## ESTIMATE

### ADDRESS

Blackacre Conservancy, Inc.  
3200 Tucker Station Road  
Louisville, KY 40299

ESTIMATE # 1418

DATE 03/28/2018

---

### JOB LOCATION

Kentucky

DATE	ACTIVITY	QTY	RATE	AMOUNT
03/30/2018	<b>Office Trailer</b> Pick up a 10' x 44' construction field office from 6010 Fern Valley Road and deliver it to Blackacre's Community Garden located at 3200 Tucker Station Road. Includes anchoring the unit securely using straps and cables to insure long term stability.	1	800.00	800.00

TOTAL

**\$800.00**

Accepted By

Accepted Date

**Bell, LaTonya J.**

---

**From:** Harrington, Scott  
**Sent:** Wednesday, March 21, 2018 4:07 PM  
**To:** Bell, LaTonya J.  
**Subject:** FW: Blackacre: Confirmation of Purchase Price


Please add to my NDF paperwork.



**Scott W. Harrington** | Legislative Aide  
Office of Councilman Kevin J. Kramer  
Louisville Metro Council | District 11

phone: 502.574.3456  
fax: 502.574.4501  
email: [scott.harrington@louisvilleky.gov](mailto:scott.harrington@louisvilleky.gov)

**City Hall**  
601 West Jefferson Street  
Louisville, Kentucky 40202

 [Sign up for District 11's E-Newsletter](#)

*Thank you for the opportunity to serve!*

**From:** Dale Josey [<mailto:blackacre1844@gmail.com>]  
**Sent:** Wednesday, March 21, 2018 4:00 PM  
**To:** Harrington, Scott  
**Subject:** Blackacre: Confirmation of Purchase Price

Hey Scott ~

Please note Blackacre is in process of securing a twice-refurbished construction field office in great condition for \$2000.00. The 10-foot wide by 44-feet long Mod Unit retails for over \$8000.00. The good news is we were able to appear and negotiate at the right time when the sales lot was full and owners needed to make space. We also arranged to have this unit picked up and delivered to 3200 Tucker Station RD no later than next Friday, March 30th.

Let me know if you have any questions or require additional support for this portion of the NDF.

Take Care,  
Dale  
**P.S.:** Keep warm in the Spring snow!

A. Dale Josey



MODSPACE  
1200 SWEDESFORD RD.  
BERWYN, PA 19312

Return Service Requested

**INVOICE**

**Remittance Section**

Customer Number	1498346
Invoice Number	322750
Invoice Date	01/26/2018
<b>Due Date</b>	<b>Due Upon Receipt</b>
Please Pay This Amount	\$2,022.50

\$ \_\_\_\_\_

Make checks payable to Modular Space Corporation

Blackacre Conservancy-Billing profile 2  
3200 Tucker Station Rd  
Louisville, KY, 40299

Modular Space Corporation  
12603 Collections Center Drive  
Chicago, IL 60693-0126

Please return this portion with your payment. Do not enclose correspondence.

Customer Name:	Blackacre Conservancy-Billing profile 2
Customer Number:	1498346-0001
ModSpace Tax ID:	54-1375284

DESCRIPTION	AMOUNT	TAX	TOTAL DUE
Sale proceeds	2,000.00	0.00	2,000.00
Other-Seller Processing Fee	22.50	0.00	22.50
<b>Subtotal</b>	<b>2,022.50</b>		
<b>Invoice Total</b>			<b>2,022.50</b>

PLEASE PAY THIS AMOUNT ~~\$2,022.50~~

Moving Day  
Mike Vittitoe k+m services / delivery  
Kevin Kramer → NDF  
Stuart Benson → NDF  
Johnson Electrician → wiring / schedule  
Large security lights / door  
Susan - when to move?

Blackacre Board Members	Dates of Service	
Last Name, First Name	From MO./YR.	To MO./YR. *
Benson, Stuart	2013	2019
Blackburn, Elmer	2008	2018
Bittle, Kelly	2016	2022
Kerrick, Steve	2010	2018
Lindsay, Kate	2016	2022
Marks, Joe	2017	2023
McKenna, Sarah	2015	2021
Morris, Chris	2012	2018
Nevils, Ann	2008	2018
Robinson, Chris	2016	2022
Weaver, Doug	2004	2018
Weese, Zeb	2017	2023

\*Column "Dates of Service From" will be completed by Administrative Office/Executive Director

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <p style="text-align: center; font-size: 1.2em; font-family: cursive;">Blackacre Conservancy, Inc.</p>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <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.) See instructions. <p style="text-align: center; font-size: 1.2em; font-family: cursive;">3200 Tucker Station Road</p>	Requester's name and address (optional)
	6 City, state, and ZIP code <p style="text-align: center; font-size: 1.2em; font-family: cursive;">Louisville, Kentucky 40299</p>	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

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

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

<b>Social security number</b>																				
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<b>or</b>																				
<b>Employer identification number</b>																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>																				

### Part II Certification

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>2 February 2017</u>
------------------	----------------------------	-------------------------------

### General Instructions

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

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

### Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

BLACKACRE CONSERVANCY  
2018 Budget

**Income**

	<u>2018</u>
Membership and admissions	
3700 Family	1,000
3701 Individual	1,200
3702 Cedar Guide	150
3703 Tulip Poplar Stand	500
3704 Stone Cottage	500
3708 Photo	8,000
3709 Spring House	500
	<u>11,850</u>
Rent income	
3415 3202 Tucker Station	9,000
3420 Community gardens	9,000
3425 Corporate rentals	7,500
3435 Homestead rentals	20,500
Homestead rentals-movie	3,500
	<u>49,500</u>
Contribution & grant income-unrestricted	
3520 General operations	16,500
3530 Annual end of year appeal	1,200
7211 Memorial contributions	-
	<u>17,700</u>
Contribution & grant income-restricted	
3600 Restricted grants income	
Writer in residence grants	1,800
Louisville Metro-Butterfly Garden	-
Crow Farm Foundation-salary	10,000
USDA Conservation Program	4,000
Crow Farm Foundation	15,000
	<u>30,800</u>
Public access events	
3715 Donation boxes	300
3822 Summer Camp	1,500
3823 Raptor Rehab	300
3870 Community programs	-
3880 Country Christmas	2,000
3840 Lecture series	500
3900 Field trip fees	2,000
3990 Miscellaneous events	-
	<u>6,600</u>



Special events		
	Barn Bash	10,000
3821	American Girl	-
3890	Corn Island	4,000
		<u>14,000</u>

Investment income		
3010	Endowment fund transfers	76,000
3020	Interest-checking & investments	500
3030	Realized gains/losses	-
3040	Investment income	-
3050	Unrealized gains/losses	-
3060	Investment income-other	-
		<u>76,500</u>

**Total income** 206,950

**Expenses**

Salaries and wages		
4250	Executive Director	65,000
6290	Volunteer & Program Coordinator	30,000
		<u>95,000</u>

Payroll taxes		
6376	Payroll taxes expense	7,268
		<u>7,268</u>

Repairs and maintenance		
4006	Port a Pottie	3,000
4000	Tractor & mower maintenance	1,200
4020	Homestead maintenance	600
4050	General Maintenance	4,500
4100	Farmhouse	1,000
4110	Stone cottage	300
4120	JCPS office / weaving shed	
4130	3202 Tucker Station Road	500
4140	Log barn	500
4150	Nature center complex	500
4185	Nature preserve grounds	500
8480	Signage	750
8570	Landscape materials	
	Wi-fi	
	Miscellaneous	700
		<u>14,050</u>

Bank management fees		
6000	Bank & credit card process fees	2,000
6600	Trust asset management fees	
		<u>2,000</u>

Insurance		
4310	Liability & property	7,000
4320	Work comp staff	800
4330	Directors & officers	1,500
		<u>9,300</u>

Professional fees		
6291	Grant Writer	1,200
5515	Rental managers	6,000
6100	Audit	6,500
6140	Accounting	5,700
		<u>19,400</u>

Utilities		
4170	Fuel oil, water, LG&E	6,500
6410	Telephone/internet	1,400
		<u>7,900</u>

Office expense		
6401	Business Cards/Stationary	700
6415	Software fees & licenses	-
6951	Meals & Entertainment	1,000
5200	Professional Membership	600
4706	Volunteer coordination	200
6400	Office expense	1,300
6420	Subscriptions	400
6460	Misc. postage	600
6490	IT support	600
6500	Mileage & parking reimb	1,500
6550	Office equipment	750
6950	Miscellaneous other--security system	1,100
6960	Security	
	Travel	
		<u>8,750</u>

