

NDF081722BCI11

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

**Applicant/Program:** Blackacre Conservancy, Inc./Blackacre Monument Sign  
**Applicant Requested Amount:** \$2,071.54  
**Appropriation Request Amount:** \$2,071.54

**Executive Summary of Request**  
Funds will cover 50% of the total cost to construct/install a monument sign to the entrance to Blackacre Conservancy located at 3200 Tucker Station Road in Council District 11. The project also includes lighting for the sign.

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 District #      Kevin J. Kramer Primary Sponsor Signature      \$2,071.54 Amount      8/4/2022 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: \_\_\_\_\_

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**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

<b>Legal Name of Applicant Organization</b>	Blackacre Conservancy, Inc.
<b>Program Name and Request Amount</b>	Blackacre Monument Sign \$2,071.54
	<b>Yes/No/NA</b>
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="Yes"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="Yes"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="text" value="N/A"/>
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="Yes"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="N/A"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="N/A"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="N/A"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="No"/>
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="text" value="No"/>
Prepared by: <i>Scott W. Hamington</i>	Date: <i>7-29-2022</i>

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>			
<i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i> BLACKACRE CONSERVANCY			
<b>Main Office Street &amp; Mailing Address:</b> 3200 Tucker Station Road, Louisville, KY 40299			
<b>Website:</b> VisitBlackacre.org			
<b>Applicant Contact:</b>	Dennis Craig	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-266-9802	<b>Email:</b>	Dennisc@visitblackacre.org
<b>Financial Contact:</b>	Dennis Craig	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-266-9802	<b>Email:</b>	Dennisc@visitblackacre.org
<b>Organization's Representative who attended NDF Training:</b> <i>Susan Speece</i>			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	3200 Tucker Station Road Louisville, Ky 40299		
<b>Council District(s):</b>	District 11	<b>Zip Code(s):</b>	40299
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> <i>Blackacre Monument Sign</i>			
<b>Total Request: (\$)</b>	\$2,071,54	<b>Total Metro Award (this program) in previous year: (\$)</b>	0
<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 type="checkbox"/> Signed lease if rent costs are being requested	
<input checked="" type="checkbox"/> Current year projected budget		<input checked="" type="checkbox"/> IRS Form W9	
<input checked="" type="checkbox"/> Current financial statement		<input type="checkbox"/> Evaluation forms if used in the proposed program	
<input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H		<input type="checkbox"/> Annual audit (if required by organization)	
<input checked="" type="checkbox"/> Articles of Incorporation (current & signed)		<input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
<input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense			
<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>			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

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

Blackacre State Nature Preserve and Historic Homestead's mission is to preserve our natural and historic features, promote outdoor environmental education, and share our cultural heritage with the community.

Blackacre, Kentucky's first State Nature Preserve, was established in 1979 and has influenced hundreds of thousands of school students, teachers and volunteers with environmental education programs and school systems. The 170-acre farm and homestead, donated by Judge Macauley L. Smith and his wife Emilie Strong Smith, was their home for 32 years. The Smiths created Blackacre Conservancy to maintain the historic home, farm buildings, and lands. Today, we have expanded to nearly 300 acres which includes Jefferson County's largest and diversely rich community garden. Gardeners come from diverse backgrounds that include 14 different countries, mom's groups, special needs, the elderly, a brain-trauma therapy group, and those finding themselves in challenging financial situations.

Located only 25 minutes from downtown Louisville, Blackacre is a haven and a resource for its community. Visitors to Blackacre can explore the grounds and trails, watch and feed the horses, cows, and goats in their open pastures, tour its historic homestead, and participate in many of the educational and recreational programs and events Blackacre has to offer. Blackacre is an approved educational field trip choice for Jefferson County Public School system, hosting outdoor education programs and field trips during the school year to both JCPS and other local private schools.