Environmental education		
3835	Enviromental education-other	1,000
4600	Conservancy field trips	
		<u>1,000</u>

Public access expenses

	Butterfly garden	4,000
	Little Sprouts	8,000
4450	Community programs	-
4620	Community gardens	10,000
	Writer in residence	250
4710	Lecture series	2,000
4780	Country christmas	250
5310	Gaslight booth	-
3812	Summer Camp	800
6450	Hospitality	250
	Raptor Rehab	150
		<u>25,700</u>

Professional development

4650	Prof. development - program	-
		<u>-</u>

Marketing

5140	Constant contact	682
5150	Print advertising-programs	1,500
5155	Newsletters	4,400
5120	Year end appeal	1,000
5160	Website maintenance / hosting	2,500
5300	Special events	
5450	Website	
7570	Graphic design	500
		<u>10,582</u>

Fundraising & Special Events

	Barn Bash	3,000
	Best Bloomin	-
3810	Corn Island	3,000
3811	American Girl	
4770	Bourbon Expenses	
		<u>6,000</u>

Unknown expense

	<b>Total expenses</b>	<u>206,950</u>
--	-----------------------	----------------

**Surplus (deficit)**

		<u>-</u>
--	--	----------

# Commonwealth of Kentucky

OFFICE OF  
SECRETARY OF STATE

FRANCES JONES MILLS  
*Secretary*



FRANKFORT,  
KENTUCKY

## CERTIFICATE OF INCORPORATION OF NON-STOCK, NON-PROFIT CORPORATION

I, **FRANCES JONES MILLS**, *Secretary of State of the Commonwealth of Kentucky* certify that there has been delivered to my office articles of incorporation of

**BLACKACRE FOUNDATION, INC.**

The name and address of the registered agent of this corporation is

**DAVID WICKS**

NAME

**3200 TUCKER STATION ROAD**

STREET ADDRESS

**JEFFERSONTOWN, KENTUCKY**

CITY STATE

*NOW, THEREFORE, finding that these articles of incorporation conform to law and that all fees therefore having been paid as prescribed by law, I, FRANCES JONES MILLS, Secretary of State, issue this Certificate of Incorporation.*



Issued this 16th day of MAY, 19 33,

at Frankfort, Kentucky.

*Frances Jones Mills*

SECRETARY OF STATE

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

ORIGINAL COPY  
FILED AND RECORDED  
SECRETARY OF STATE OF KENTUCKY  
FRANKFORT, KENTUCKY

MAY 16 1983

*Don*  
*James J. Miller*  
SECRETARY OF STATE

ARTICLES OF INCORPORATION  
OF

BLACKACRE FOUNDATION, INC.

SECRETARY OF STATE  
**RECEIVED**  
MAY 17 1983

*Ellen M. Pedley*  
Commonwealth of Kentucky

297953

I, the undersigned, Ellen M. Pedley, 3300 First National Tower, Louisville, Jefferson County, Kentucky 40292, do hereby incorporate a non-profit corporation without capital stock or stockholders, under the provisions of KRS 273.161 to KRS 273.390, and for that purpose adopt the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be Blackacre Foundation, Inc.

ARTICLE II

OBJECTS AND POWERS

Any provision of these Articles to the contrary notwithstanding, the Corporation shall not have any purpose or object, nor have or exercise any power, nor engage in any activity, which in any way contravenes, or is in conflict with, the provisions of Paragraph 1 of Article II of these Articles of Incorporation.

The objects and purposes of the Corporation, and the powers it shall have and may exercise are as follows:

1. To conduct and carry on its work, not for profit, but exclusively for charitable, scientific and educational

purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any subsequent Federal tax law) in such manner (i) that no part of its income or property shall inure to the private benefit of any donor, director or individual having a personal or private interest in the activities of the Corporation, and in such manner that it shall not directly or indirectly engage in carrying on propaganda or otherwise attempting to influence legislation.

2. To make gifts, grants and to expend funds to promote and to assist in the support, maintenance and development of "Blackacre Nature Preserve," Jefferson County, Kentucky, for (a) its historical significance, (b) a nature preserve, and (c) an environmental and historical education center;

3. To engage in any and all activities related to the aforementioned purposes, including but not limited to raising funds, coordinating activities of the Kentucky Nature Preserves Commission and the Jefferson County Board of Education, Louisville, Kentucky, promoting education and community involvement in and at the Blackacre Nature Preserve, Jefferson County, Kentucky, and acquiring additional real property reasonably proximate to the Blackacre Nature Preserve to protect it for its dedicated uses; provided, however, that no such activities shall contravene the articles of dedication of Blackacre Nature Preserve or the Nature

Preserve Act as set forth in KRS 146.410 to 146.530 (or in corresponding provisions of any subsequent Kentucky law);

4. In furtherance of the aforesaid purposes, enterprises, activities and projects, the Corporation shall have the following powers:

(a) To solicit and acquire by gift, exchange, contributions, endowment or otherwise, property of any and all kind, and to sell, transfer and otherwise dispose of any property it so acquires;

(b) To invest and reinvest any such property and the increment, avails or proceeds of any such property;

(c) To give, sell, dispose of, donate and contribute to any of the activities the Corporation may elect to sponsor, or in furtherance of any of the aforesaid purposes for which the Corporation is organized, such money or property, or both, as the Corporation's Board of Directors may from time to time determine;

(d) To take title to, and hold in its own name, such real or personal property, or both, and such interests in either such type of property as the Corporation may acquire, for the purposes herein set out, and to sell, transfer and dispose of any such property or reinvest the proceeds thereof as herein permitted;

(e) To accept gifts, grants, bequests or devises of property of any kind which any person, firm, corporation,

government, governmental instrumentality or governmental agency may make to the Corporation, upon the terms, trusts and conditions set forth in deed of gift, will, contract or other instrument or writing, executed by any such donor or testatory, but only for the purposes and upon the terms and conditions with the powers set forth in these Articles of Incorporation;

(f) To do any and all things which the Corporation's Board of Directors may determine, consistent with the provisions hereof, to be necessary or appropriate to effectuate the purposes for which the Corporation is organized, as herein set forth, to the extent that the doing of such act or thing is not inconsistent with the provisions of Chapter 273 of the Kentucky Revised Statutes, or any other applicable law or statute of the Commonwealth of Kentucky, or Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any subsequent federal tax law).

5. Notwithstanding any provision heretofore stated herein, if at any time the Corporation is determined to be a private foundation as defined in Section 509 of the Internal Revenue Code of 1954 (or corresponding provisions of any subsequent federal tax law), then:

(a) 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 by corresponding provisions of any subsequent federal law.

(b) 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 in corresponding provisions of any subsequent federal tax laws.

(c) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or in corresponding provisions of any subsequent federal tax laws.

(d) 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 under corresponding provisions of any subsequent federal tax laws.

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

(f) The Corporation shall not engage in any willful repeated acts (or failure to act) as defined in Chapter 42 of the Internal Revenue Code of 1954, or in corresponding provisions of any subsequent federal tax laws.

### ARTICLE III

#### PLACE OF BUSINESS AND AGENT FOR PROCESS

Until otherwise changed, the location and address in Kentucky of the principal office of the Corporation

shall be 3200 Tucker Station Road, Jeffersontown, Kentucky, 40299 and the name and address of its resident agent for service of process is:

✓ David Wicks  
3200 Tucker Station Road  
Jeffersontown, Kentucky 40299

#### ARTICLE IV

##### CAPITAL STOCK

There shall be no capital stock and no private pecuniary profit shall ever be derived from the Corporation by any officer, director, or other person, except such compensation as may be allowed for services actually rendered.

#### ARTICLE V

##### MEMBERS

Members of the Corporation may be provided by the By-Laws; provided, however, members shall not be entitled to participate in the management of the Corporation or vote on any matter.

#### ARTICLE VI

##### BOARD OF DIRECTORS

1. (a) The affairs of the Corporation shall be conducted by a Board of Directors and by such committess, including an Executive Committee, and officers as shall be provided in the By-Laws.

(b) The Board of Directors shall consist of not less than three (3) persons and, until otherwise fixed by the By-Laws, shall consist of five (5) persons. The directors shall elect successor directors, and the election of directors shall take place at the annual meeting of the Board of Directors, or as otherwise provided by the By-Laws.

(c) The term of office of each director shall be as provided by the Corporation's By-Laws. Each director so elected shall hold office for his term and until his respective successor shall have been duly elected and shall have accepted office.

2. The annual meeting of the Corporation's Board of Directors shall be held at the Corporation's office aforesaid or at such other place and at such time as may be fixed by the Corporation's By-Laws.

3. The duties and powers of the Board of Directors, committees, including an Executive Committee, and officers of the Corporation shall, except as herein otherwise specifically provided, be such as are usually incident to similar Boards of Directors, committees, including Executive Committees, and similar officers, and in addition, shall be such as may be conferred upon said Board of Directors or upon any such officer by law or by amendment to the Articles of Incorporation or By-Laws or by appropriate corporate resolution.

4. The names and addresses of the Corporation's directors who are to serve until the first annual meeting of its Board of Directors, or until the first meeting called to elect the Board of Directors are:

Brainard Palmer-Ball  
8207 Westport Road  
Louisville, Kentucky 40222

Duryea Morton  
454 Swing Lane  
Louisville, Kentucky 40207

Elizabeth Jones  
Room 400  
Jefferson County Court House  
Louisville, Kentucky 40202

David Wicks  
3200 Tucker Station Road  
Jeffersontown, Kentucky 40299

Judge Boyce Martin  
U. S. Courthouse  
Room 214  
601 West Broadway  
Louisville, Kentucky 40202

#### ARTICLE VII

#### PRIVATE PROPERTY EXEMPT FROM

#### CORPORATE LIABILITIES

The private property of members of the Board of Directors or other officers or employees of the Corporation shall not be subject to any of the Corporation's debts and liabilities.

## ARTICLE VIII

### DURATION

The duration of the Corporation shall be perpetual unless sooner dissolved as provided by law. In the event of dissolution of the Corporation, the assets of this Corporation shall be applied and distributed as follows:

1. All liabilities and obligations of this Corporation shall be paid and discharged, or adequate provision shall be made therefor;

2. Assets held by this Corporation upon condition requiring return, transfer or conveyance, which condition occurs by reason of the dissolution shall be returned, transferred or conveyed in accordance with such requirements;

3. Assets which have been received and are held by this Corporation subject to limitations permitting their use only for charitable, educational or similar purposes and which are not held upon a condition requiring return, transfer or conveyance by reason of dissolution, shall be transferred or conveyed to one or more corporations, societies or organizations, organized under the laws of any state, which are described in Section 501(c)(3) of the Internal Revenue Code of 1954, or in corresponding provisions of any subsequent federal tax laws, pursuant to a plan of distribution adopted as provided by law.

4. Other assets, if any, shall be transferred or conveyed to one or more corporations, societies or organizations, organized under the laws of any state, which are described in Section 501(c)(3) of the Internal Revenue Code of 1954, or in corresponding provisions of any subsequent federal tax laws, pursuant to a plan of distribution adopted as provided by law.

ARTICLE IX

INDEMNIFICATION

Indemnification of directors, officers, employees and agents of the Corporation may be as provided for in the By-Laws; provided, however, such indemnification is not otherwise in conflict with the provisions of Article II of these Articles of Incorporation.

ARTICLE X

AMENDMENT

The Corporation's Articles of Incorporation may be amended in the manner provided by law.

IN TESTIMONY WHEREOF, witness the signature of the undersigned this 13th day of May, 1983.

✓ William M. Kelley

COMMONWEALTH OF KENTUCKY )

) SS:

COUNTY OF JEFFERSON )

Before me, the undersigned, a Notary Public within and for the State and County aforesaid, on this day appeared Ellen M. Pedley, and she acknowledged and delivered the foregoing instrument of writing to be the Articles of said Corporation and to her act and deed as incorporator thereof.

My notarial commission will expire the ~~15~~ day of

~~May~~ April, 1987

(SEAL)

Mary Mitchell Graves  
Notary Public, Kentucky

I Certify That I Prepared The Foregoing Instrument.

Ellen M. Pedley  
Ellen M. Pedley  
GREENEBAUM DOLL & McDONALD  
3300 First National Tower  
Louisville, Kentucky 40202

# GREENEBAUM DOLL & McDONALD

A PARTNERSHIP INCLUDING PROFESSIONAL SERVICE CORPORATIONS

3300 FIRST NATIONAL TOWER  
LOUISVILLE, KENTUCKY 40202  
TELEPHONE (502) 589-4200  
TELECOPIER (502) 589-4112  
TELEX 211029

May 13, 1983

Secretary of State  
Capitol Building  
Frankfort, KY 40601

ATTENTION: Corporate Division

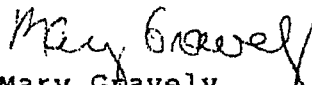
Dear Madam:

Enclosed for filing are triplicate originals of the Articles of Incorporation of Blackacre Foundation, Inc., a non-profit Kentucky corporation, along with a check in the amount of \$4.00 to cover filing fees.

Please file these Articles and return two originals, stamped as filed, to my attention.

Thank you for your assistance.

Sincerely,

  
Mary Gravelly  
Legal Assistant

dm

Enclosure

S.L. GREENEBAUM (1902-1973)  
ANGUS W. McDONALD (1912-1980)  
W. VAN METER ALPORD (1916-1981)

A. ROBERT DOLL\*  
ROBERT F. MATTHEWS  
WILLIAM C. HOGNE, JR.  
LARAMIE L. LEATHERMAN\*  
EDWIN H. PERRY  
IRWIN J. EISINGER  
DONALD H. BALLEISEN  
THOMAS A. BROWN  
MARVIN J. HIRN  
MICHAEL G. SHAIKUN\*  
MARTIN S. WEINBERG\*  
IVAN M. DIAMOND  
MICHAEL M. FLEISHMAN\*  
EILEEN M. PEDLEY  
LAWRENCE K. BANKS  
PHILIP D. SCOTT  
R. VAN YOUNG  
EDWARD B. WEINBERG\*  
RONALD D. RAY  
CHARLES FASSLER  
RICHARD S. HOET  
JOHN A. WEST  
MICHAEL I. ADES  
JERRY E. ABRAMSON  
W. PLUMER WISEMAN, JR.  
ERIC L. ISON  
JOHN S. REED, II  
JOHN H. STILES, III  
RICHARD A. GETTY

ROBERT C. STILZ, JR.  
JOHN R. CUMMINS  
JAMES B. MILLIMAN  
P. RICHARD ANDERSON, JR.  
LLOYD R. CRESS  
CHARLES J. LABELLE  
MARK S. AMENT  
DAVID M. ROTH  
MARCUS P. McGRAW  
RAYMOND E. BROWN  
DOROTHY M. PITT  
JAMES R. COX  
JOHN S. SAWYER  
JOHN V. WHARTON  
C. JUNE NALLEY  
SARA NOYES REISZ  
GARY R. WETTKAMP  
DAVID W. HARPER  
STEPHEN D. BERGER  
ALEX P. HERRINGTON, JR.  
PATRICIA W. BALLARD  
SCOTT W. BEINKMAN  
LISABETH HUGHES  
ERIC C. OLSON  
HIRAM ELY, III  
ANNE A. CHESNUT  
HENRY C. T. RICHMOND, III  
LOIS T. CALVERT  
PAULA S. HOSKINS

ALAN C. PARSONS  
JOHN E. SEBENT  
SCHUYLER J. OLT  
PATRICK A. NEPUTE  
GARRISON R. COX  
BARRY J. SOBERING  
BARBARA P. HAPTUNG  
PORREST W. RAGSDALE, III  
JANE I. TUDOR  
LICHARD S. CLEARY  
NICHOLAS R. GLANCY  
STUART O. BAESEL  
HARTWELL P. MORSE, III  
MICHAEL C. SLONE  
KATHLEEN A. McDONOUGH  
MARGARET E. KEANE  
ELOISE D. BRADSHAW  
ELIZABETH A. GALLOWAY  
RICHARD T. BROIDA  
CARMIN D. GRANDINETTI  
WILLIAM L. MONTAGUE  
JANET P. JAKUBOWICZ

OF COUNSEL  
LILLIAN M. FLEISCHER  
LEXINGTON OFFICE  
1400 VINE CENTER TOWER  
PO BOX 1808  
LEXINGTON, KENTUCKY 40593

SECRETARY OF STATE  
RECEIVED

MAY 16 1983

COMMONWEALTH OF KENTUCKY



Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201

Department of the Treasury

Date: MAR 11 2008

BLACKACRE CONSERVANCY INC  
3200 TUCKER STATION RD  
LOUISVILLE KY 40299-4439

Person to Contact:  
Vaida Singleton  
ID# 31-03018  
Toll Free Telephone Number:  
877-829-5500  
Employer Identification Number:

Dear Sir or Madam:

This is in response to the amendments to your organization's Articles of Incorporation filed with the state on August 9, 2007. We have updated our records to reflect the name change from BLACKACRE FOUNDATION INC to **BLACKACRE CONSERVANCY INC**, as indicated above.