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

Board Member	Term End Date
Doug Weaver	Feb 2023
Kate Lindsay	Feb 2023
Stuart Benson	Feb 2023
Chris Robinson	Feb 2023
Marisa Main	Feb 2023
Evan Harder	June 2023
Scott Keen	Feb 2023
Caryn Walker	Jan 2024
Laura Darnell	Jan 2024
Buck Wiseman	May 2024
Dennis Craig	Executive Director

**Describe the Board term limit policy:**  
 Three year term renewal at board's discretion.

Three Highest Paid Staff Names	Annual Salary
Dennis Craig	\$29,500
Susan Speece	\$42,000

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Blackacre was established forty-two years ago and serves an important role in the community. Over the past five+ years, traffic on the main road has increased and distracted drivers have run over our entrance sign so many times that we can no longer put it up. With your help we can install a larger, more visible and welcoming sign placed a different location. This would include a Blackacre sign that uses solar energy lighting and eco-friendly materials, and landscaping to enhance the beauty and visibility of the preserve and homestead's entrance. A fresh, new look will build awareness and most likely increase community interest in visiting the preserve.

We have seen the global impact COVID has had on social isolation. When people come to Blackacre, there is a strong connection to the natural environment. It enhances emotional well-being and alleviates feelings of social isolation. We have had over 10,000 visitors this past year during COVID and anticipate that this will be significantly higher once the public schools are able to resume field trips and the 900-unit independent senior living community located ½ mile away is completed.

We are committed to serving the community as a whole and continue to develop programs to connect people of all ages with nature. A welcoming entrance will motivate more people to connect with nature and Blackacre.

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

The funding would be used to have a new entrance sign built and installed. The sign would be made of eco-friendly materials and included solar panel lighting. Funding would pay for Nimloc sign company creation and installation of a Blackacre entrance sign. Solar lights would be purchased through Home Depot and installed by Blackacre team of skilled volunteers.

## 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:**

We anticipate that more of our visitors will be able to more easily find us and that calls asking for directions will end. We also expect attendance to Blackacre will increase as the signage will draw more people to visit Blackacre.

Tracking of visitors and attendance to events will be an indication of the signs success.

**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.**

We have partnered with various community groups including Filson Historical Society, Daughters of the American Revolution, Leap Outside, Outside the Box Therapy, AmeriCorps, Boy/Eagle Scouts, Veterans and various high school volunteer groups. Blackacre is a volunteer-supported organization where many have served or supported us in various capacities.

Our partnerships with AmeriCorps, Leap Outside and Outside the Box Therapy helps supports and expand quality education programs. AmeriCorps provided us with a staff person to help with our existing environmental education programs while Leap Outside and Outside the Box Therapy enables us to expand out nature-based outdoor learning offerings to specific groups. Leap Outside is a forest school for children ages 0-5 while Outside the Box Therapy offers after-school programs for school age children with therapeutic needs.

Historical group collaborations including the Filson Historical Society and Daughters of the American Revolution helped us with restoration projects and creating special exhibits.

Veterans, schools and community service groups are vital in helping us with the upkeep and care of the homestead, support our education programs and with special events.

Blackacre is a self-funded non-profit with a mission to be free and welcoming place for people to visit. With

Blackacre is a self-funded nonprofit with a mission to be free and welcoming place for people to visit. With over 280 acres of land, Blackacre has many attractive features that appeal to numerous groups.

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			\$ 0.00
<b>B: Rent/Utilities</b>			\$ 0.00
<b>C: Office Supplies</b>			\$ 0.00
<b>D: Telephone</b>			\$ 0.00
<b>E: In-town Travel</b>			\$ 0.00
<b>F: Client Assistance (See Detailed List on Page 8)</b>			\$ 0.00
<b>G: Professional Service Contracts</b>			\$ 0.00
<b>H: Program Materials</b>			\$ 0.00
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>			\$ 0.00
<b>J: Machinery &amp; Equipment</b>			\$ 0.00
<b>K: Capital Project</b>	\$ 2,071.54	\$ 2,111.54	\$ 4,183.08
<b>L: Other Expenses (See Detailed List on Page 8)</b>			\$ 0.00
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$ 2,071.54	\$ 2,111.54	\$ 4,183.08
% of Program Budget	49.52%	50.48%	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$ 2,111.54
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	\$ 2,111.54

\*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
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
<b>Total</b>	\$ 0.00	\$ 0.00	\$ 0.00

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$ 0.00	

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

**Agency Fiscal Year Start Date:** January {

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

**If YES, please explain:**

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

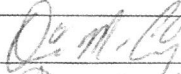
#### Standard Certifications

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

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

### SECTION 8 – CERTIFICATIONS & ASSURANCES

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

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	7-12-22
<b>Legal Signatory: (please print):</b>	DENNIS M CRAIG	<b>Title:</b>	Executive Director
<b>Phone:</b>	502 266 9802	<b>Extension:</b>	
		<b>Email:</b>	DennisC@visitBlackacre.org





Louisville Metro Government  
Office of Management and Budget

**Neighborhood Development Fund Training Attestation**

Grantee Organization Name: Blackacre State Nature Preserve & Historic Homestead

Grantee Representative Name: Dennis Craig

*I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.*

Please check:

I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.