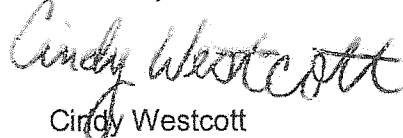
Our records indicate that a determination letter was issued in November 1983 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Cindy Westcott  
Manager, Exempt Organizations  
Determinations



### An Equal Opportunity Employer

Blackacre is committed to providing a non-discriminatory employment environment for its employees. The policy of Blackacre is to fully comply with applicable federal, state, and local laws, rules and regulations in the area of non-discrimination in employment. Discrimination against employees and applicants due to race, color, religion, sex (including sexual harassment), national origin, disability, age (40 years or older), military and veteran status is expressly prohibited. Violations of this policy will be subject to discipline, up to and including termination. All Blackacre employees, vendors and volunteers are expected to comply with this Equal Employment Opportunity Policy.

###

*February 2018*

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the **2016** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BLACKACRE CONSERVANCY, INC.</b>		<b>D</b> Employer identification number	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number	
	<b>3200 TUCKER STATION ROAD</b>		<b>502-266-9802</b>	
City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40299</b>		<b>G</b> Gross receipts \$ <b>557,419.</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>A. DALE JOSEY</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: <b>WWW.BLACKACRECONSERVANCY.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1983</b>		<b>M</b> State of legal domicile: <b>KY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SUPPORT OF BLACKACRE STATE NATURE PRESERVE AND HISTORIC HOMESTEAD FOR ITS HISTORICAL</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3 17</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 16</b>	
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5 4</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6 75</b>	
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a 0.</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b 0.</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year 100,285.</b>	<b>Current Year 44,926.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>16,153.</b>	<b>16,408.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>86,290.</b>	<b>8,228.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>19,391.</b>	<b>44,764.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>222,119.</b>	<b>114,326.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>108,237.</b>	<b>98,492.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>10,679.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>105,890.</b>	<b>140,114.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>214,127.</b>	<b>238,606.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>7,992.</b>	<b>&lt;124,280.&gt;</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year 4,654,131.</b>	<b>End of Year 4,612,093.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>3,412.</b>	<b>1,535.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,650,719.</b>	<b>4,610,558.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date
	<b>A. DALE JOSEY, EXECUTIVE DIRECTOR</b>	
Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JEFFREY MCCAFFREY</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00938853</b>
	Firm's name <b>DEMING MALONE LIVESAY &amp; OSTROFF PSC</b>	Firm's EIN		Phone no. <b>(502) 426-9660</b>	
Firm's address <b>9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187</b>					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PRESERVE BLACKACRE'S NATURAL AND HISTORIC FEATURES, PROMOTE OUTDOOR ENVIRONMENTAL EDUCATION, AND SHARE BLACKACRE'S CULTURAL HERITAGE WITH THE COMMUNITY.

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

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

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 \$ 171,028. including grants of \$ ) (Revenue \$ 16,408.) BLACKACRE CONSERVANCY MANAGES THE 170 ACRE BLACKACRE STATE NATURE PRESERVE AND HISTORIC SETTLEMENT FOR, AND IN PARTNERSHIP WITH, THE KENTUCKY STATE NATURE PRESERVE COMMISSION. THE SETTLEMENT INCLUDES A NUMBER OF STRUCTURES BUILT BETWEEN 1795 AND 1844. THE CONSERVANCY ALSO MANAGES AN ADDITIONAL 130 ACRES FOR A TOTAL AMOUNT OF 300 ACRES OF CONSERVANCY, EASEMENT AND STATE NATURE PRESERVE LAND, TWO BUILDINGS USED FOR EDUCATIONAL PURPOSES AND TWO RENTAL PROPERTIES. THE JEFFERSON COUNTY PUBLIC SCHOOL BOARD IS A THIRD PARTNER. JCPS SUPPORTS ONE TEACHER AND BRINGS OVER 7,000 STUDENTS TO STUDY ENVIRONMENTAL EDUCATION. THE BLACKACRE CONSERVANCY OFFERS PROGRAMS FOR NON-JCPS SCHOOLS AND THE COMMUNITY.

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 171,028.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> 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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

**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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.		
	17		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	16		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?		X
<b>b</b>	Each committee with authority to act on behalf of the governing body?		X
<b>9</b>	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.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?		X
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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).		
<b>16a</b>	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>b</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?		
<b>16b</b>			

**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, address, and telephone number of the person who possesses the organization's books and records: **▶**  
**BLACKACRE CONSERVANCY, INC. - 502-266-9802**  
**3200 TUCKER STATION ROAD, LOUISVILLE, KY 40299**



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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN D. KERRICK PRESIDENT	1.00	X		X			0.	0.	0.	
(2) DOUG WEAVER TREASURER	1.00	X		X			0.	0.	0.	
(3) A. DALE JOSEY EXECUTIVE DIRECTOR	40.00	X		X			68,016.	0.	0.	
(4) STUART BENSON DIRECTOR	1.00	X					0.	0.	0.	
(5) CHRIS MORRIS DIRECTOR	1.00	X					0.	0.	0.	
(6) VIC BITTER DIRECTOR	1.00	X					0.	0.	0.	
(7) ELMER BLACKBURN DIRECTOR	1.00	X					0.	0.	0.	
(8) KATIE GREENE DIRECTOR	1.00	X					0.	0.	0.	
(9) KELLY BITTLE DIRECTOR	1.00	X					0.	0.	0.	
(10) MATTHEW LATHROP DIRECTOR	1.00	X					0.	0.	0.	
(11) JIM DUCKWORTH DIRECTOR	1.00	X					0.	0.	0.	
(12) AUDRA ECKERLE DIRECTOR	1.00	X					0.	0.	0.	
(13) KATE LINDSAY DIRECTOR	1.00	X					0.	0.	0.	
(14) SARAH MCKENNA DIRECTOR	1.00	X					0.	0.	0.	
(15) ANN T NEVILS DIRECTOR	1.00	X					0.	0.	0.	
(16) CHRIS ROBINSON DIRECTOR	1.00	X					0.	0.	0.	
(17) DON DOTT DIRECTOR	1.00	X					0.	0.	0.	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'NONE' in column A.

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

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	44,926.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f			44,926.				
<b>Program Service Revenue</b>	<b>2 a</b> MEMBERSHIP DUES	<b>Business Code</b>	900099	11,612.	11,612.			
	<b>b</b> PUBLIC ACCESS EVENTS		900099	4,796.	4,796.			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			16,408.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			39,154.			39,154.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	(i) Real	48,298.					
		(ii) Personal						
		<b>b</b> Less: rental expenses	0.					
		<b>c</b> Rental income or (loss)	48,298.					
	<b>d</b> Net rental income or (loss)			48,298.			48,298.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	407,260.					
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses	438,186.					
		<b>c</b> Gain or (loss)	<30,926.>					
	<b>d</b> Net gain or (loss)			<30,926.>			<30,926.>	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	1,373.					
		<b>b</b> Less: direct expenses	4,907.					
<b>c</b> Net income or (loss) from fundraising events				<3,534.>			<3,534.>	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>							
	<b>b</b> Less: direct expenses							
	<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold							
	<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue								
<b>e Total.</b> Add lines 11a-11d								
<b>12 Total revenue.</b> See instructions.				114,326.	16,408.	0.	52,992.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	68,016.	55,650.	4,945.	7,421.
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	23,283.	19,050.	1,694.	2,539.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,193.	5,395.	1,079.	719.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,200.		12,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,139.		15,139.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	8,301.		8,301.	
12 Advertising and promotion	9,872.	9,872.		
13 Office expenses	8,641.	5,185.	3,456.	
14 Information technology				
15 Royalties				
16 Occupancy	15,631.	6,972.	8,659.	
17 Travel				
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	3,010.	2,709.	301.	
23 Insurance				
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 <b>PUBLIC ACCESS</b>	44,243.	44,243.		
b <b>REPAIRS AND MAINTENANCE</b>	17,355.	17,355.		
c <b>MISCELLANEOUS</b>	3,748.	2,623.	1,125.	
d <b>ENVIRONMENTAL EDUCATION</b>	1,339.	1,339.		
e All other expenses	635.	635.		
25 <b>Total functional expenses.</b> Add lines 1 through 24e	238,606.	171,028.	56,899.	10,679.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	333,166.	<b>2</b>	214,363.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,632,546.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 39,842.	2,594,714.	<b>10c</b>	2,592,704.
	<b>11</b> Investments - publicly traded securities .....	1,726,251.	<b>11</b>		1,805,026.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		4,654,131.	<b>16</b>	4,612,093.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,412.	<b>17</b>	1,535.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		3,412.	<b>26</b>	1,535.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	3,568,620.	<b>27</b>	3,545,237.	
	<b>28</b> Temporarily restricted net assets .....	227,915.	<b>28</b>	211,137.	
	<b>29</b> Permanently restricted net assets .....	854,184.	<b>29</b>	854,184.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	4,650,719.	<b>33</b>	4,610,558.	
	<b>34</b> Total liabilities and net assets/fund balances .....	4,654,131.	<b>34</b>	4,612,093.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	114,326.
2	Total expenses (must equal Part IX, column (A), line 25)	2	238,606.
3	Revenue less expenses. Subtract line 2 from line 1	3	<124,280.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,650,719.
5	Net unrealized gains (losses) on investments	5	84,119.
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	4,610,558.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input 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		X
2b	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.		X
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? _____		X
3b	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 _____		