Capital Equipment, Rent/Utilities and Office Supplies

If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False

3. Which four questions should your financial support documentation answer at all times?

Who made the Purchase (organization's name)

What was purchased (goods or services, with detailed listing of the goods purchased, the event name, and what services were performed)

When was the purchase made (date on the invoice/receipt)

Where was the purchase made (name of the Supplier)

4. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
5. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

\_\_\_\_\_  
Grantee Representative Signature

\_\_\_\_\_  
Date

7/12/22

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

Department of the Treasury

Date: MAR 11 2008

Person to Contact:

Vaida Singleton  
ID# 31-03018

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

31-1072393

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

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

	As of 4/30/22	2022	2022
Income		Budget	Actual
	Contributions and Grants Income	\$81,751	\$26,675
	Rental Income	\$49,700	\$22,982
	Memberships	\$37,600	\$18,057
	Public Access Events	\$45,900	\$33,158
	Misc Income	\$0	\$481
	Quarterly Distributions from Investments	\$97,268	\$48,634
TOTAL INCOME		\$312,219	\$149,987
Expenses			
	Salaries & Wages	\$92,500	\$41,833
	Payroll Taxes	\$7,076	\$6,030
	Repairs & Maintenance	\$73,268	\$21,302
	Bank Fees	\$2,400	\$1,222
	Insurance	\$9,300	\$8,935
	Professional Fees	\$17,700	\$8,565
	Utilities	\$16,200	\$5,853
	Office Expenses	\$27,250	\$6,572
	Env. Education	\$2,250	\$197
	Public Access Events	\$25,150	\$2,293
	Professional Development	\$0	\$0
	Marketing	\$5,049	\$547
TOTAL EXPENSES		\$278,143	\$149,987