Form 990 (2016)

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization **BLACKACRE CONSERVANCY, INC.** Employer identification number \_\_\_\_\_

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

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

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

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	53,955.	90,581.	66,596.	106,779.	56,863.	374,774.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	53,955.	90,581.	66,596.	106,779.	56,863.	374,774.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						118,111.
<b>6 Public support.</b> Subtract line 5 from line 4.						256,663.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	53,955.	90,581.	66,596.	106,779.	56,863.	374,774.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	113,847.	141,897.	233,446.	120,224.	56,544.	665,958.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	17,503.	7,959.	<1,265.>	<13,266.>	<3,534.>	7,397.
<b>11 Total support.</b> Add lines 7 through 10						1048129.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	37,667.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	24.49 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	25.13 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

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

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

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

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

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:**

THE ORGANIZATION NORMALLY RECEIVES PUBLIC SUPPORT IN EXCESS OF 10% IN THE FORM OF INDIVIDUAL AND CORPORATE GRANTS AND CONTRIBUTIONS. THE ORGANIZATION IS CONTINUALLY SOLICITING GRANTS AND CONTRIBUTIONS FROM THE PUBLIC THROUGH CAMPAIGN DRIVES AND PUBLIC OUTREACH PROGRAMS, AND THE ORGANIZATION'S FACILITIES ARE OPEN AND AVAILABLE FOR PUBLIC USE ON A CONTINUOUS BASIS THROUGHOUT THE YEAR.

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2016**

Name of the organization

Employer identification number

**BLACKACRE CONSERVANCY, INC.**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization  <b>BLACKACRE CONSERVANCY, INC.</b>	Employer identification number  _____
----------------------------------------------------------------	---------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>BLACKACRE CONSERVANCY, INC.</b>	Employer identification number
----------------------------------------------------------------	--------------------------------

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

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

Name of organization <b>BLACKACRE CONSERVANCY, INC.</b>	Employer identification number <b>11-1072395</b>
------------------------------------------------------------	-----------------------------------------------------

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

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**  
Open to Public Inspection

Name of the organization **BLACKACRE CONSERVANCY, INC.** Employer identification number \_\_\_\_\_

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	2	
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....	148,698.	
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 checked="" 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 checked="" type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

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 1
b Total acreage restricted by conservation easements .....	2b 1.00
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 ▶ 1

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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2016

**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" on 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	1,726,251.	1,795,870.	1,776,842.	1,565,575.	1,488,306.
b Contributions					
c Net investment earnings, gains, and losses	91,441.	10,978.	95,656.	283,603.	145,672.
d Grants or scholarships					
e Other expenditures for facilities and programs	12,666.	80,597.	76,628.	72,336.	68,403.
f Administrative expenses					
g End of year balance	1,805,026.	1,726,251.	1,795,870.	1,776,842.	1,565,575.

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

- a Board designated or quasi-endowment  53.00 %
- b Permanent endowment  47.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on 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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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" on 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		2,583,591.		2,583,591.
b Buildings				
c Leasehold improvements				
d Equipment		48,955.	39,842.	9,113.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,592,704.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on 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)	
<b>Total.</b> (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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 114,326.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 238,606.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

THE ORGANIZATION, AS PART OF ITS MISSION, OVERSEES, MANAGES AND MAINTAINS CERTAIN HISTORIC BUILDINGS, LAND AND ARTIFACTS. THESE ITEMS ARE NOT UNDER THE OWNERSHIP OF THE ORGANIZATION AND ACCORDINGLY ARE NOT REPORTED AS ASSETS OF THE ORGANIZATION ON ITS FINANCIAL STATEMENTS.

PART V, LINE 4:

ENDOWMENT FUNDS ARE PRIMARILY USED TO PROVIDE ADDITIONAL FUNDING FOR PROGRAM AND OPERATING COSTS.

PART X, LINE 2:

BLACKACRE IS EXEMPT FROM FEDERAL, KENTUCKY AND LOCAL INCOME TAXES AS A

**Part XIII** Supplemental Information (continued)

NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). BLACKACRE FILES INFORMATIONAL TAX RETURNS WITH THE U.S. FEDERAL JURISDICTION AND WITH THE KENTUCKY OFFICE OF THE ATTORNEY GENERAL. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO BLACKACRE'S TAX EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

AS OF DECEMBER 31, 2016 AND 2015, BLACKACRE DID NOT HAVE ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS THEN ENDED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 4,907.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 4,907.

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

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

BLACKACRE CONSERVANCY, INC.

Employer identification number

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

SIGNIFICANCE AS AN ENVIRONMENTAL EDUCATION CENTER FOR THE COMMUNITY AT  
LARGE AS WELL AS THE JEFFERSON COUNTY, KENTUCKY PUBLIC SCHOOLS.

FORM 990, PART VI, SECTION A, LINE 8A:

DUE TO CHANGES WITHIN THE BOARD OF DIRECTORS AND DIFFICULTIES WITH  
ATTENDANCE, MINUTES WERE NOT KEPT DURING THE YEAR FOR ALL BOARD MEETINGS.

FORM 990, PART VI, SECTION A, LINE 8B:

DUE TO CHANGES WITHIN THE BOARD OF DIRECTORS AND DIFFICULTIES WITH  
ATTENDANCE, THE FINANCE COMMITTEE DID NOT MEET ON A REGULAR BASIS NOR WERE  
MINUTES KEPT DURING THE YEAR FOR FINANCE COMMITTEE MEETINGS.

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

THE AUDIT FIRM PREPARES THE FORM 990 WITH THE GUIDANCE AND ASSISTANCE OF  
MANAGEMENT AND THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR PROVIDES THE  
SIGNIFICANT NARRATIVE EXPLANATIONS AND DISCLOSURES AND CAREFULLY REVIEWS  
ALL OTHER REPORTED ITEMS OF FINANCIAL OPERATIONS AND ALL OTHER DISCLOSURES  
INCLUDED IN THE FORM 990. THE FORM 990 IS DISCUSSED WITH THE BOARD AND  
COPIES ARE AVAILABLE TO THE BOARD FOR THEIR REVIEW IF REQUESTED.

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

COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF  
DIRECTORS. THE FINANCE COMMITTEE ASSISTS WITH THE DETERMINATION OF THE  
SALARY RANGE. COMPENSATION OF OTHER KEY STAFF IS DETERMINED BY THE  
EXECUTIVE DIRECTOR, FINANCE COMMITTEE AND APPROVED BY THE BOARD OF

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

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

632211 08-25-16



Name of the organization <b>BLACKACRE CONSERVANCY, INC.</b>	Employer identification number
----------------------------------------------------------------	--------------------------------

DIRECTORS.

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

BLACKACRE CONSERVANCY, INC. PREPARES AN ANNUAL REPORT WHICH INCLUDES FINANCIAL STATEMENTS. THIS IS AVAILABLE TO THE PUBLIC. INFORMATION ON WHO MAKES GOVERNING DOCUMENTS AND HOW THE CONFLICT OF INTEREST POLICY IS ESTABLISHED IS IN THE BY-LAWS OF THE BLACKACRE CONSERVANCY, INC. THIS INFORMATION IS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C,

THE EXECUTIVE DIRECTOR HAS PRIMARY RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND TAX PREPARATION PROCESS WITH THE AUDIT FIRM AND REPORTS TO THE BOARD. UPON COMPLETION OF THE AUDIT, THE AUDIT FIRM PRESENTS THE AUDIT REPORT TO THE ENTIRE BOARD FOR CONSIDERATION, REVIEW AND APPROVAL.