5:51 PM

05/16/22

Accrual Basis

**BLACKACRE CONSERVANCY**  
**Profit & Loss Prev Year Comparison**  
**January through April 2022**

	Jan - Apr 22	Jan - Apr 21	\$ Change	% Change
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
<b>Contributions and grants income</b>				
4196 · Employee engagement	105.87	1,038.74	-932.87	-89.8%
4193 · External Giving Campaigns	505.00	400.00	105.00	26.3%
4192 · Rewards Programs	143.65	227.06	-83.41	-36.7%
4135 · General operations	7,361.51	4,595.05	2,766.46	60.2%
4155 · Contributions & grants-restrict	17,597.62	0.00	17,597.62	100.0%
4165 · Barn & Animal Donation Box	911.50	1,231.00	-319.50	-26.0%
4180 · Promotional items	0.00	30.00	-30.00	-100.0%
4190 · Memorial Contributions	50.00	0.00	50.00	100.0%
<b>Total Contributions and grants income</b>	26,675.15	7,521.85	19,153.30	254.6%
<b>Rental income</b>				
4051 · Homestead rentals-movies, TV	85.00	0.00	85.00	100.0%
4055 · House-3202 Tucker Station	2,900.00	2,900.00	0.00	0.0%
4061 · Community gardens	10,802.62	8,951.50	1,851.12	20.7%
4070 · Homestead rentals	9,194.56	11,542.60	-2,348.04	-20.3%
<b>Total Rental income</b>	22,982.18	23,394.10	-411.92	-1.8%
<b>Memberships</b>				
4003 · General	1,213.52	1,376.00	-162.48	-11.8%
4004 · Family	902.00	0.00	902.00	100.0%
4008 · Tulip Poplar Stand	300.00	600.00	-300.00	-50.0%
4011 · Photo	2,975.00	2,625.00	350.00	13.3%
4012 · Homestead Circle	2,000.00	0.00	2,000.00	100.0%
4100 · Emilie & Macauley Smith Soc	10,000.00	0.00	10,000.00	100.0%
4146 · Monthly Sustainer	666.74	458.63	208.11	45.4%
<b>Total Memberships</b>	18,057.26	5,059.63	12,997.63	256.9%
<b>Public access events</b>				
4290 · Sunset Music Series	250.00	0.00	250.00	100.0%
4240 · Environmental education	1,065.00	617.00	448.00	72.6%
4205 · Public Adm/Donations and Boxes	90.00	0.00	90.00	100.0%
4215 · Lecture series	58.00	0.00	58.00	100.0%
4235 · Field trip fees	459.00	384.00	75.00	19.5%
4299 · Miscellaneous events	5,416.41	3,161.00	2,255.41	71.4%
4340 · Summer Camp	25,820.00	15,201.00	10,619.00	69.9%
<b>Total Public access events</b>	33,158.41	19,363.00	13,795.41	71.3%
<b>Miscellaneous income</b>				
4903 · PPP loan proceeds	0.00	14,000.00	-14,000.00	-100.0%
Insurance proceeds	0.00	507.83	-507.83	-100.0%
Unclassified income	481.22	0.00	481.22	100.0%
<b>Total Miscellaneous income</b>	481.22	14,507.83	-14,026.61	-96.7%
<b>Total Income</b>	101,354.22	69,846.41	31,507.81	45.1%
<b>Gross Profit</b>	101,354.22	69,846.41	31,507.81	45.1%
<b>Expense</b>				
<b>Miscellaneous expense</b>				
Unclassified expense	529.03	0.00	529.03	100.0%
<b>Total Miscellaneous expense</b>	529.03	0.00	529.03	100.0%
<b>Salaries and wages</b>				
5001 · Bonuses	16,500.00	0.00	16,500.00	100.0%
5005 · Executive Director	11,333.32	0.00	11,333.32	100.0%
5035 · Part-time program payroll	0.00	37,224.88	-37,224.88	-100.0%
5045 · Marketing coordinator	14,000.00	0.00	14,000.00	100.0%
<b>Total Salaries and wages</b>	41,833.32	37,224.88	4,608.44	12.4%
<b>Payroll taxes</b>				
5075 · Payroll taxes expense	6,030.11	4,709.00	1,321.11	28.1%
<b>Total Payroll taxes</b>	6,030.11	4,709.00	1,321.11	28.1%

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05/16/22

Accrual Basis

**BLACKACRE CONSERVANCY**  
**Profit & Loss Prev Year Comparison**  
 January through April 2022

	Jan - Apr 22	Jan - Apr 21	\$ Change	% Change
<b>Repairs and maintenance</b>				
5000 · Animal feed & care	171.14	49.81	121.33	243.6%
5105 · Port a Pottie	217.25	224.50	-7.25	-3.2%
5999 · Miscellaneous expenses	100.00	0.00	100.00	100.0%
5125 · Tractor & mower maintenance	2,786.89	1,529.86	1,257.03	82.2%
5145 · Homestead grounds	2,412.68	3,363.65	-950.97	-28.3%
5165 · General Maintenance	4,039.49	1,029.53	3,009.96	292.4%
5171 · Farmhouse	164.44	134.14	30.30	22.6%
5172 · Stone cottage	1,368.00	0.00	1,368.00	100.0%
5174 · House-3202 Tucker Station Road	0.00	333.42	-333.42	-100.0%
5175 · Log barn	300.00	13,171.84	-12,871.84	-97.7%
5176 · Nature center complex	2,880.00	0.00	2,880.00	100.0%
5179 · Nature preserve grounds	6,200.00	0.00	6,200.00	100.0%
5180 · Caretaker fee	0.00	2,500.00	-2,500.00	-100.0%
5183 · Signage	122.22	0.00	122.22	100.0%
5187 · Landscape materials	539.97	0.00	539.97	100.0%
<b>Total Repairs and maintenance</b>	21,302.08	22,336.75	-1,034.67	-4.6%
<b>Bank &amp; investments fees</b>				
5205 · Bank & credit card processing	1,222.36	980.40	241.96	24.7%
<b>Total Bank &amp; investments fees</b>	1,222.36	980.40	241.96	24.7%
<b>Insurance</b>				
5215 · Liability & property	8,249.56	3,611.29	4,638.27	128.4%
5216 · Workers' compensation	685.00	700.00	-15.00	-2.1%
<b>Total Insurance</b>	8,934.56	4,311.29	4,623.27	107.2%
<b>Professional fees</b>				
5230 · Rental manager	165.00	145.00	20.00	13.8%
5235 · Audit	6,500.00	3,300.00	3,200.00	97.0%
5240 · Accounting	1,900.00	1,900.00	0.00	0.0%
<b>Total Professional fees</b>	8,565.00	5,345.00	3,220.00	60.2%
<b>Utilities</b>				
5255 · Fuel oil, water, LG&E	4,416.13	5,071.64	-655.51	-12.9%
5260 · Telephone/internet	1,436.76	1,218.84	217.92	17.9%
<b>Total Utilities</b>	5,852.89	6,290.48	-437.59	-7.0%
<b>Office expense</b>				
5395 · Office help	5,869.25	1,980.00	3,889.25	196.4%
5325 · Software fees & licenses	56.96	90.78	-33.82	-37.3%
5340 · Meals & entertainment	366.20	279.08	87.12	31.2%
5345 · Memberships	0.00	182.50	-182.50	-100.0%
5375 · Office expense	115.54	291.37	-175.83	-60.4%
5380 · Subscriptions	53.96	147.36	-93.40	-63.4%
5385 · Misc. postage	58.00	268.85	-210.85	-78.4%
5399 · Miscellaneous other	52.02	25.00	27.02	108.1%
<b>Total Office expense</b>	6,571.93	3,264.94	3,306.99	101.3%
<b>Environmental education</b>				
5415 · Environmental education	50.00	891.72	-841.72	-94.4%
5420 · Conservancy field trips/ educ.	147.13	0.00	147.13	100.0%
<b>Total Environmental education</b>	197.13	891.72	-694.59	-77.9%
<b>Public access expenses</b>				
5520 · Community programs	44.80	0.00	44.80	100.0%
5530 · Community gardens	1,119.75	1,193.61	-73.86	-6.2%
5595 · Miscellaneous	1,128.22	1,353.96	-225.74	-16.7%
<b>Total Public access expenses</b>	2,292.77	2,547.57	-254.80	-10.0%
<b>Marketing</b>				
5410 · Newsletter	0.00	288.00	-288.00	-100.0%
5620 · Email marketing platform	428.45	0.00	428.45	100.0%
5625 · Marketing, General	118.75	168.64	-49.89	-29.6%
5650 · Special events	0.00	327.61	-327.61	-100.0%
<b>Total Marketing</b>	547.20	784.25	-237.05	-30.2%
<b>Total Expense</b>	103,878.38	88,686.28	15,192.10	17.1%
<b>Net Ordinary Income</b>	-2,524.16	-18,839.87	16,315.71	86.6%

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05/16/22

Accrual Basis

**BLACKACRE CONSERVANCY**  
**Profit & Loss Prev Year Comparison**  
 January through April 2022

	Jan - Apr 22	Jan - Apr 21	\$ Change	% Change
<b>Other Income/Expense</b>				
<b>Other Income</b>				
6075 · Interest-checking & savings	0.00	0.38	-0.38	-100.0%
6000 · Investment income-SYB 0015				
6005 · Interest & dividends-SYB 0015	7,186.93	6,749.10	437.83	6.5%
6010 · Realized gain/loss-SYB 0015	11,895.98	20,150.39	-8,254.41	-41.0%
6015 · Unrealized gain/loss-SYB 0015	-211,766.11	49,025.39	-260,791.50	-532.0%
6020 · Other-SYB 0015	-28.37	-114.19	85.82	75.2%
<b>Total 6000 · Investment income-SYB 0015</b>	<b>-192,711.57</b>	<b>75,810.69</b>	<b>-268,522.26</b>	<b>-354.2%</b>
6080 · Investment income-SYB 0998				
6085 · Interest & dividends-SYB 0998	210.71	106.73	103.98	97.4%
6090 · Realized gain/loss-SYB 0998	-150.45	0.00	-150.45	-100.0%
6095 · Unrealized gain/loss-SYB 0998	-6,032.15	-361.63	-5,670.52	-1,568.0%
<b>Total 6080 · Investment income-SYB 0998</b>	<b>-5,971.89</b>	<b>-254.90</b>	<b>-5,716.99</b>	<b>-2,242.8%</b>
<b>Total Other Income</b>	<b>-198,683.46</b>	<b>75,556.17</b>	<b>-274,239.63</b>	<b>-363.0%</b>
<b>Other Expense</b>				
Transfers	-10,600.35	-21,527.49	10,927.14	50.8%
5210 · Investment management fees	4,213.41	4,040.74	172.67	4.3%
<b>Total Other Expense</b>	<b>-6,386.94</b>	<b>-17,486.75</b>	<b>11,099.81</b>	<b>63.5%</b>
<b>Net Other Income</b>	<b>-192,296.52</b>	<b>93,042.92</b>	<b>-285,339.44</b>	<b>-306.7%</b>
<b>Net Income</b>	<b>-194,820.68</b>	<b>74,203.05</b>	<b>-269,023.73</b>	<b>-362.6%</b>