THE BOARD DECIDES ON THE PROCESS FOR THE SELECTION OF THE AUDIT FIRM. THIS PROCESS GENERALLY INCLUDES REQUESTING PROPOSALS FROM SELECTED AUDIT FIRMS, MEETING AND INTERVIEWING WITH THOSE FIRMS WHO HAVE PROVIDED PROPOSALS, AND SELECTING THE FIRM TO PROVIDE THE REQUESTED AUDIT AND TAX PREPARATION SERVICES. THIS INTERVIEW AND SELECTION PROCESS IS MANAGED AND COORDINATED BY THE EXECUTIVE DIRECTOR.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		<b>Enter filer's identifying number</b>
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>BLACKACRE CONSERVANCY, INC.</b>	Employer identification number (EIN) or _____
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3200 TUCKER STATION ROAD</b>	Social security number (SSN) _____
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOUISVILLE, KY 40299</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

**BLACKACRE CONSERVANCY, INC.**

- The books are in the care of ► **3200 TUCKER STATION ROAD - LOUISVILLE, KY 40299**  
Telephone No. ► **502-266-9802** 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 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year **2016** 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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.

**BLACKACRE CONSERVANCY, INC.**

**FINANCIAL STATEMENTS**

**Years Ended December 31, 2016 and 2015**

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## **Independent Auditors' Report**

To the Board of Directors  
Blackacre Conservancy, Inc.  
Louisville, Kentucky

We have audited the accompanying financial statements of Blackacre Conservancy, Inc. (a not-for-profit organization), which comprise the statements of assets, liabilities, and net assets - modified cash basis as of December 31, 2016 and 2015, and the related statements of revenues, expenses and changes in net assets - modified cash basis, and statements of cash flows - modified cash basis, for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities, and net assets of Blackacre Conservancy, Inc. as of December 31, 2016 and 2015, and its revenues, expenses and changes in net assets for the years then ended in accordance with the modified cash basis of accounting as described in Note 1.

**Basis of Accounting**

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

*Dewing, Malone, Leisner & Petroff*

Louisville, Kentucky  
July 28, 2017

BLACKACRE CONSERVANCY, INC.

STATEMENTS OF ASSETS, LIABILITIES AND  
NET ASSETS - MODIFIED CASH BASIS

December 31, 2016 and 2015

<b>Assets</b>	<u>2016</u>	<u>2015</u>
<b>Current Assets</b>		
Cash	\$ 165,665	\$ 284,483
<b>Property and Equipment</b>		
Land	2,583,591	2,583,591
Furniture and equipment	48,955	47,955
	<u>2,632,546</u>	<u>2,631,546</u>
Less accumulated depreciation	39,842	36,832
	<u>2,592,704</u>	<u>2,594,714</u>
<b>Other Assets</b>		
Cash - Emmy Smith Fund	48,698	48,683
Investments	1,805,026	1,726,251
	<u>1,853,724</u>	<u>1,774,934</u>
<b>Total assets</b>	<u>\$ 4,612,093</u>	<u>\$ 4,654,131</u>
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Payroll taxes payable	\$ 1,535	\$ 3,412
<b>Net Assets</b>		
Unrestricted	3,545,237	3,568,620
Temporarily restricted	211,137	227,915
Permanently restricted	854,184	854,184
	<u>4,610,558</u>	<u>4,650,719</u>
<b>Total net assets</b>	<u>4,610,558</u>	<u>4,650,719</u>
<b>Total liabilities and net assets</b>	<u>\$ 4,612,093</u>	<u>\$ 4,654,131</u>

See Notes to Financial Statements.

**BLACKACRE CONSERVANCY, INC.**

**STATEMENTS OF REVENUES, EXPENSES AND  
CHANGES IN NET ASSETS - MODIFIED CASH BASIS**

Years Ended December 31, 2016 and 2015

	2016		
	Unrestricted	Restricted	Total
<b>Revenues</b>			
Membership dues	\$ 11,612		\$ 11,612
Rent income	48,298		48,298
Contributions	16,195	\$ 28,731	44,926
Public access events	4,796		4,796
Special events	1,373		1,373
Investment income	50,175	42,172	92,347
	132,449	70,903	203,352
Net assets released from restrictions	87,681	(87,681)	
<b>Total revenues</b>	<b>220,130</b>	<b>(16,778)</b>	<b>203,352</b>
<b>Expenses</b>			
Salaries and wages	91,299		91,299
Public access events	44,243		44,243
Professional fees	20,501		20,501
Repairs and maintenance	17,355		17,355
Bank management fees	15,139		15,139
Insurance	10,137		10,137
Office expense	8,641		8,641
Marketing	7,776		7,776
Payroll taxes	7,193		7,193
Utilities	5,494		5,494
Special events	4,907		4,907
Miscellaneous	3,748		3,748
Depreciation	3,010		3,010
Newsletter	2,096		2,096
Environmental education	1,339		1,339
Membership expense	635		635
Professional development			
<b>Total expenses</b>	<b>243,513</b>		<b>243,513</b>
<b>Net (decrease) increase in total net assets</b>	<b>(23,383)</b>	<b>(16,778)</b>	<b>(40,161)</b>
Net assets at beginning of year	3,568,620	1,082,099	4,650,719
Net assets at end of year	<b>\$ 3,545,237</b>	<b>\$ 1,065,321</b>	<b>\$ 4,610,558</b>

See Notes to Financial Statements.



2015		
<u>Unrestricted</u>	<u>Restricted</u>	<u>Total</u>
\$ 7,771		\$ 7,771
33,934		33,934
33,234	\$ 65,774	99,008
8,382		8,382
7,279		7,279
11,654	17	11,671
102,254	65,791	168,045
37,366	(37,366)	
139,620	28,425	168,045
96,475		96,475
11,046		11,046
21,835		21,835
22,179		22,179
14,528		14,528
6,378		6,378
6,957		6,957
9,104		9,104
7,427		7,427
6,777		6,777
20,545		20,545
707		707
2,980		2,980
5,148		5,148
2,033		2,033
515		515
38		38
234,672		234,672
(95,052)	28,425	(66,627)
3,663,672	1,053,674	4,717,346
\$ 3,568,620	\$ 1,082,099	\$ 4,650,719

**BLACKACRE CONSERVANCY, INC.**

**STATEMENTS OF CASH FLOWS - MODIFIED CASH BASIS**

Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<b>Cash Flows from Operating Activities</b>		
Net decrease in total net assets	\$ (40,161)	\$ (66,627)
Adjustments to reconcile net decrease in total net assets to net cash used in operating activities:		
Depreciation	3,010	2,980
Realized loss (gain) on investments	30,926	(30,266)
Unrealized (gain) loss on investments	(84,119)	74,619
Change in payroll taxes payable	<u>(1,877)</u>	<u>(391)</u>
<b>Net cash used in operating activities</b>	<u>(92,221)</u>	<u>(19,685)</u>
<b>Cash Flows from Investing Activities</b>		
Purchase of investments	(432,842)	(487,695)
Proceeds from sale/redemption of investments	407,260	512,961
(Increase) decrease in Emmy Smith Fund	(15)	8,983
Capital expenditures for property and equipment	<u>(1,000)</u>	<u>(4,105)</u>
<b>Net cash (used in) provided by investing activities</b>	<u>(26,597)</u>	<u>30,144</u>
<b>Net (decrease) increase in cash</b>	(118,818)	10,459
Cash at beginning of year	<u>284,483</u>	<u>274,024</u>
Cash at end of year	<u>\$ 165,665</u>	<u>\$ 284,483</u>

See Notes to Financial Statements.

## **BLACKACRE CONSERVANCY, INC.**

### **NOTES TO FINANCIAL STATEMENTS**

#### **Note 1. Nature of Activities and Summary of Significant Accounting Policies**

##### **Nature of activities:**

Blackacre Conservancy, Inc. (Blackacre) was created to raise and dispense funds for the maintenance and day-to-day operations of Blackacre State Nature Preserve and Historic Homestead with special emphasis on the historic buildings. Blackacre State Nature Preserve and Historic Homestead is located in eastern Jefferson County, Kentucky. Blackacre supports the nature preserve for its historical significance and as an environmental education center for the community at large as well as the Jefferson County Public Schools. Blackacre's programs include environmental education for non-JCPS schools; community programs on nature; Kentucky pioneer life; Blackacre history; and other events related to Blackacre's mission, all of which are funded by contributions and grants, fundraising revenue from special events, and investment revenue on the permanently restricted endowment fund. Blackacre also rents certain home sites on the preserve as residential properties, and rents certain of the other facilities on the preserve for weddings, receptions and other special events as an additional means of financial support.

##### **Summary of significant accounting policies:**

This summary of significant accounting policies of Blackacre is presented to assist in understanding Blackacre's financial statements. The financial statements are representations of Blackacre's management who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to the modified cash basis of accounting as described herein and have been consistently applied in the preparation of the financial statements.

##### **Basis of presentation:**

The financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under this basis, certain revenues and the related assets are recognized when received rather than when earned and certain expenses are recognized when paid rather than when the obligations are incurred. Consequently, Blackacre has not recognized pledges receivable from donors, accounts receivable from member dues, accounts payable to vendors, and their related effects on the change in net assets in the accompanying financial statements.

## NOTES TO FINANCIAL STATEMENTS

Blackacre has generally adopted the financial statement display provisions applicable to not-for-profit organizations which consist primarily of recording contributions received as unrestricted, temporarily restricted, or permanently restricted depending on the existence and/or nature of any donor restrictions. Blackacre also reports investments at fair value and records donations other than cash at their fair value.

### Functional classification:

Total expenses reported on the statements of revenues, expenses and changes in net assets - modified cash basis are as follows:

	<u>2016</u>	<u>2015</u>
Program services	\$171,028	\$145,948
Management and general	56,899	57,336
Fund-raising	<u>15,586</u>	<u>31,388</u>
	<u>\$243,513</u>	<u>\$234,672</u>

### Income taxes:

Blackacre is exempt from federal, Kentucky and local income taxes as a not-for-profit organization as described under Internal Revenue Code Section 501(c)(3). Blackacre files informational tax returns with the U.S. federal jurisdiction and with the Kentucky Office of the Attorney General. However, income from certain activities not directly related to Blackacre's tax exempt purpose may be subject to taxation as unrelated business income. Management does not believe that Blackacre has unrelated business income for the years ended December 31, 2016 and 2015.

As of December 31, 2016 and 2015, Blackacre did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the years then ended.

### Investments:

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

## NOTES TO FINANCIAL STATEMENTS

### Subsequent events:

Subsequent events have been evaluated through July 28, 2017, which is the date the financial statements were available to be issued.

### Note 2. Investments

Investments are held and managed by Stock Yards Bank & Trust Company under an investment objectives and guidelines agreement.

Cost and market value of investments as of December 31, 2016 and 2015 are as follows:

	2016		
	<u>Cost</u>	<u>Market Value</u>	<u>Net Unrealized Gain (Loss)</u>
Cash and cash equivalents	\$ 65,833	\$ 65,833	
Common stocks	510,551	698,142	\$187,591
Mutual funds	880,288	900,699	20,411
Corporate bonds	<u>139,473</u>	<u>140,352</u>	<u>879</u>
Total investments	<u>\$1,596,145</u>	<u>\$1,805,026</u>	<u>\$208,881</u>
	2015		
	<u>Cost</u>	<u>Market Value</u>	<u>Net Unrealized Gain (Loss)</u>
Cash and cash equivalents	\$ 59,259	\$ 59,259	
Common stocks	522,642	688,076	\$165,434
Mutual funds	880,272	839,245	(41,027)
Corporate bonds	<u>139,316</u>	<u>139,671</u>	<u>355</u>
Total investments	<u>\$1,601,489</u>	<u>\$1,726,251</u>	<u>\$124,762</u>

## NOTES TO FINANCIAL STATEMENTS

### Note 3. Fair Value Measurement

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that Blackacre has the ability to access.
- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active or inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

All assets have been valued using a market approach. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2016 and 2015.

Cash equivalent funds -valued at face value of the account at year end.

Common stocks -valued at the closing price reported on the active market in which the individual securities are traded.

Mutual funds -valued at the net asset value of shares held by Blackacre at year end.

Corporate bonds - valued based on quoted prices for similar assets from observable pricing sources.

## NOTES TO FINANCIAL STATEMENTS

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Blackacre believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, Blackacre's assets at fair value as of December 31, 2016 and 2015:

	December 31, 2016		
	Level 1	Level 2	Total
Cash and cash equivalents	\$ 65,833		\$ 65,833
Common stocks:			
Energy	49,775		49,775
Basic materials	14,414		14,414
Industrials	32,326		32,326
Consumer discretionary	91,966		91,966
Consumer staples	67,110		67,110
Financials	125,290		125,290
Technology	151,010		151,010
Healthcare	100,319		100,319
Telecommunications	18,118		18,118
Utilities	15,485		15,485
Real Estate	32,329		32,329
Mutual funds:			
Mid cap blend	60,027		60,027
Mid cap value	60,483		60,483
Small cap growth	66,782		66,782
Small cap value	66,781		66,781
International blend	93,062		93,062
International growth	89,175		89,175
International emerging markets	62,251		62,251
International small cap	61,801		61,801
Fixed income securities and funds:			
Corporate bonds		\$140,352	140,352
Mutual funds:			
Core plus bond fund	183,733		183,733
Total return service fund	52,370		52,370
Total return bond fund	104,234		104,234
Total assets at fair value	\$1,664,674	\$140,352	\$1,805,026

## NOTES TO FINANCIAL STATEMENTS

	December 31, 2015		
	Level 1	Level 2	Total
Cash and cash equivalents	\$ 59,259		\$ 59,259
Common stocks:			
Energy	32,504		32,504
Basic materials	12,595		12,595
Industrials	46,836		46,836
Consumer discretionary	82,667		82,667
Consumer staples	65,422		65,422
Financials	105,609		105,609
Technology	184,522		184,522
Healthcare	123,425		123,425
Telecommunications	14,659		14,659
Utilities	19,837		19,837
Mutual funds:			
Mid cap blend	57,905		57,905
Mid cap value	39,402		39,402
Small cap growth	56,064		56,064
Small cap value	53,338		53,338
International growth	158,703		158,703
International emerging markets	58,372		58,372
International small cap	62,202		62,202
Fixed income securities and funds:			
Corporate bonds		\$139,671	139,671
Mutual funds:			
Core plus bond fund	137,590		137,590
Total return bond funds	156,031		156,031
High income fund	28,513		28,513
Global bond fund	31,125		31,125
Total assets at fair value	<u>\$1,586,580</u>	<u>\$139,671</u>	<u>\$1,726,251</u>



## NOTES TO FINANCIAL STATEMENTS

### Note 4. Endowment Funds

Blackacre's endowment funds consist of investments held in Stock Yards Bank & Trust Company investment accounts (see Note 2). These investments include both Board designated funds and donor funds which are permanently restricted. As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The endowment net asset composition for type of fund as of December 31, 2016 and 2015 is as follows:

	2016		
	<u>Unrestricted</u>	Permanently <u>Restricted</u>	<u>Total</u>
Donor-restricted endowment funds		\$854,184	\$ 854,184
Board-designated endowment funds	<u>\$950,842</u>	_____	<u>950,842</u>
	<u>\$950,842</u>	<u>\$854,184</u>	<u>\$1,805,026</u>
	2015		
	<u>Unrestricted</u>	Permanently <u>Restricted</u>	<u>Total</u>
Donor-restricted endowment funds		\$854,184	\$ 854,184
Board-designated endowment funds	<u>\$872,067</u>	_____	<u>872,067</u>
	<u>\$872,067</u>	<u>\$854,184</u>	<u>\$1,726,251</u>

Changes in endowment net assets for the years ended December 31, 2016 and 2015 are as follows:

	2016		
	<u>Unrestricted</u>	Permanently <u>Restricted</u>	<u>Total</u>
Endowment net assets, beginning of year	\$872,067	\$854,184	\$1,726,251
Investment return:			
Interest and dividends	38,248		38,248
Unrealized gains	84,119		84,119
Realized loss	(30,926)		(30,926)
Trustee fees	<u>(12,666)</u>	_____	<u>(12,666)</u>
Endowment net assets, end of year	<u>\$950,842</u>	<u>\$854,184</u>	<u>\$1,805,026</u>

## NOTES TO FINANCIAL STATEMENTS

	2015		
	<u>Unrestricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, beginning of year	\$941,686	\$854,184	\$1,795,870
Investment return:			
Interest and dividends	55,331		55,331
Unrealized losses	(74,619)		(74,619)
Realized gains	30,266		30,266
Net transfers to operations	(67,485)		(67,485)
Trustee fees	(13,112)	_____	(13,112)
Endowment net assets, end of year	<u>\$872,067</u>	<u>\$854,184</u>	<u>\$1,726,251</u>

### **Interpretation of relevant law:**

Blackacre has interpreted the Kentucky Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, Blackacre classifies as permanently restricted assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulation to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of any donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by Blackacre in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, Blackacre considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of Blackacre, and (7) Blackacre's investment policies.

## NOTES TO FINANCIAL STATEMENTS

### **Return objectives and risk parameters:**

Blackacre has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that Blackacre must hold in perpetuity or for a donor-specified period as well as board-designated funds. Under its Summary of Investment Objectives and Guidelines policy adopted in 2008, the endowment assets are invested in a manner that is intended to preserve principal in terms of its purchasing power to serve Blackacre's needs over the long term; produce sufficient income to meet those needs; and provide long-term growth in assets and be fairly balanced by the need for reasonable income and investment risk. These objectives shall be met through a balanced strategy of fixed income, equities, and cash investments with a focus on total return in a risk-averse manner. It is intended that the investment manager achieve performance objectives over a seven year period.

### **Strategies employed for achieving objectives:**

To satisfy its long-term rate-of-return objectives, Blackacre relies on a total return strategy in which investment returns are achieved both through capital appreciation (realized and unrealized) and current yield (interest and dividends). Blackacre targets a diversified asset allocation.

### **Spending policy and how the investment objectives relate to spending policy:**

Blackacre has a policy making quarterly income distributions deemed necessary to support their mission. In establishing this policy, Blackacre considered the long-term expected return on its endowment. Income distributions are determined by a total return system. The amounts distributed are based on a twelve quarter moving average of the market value of the total fund, multiplied by an amount not to exceed 4%. This policy is consistent with the Blackacre's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.

## NOTES TO FINANCIAL STATEMENTS

### Note 5. Changes in Restricted Net Assets

Changes in temporarily restricted net assets are as follows:

	Balance 12/31/15	<u>Contributions</u>	<u>Released</u>	Investment Income	Balance 12/31/16
Visitor center	\$100,000				\$100,000
Emmy Smith Memorial Fund	48,683			\$ 15	48,698
Environmental Education Center	4,574				4,574
Gwynne projects	10,000				10,000
Watershed conservation	5,000				5,000
Pond restoration	1,250				1,250
Salary supplement	10,000	\$10,000	\$(10,000)		10,000
Various programs	3,467	5,481	(1,960)		6,988
Repairs and maintenance	16,638		(10,868)		5,770
Little Sprouts program	28,303		(9,446)		18,857
Butterfly Garden		13,250	(13,250)		
Endowment earnings		<u>13,250</u>	<u>(42,157)</u>	<u>42,157</u>	
	<u>\$227,915</u>	<u>\$28,731</u>	<u>\$(87,681)</u>	<u>\$42,172</u>	<u>\$211,137</u>

	Balance 12/31/14	<u>Contributions</u>	<u>Released</u>	Investment Income	Balance 12/31/15
Visitor center	\$100,000				\$100,000
Emmy Smith Memorial Fund	57,666		\$(9,000)	\$17	48,683
Environmental Education Center	4,574				4,574
Gwynne projects	10,000				10,000
Watershed conservation	5,000				5,000
Pond restoration	1,250				1,250
Salary supplement	10,000	\$10,000	(10,000)		10,000
Various programs	11,000		(7,533)		3,467
Repairs and maintenance		25,774	(9,136)		1,638
Little Sprouts program		<u>30,000</u>	<u>(1,697)</u>		<u>28,303</u>
	<u>\$199,490</u>	<u>\$65,774</u>	<u>\$(37,366)</u>	<u>\$17</u>	<u>\$227,915</u>

Permanently restricted net assets of \$854,184 represent the initial endowment contributions received in 1985 of which the income from this endowment is to be used to fund operations of Blackacre.

## NOTES TO FINANCIAL STATEMENTS

### **Note 6. Rental Income**

Blackacre leases a building to an individual who lives in the building as a primary residence. The lease is for a one year term and is renewable at the option of Blackacre. Blackacre also leases certain of the facilities to the general public for special events.

### **Note 7. Concentration of Credit Risk**

Blackacre maintains cash balances at several financial institutions located in Kentucky. Accounts at each institution are insured by the Federal Deposit Insurance Corporation up to \$250,000. At December 31, 2016, there were no uninsured cash balances.

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of the investment securities will occur in the near term and that such change could materially affect the financial condition of Blackacre.

### **Note 8. Agreements and Commitments**

In October 1996, Blackacre entered into an agreement with the Kentucky State Nature Preserves Commission and the Jefferson County Board of Education. This agreement stipulates various responsibilities to be undertaken by each of the parties to the agreement. Blackacre's role is to maintain and manage Blackacre State Nature Preserve and Historic Homestead. The agreement was extended in 2012 for an additional term of ten years.

**BLACKACRE CONSERVANCY, INC.****General Information**

**Organization Number** 0177969  
**Name** BLACKACRE CONSERVANCY, INC.  
**Profit or Non-Profit** N - Non-profit  
**Company Type** KCO - Kentucky Corporation  
**Status** A - Active  
**Standing** G - Good  
**State** KY  
**File Date** 5/16/1983  
**Organization Date** 5/16/1983  
**Last Annual Report** 1/12/2017  
**Principal Office** 3200 TUCKER STATION ROAD  
 LOUISVILLE, KY 40299  
**Registered Agent** A. DALE JOSEY  
 3200 TUCKER STATION ROAD  
 LOUISVILLE, KY 40299

**Current Officers**

**President** STEVE KERRICK  
**Treasurer** DOUG WEAVER  
**Director** Doug Weaver  
**Director** Steven D Kerrick  
**Director** KATE LINDSAY

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

**Director** BRAINARD PALMER-BALL  
**Director** DURYEA MORTON  
**Director** ELIZABETH JONES  
**Director** DAVID WICKS  
**Director** JUDGE BOYCE MARTIN  
**Incorporator** ELLEN M PEDLEY

**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>	1/12/2017	1 page	<u>PDF</u>
<u>Reinstatement Certificate of Existence</u>	3/21/2016 1:41:14 PM	2 pages	<u>PDF</u>
<u>Reinstatement</u>	3/21/2016 1:40:03 PM	2 pages	<u>PDF</u>
<u>Administrative Dissolution</u>	9/12/2015	1 page	<u>PDF</u>
<u>Annual Report</u>	5/21/2014	1 page	<u>PDF</u>
<u>Registered Agent</u>	4/24/2013 10:20:18	1 page	<u>PDF</u>

<a href="#">name/address change</a>	AM			
<a href="#">Annual Report</a>	4/24/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/13/2012	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	12/13/2011 2:49:43 PM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report Amendment</a>	2/11/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/9/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/9/2010	1 page	<a href="#">PDF</a>	
<a href="#">Registered Agent name/address change</a>	10/15/2009	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	10/13/2009	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	7/23/2008	1 page	<a href="#">PDF</a>	
<a href="#">Amendment</a>	8/9/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	8/9/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Principal Office Address Change</a>	8/9/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	8/9/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	3/23/2006	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/24/2005	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	9/23/2004	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Sixty Day Notice</a>	1/24/2004	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Agent Resignation</a>	10/24/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/22/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	4/24/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/4/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/30/2001	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
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<a href="#">Statement of Change</a>	8/2/1996	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
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<a href="#">Annual Report</a>	7/1/1992	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
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<a href="#">Annual Report</a>	7/1/1990	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1989	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	5/16/1983	13 pages	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	1/12/2017 3:44:21 PM	1/12/2017 3:44:21 PM	

Reinstatement	3/21/2016 1:41:11 PM	3/21/2016	
Admin Dis. A. report not in	9/12/2015	9/12/2015	
Annual report	5/21/2014 11:17:52 AM	5/21/2014 11:17:52 AM	
Annual report	4/24/2013 10:49:33 AM	4/24/2013 10:49:33 AM	
Registered agent address change	4/24/2013 10:20:18 AM	4/24/2013 10:20:18 AM	
Annual report	2/13/2012 1:41:12 PM	2/13/2012 1:41:12 PM	
Registered agent address change	12/13/2011 2:49:43 PM	12/13/2011 2:49:43 PM	
Amendment to annual report	2/11/2011 10:46:51 AM	2/11/2011 10:46:51 AM	
Annual report	2/9/2011 2:37:59 PM	2/9/2011 2:37:59 PM	
Annual report	3/9/2010 2:20:08 PM	3/9/2010 2:20:08 PM	
Registered agent address change	10/15/2009 2:52:42 PM	10/15/2009	
Annual report	10/13/2009 1:57:21 PM	10/13/2009 1:57:21 PM	
Annual report	7/23/2008 3:26:12 PM	7/23/2008 3:26:12 PM	
Amendment - Change name	8/9/2007 3:14:52 PM	8/9/2007	<u>BLACKACRE FOUNDATION, INC.</u>

## Microfilmed Images

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

Annual Report

5/20/2005

1 page