# 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.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/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>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>BLACKACRE CONSERVANCY, INC.</b>	Taxpayer identification number (TIN) <b>31-1072393</b>
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 RD</b>	
	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 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
Form 990-T (corporation)	07		

**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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2021** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>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.	3c	\$	0.

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

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

Form 8868 (Rev. 1-2022)

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)

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2020

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

## A For the 2020 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 <b>31-1072393</b>
	Doing business as		<b>E</b> Telephone number <b>502-266-9802</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>3200 TUCKER STATION RD</b>		<b>G</b> Gross receipts \$ <b>666,923.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40299</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>DENNIS CRAIG</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<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>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.BLACKACRECONSERVANCY.ORG</b>		<b>L</b> Year of formation: <b>1983</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>M</b> State of legal domicile: <b>KY</b>	

## Part I Summary

<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>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>3</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>75</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year
<b>9</b> Program service revenue (Part VIII, line 2g)		122,783.	122,487.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24,820.	39,047.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		120,910.	96,931.
<b>12</b> Total revenue: add lines 8 through 11 (must equal Part VIII, column (A), line 12)		49,555.	37,961.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		318,068.	296,426.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		72,763.	26,646.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	148,593.	186,800.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	221,356.	213,446.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	96,712.	82,980.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	4,994,404.	5,304,177.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,152.	19,429.
		<b>4,991,252.</b>	<b>5,284,748.</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>DENNIS CRAIG, PRESIDENT</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>JEFFREY MCCAFFREY</b>	<b>JEFFREY MCCAFFREY</b>	<b>11/08/21</b>		<b>P00938853</b>
Firm's name <b>DEMING MALONE LIVESAY &amp; OSTROFF PSC</b>			Firm's EIN <b>61-1064249</b>		
Firm's address <b>9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187</b>			Phone no. <b>(502) 426-9660</b>		

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



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? If 'Yes,' describe these new services on Schedule O. Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O. 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 \$ 145,299. including grants of \$ ) (Revenue \$ 46,322. ) 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 on Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 145,299.

**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 donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a		11
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
3b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13a	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 on Schedule O. See instructions.

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

X

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year... 17
b Enter the number of voting members included on line 1a, above, who are independent... 17
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? X
6 Did the organization have members or stockholders? X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
a The governing body? X
b Each committee with authority to act on behalf of the governing body? X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 [X] Upon request Other (explain on Schedule O)
19 Describe on 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 VIII** Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	122,487.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	<b>Total.</b> Add lines 1a-1f		122,487.			
Program Service Revenue	2 a	<b>PUBLIC ACCESS EVENTS</b>	Business Code				
			900099	20,256.	20,256.		
	b	<b>MEMBERSHIP DUES</b>	900099	18,791.	18,791.		
	c						
	d						
	e						
	f	All other program service revenue					
g	<b>Total.</b> Add lines 2a-2f		39,047.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		66,867.		66,867.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	6a	30,814.		
			(ii) Personal	6b	0.		
			6c	30,814.			
	d	Net rental income or (loss)		30,814.		30,814.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a	400,561.		
			(ii) Other	7b	370,497.		
			7c	30,064.			
			d	Net gain or (loss)		30,064.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	<b>MISCELLANEOUS REVENUE</b>	Business Code				
			900099	7,147.	7,147.		
	b						
	c						
	d	All other revenue					
e	<b>Total.</b> Add lines 11a-11d		7,147.				
12	<b>Total revenue.</b> See instructions		296,426.	46,194.	0.	127,745.	

**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  X

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	14,752.	10,164.	3,113.	1,475.
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	10,000.	6,000.	2,000.	2,000.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,894.	1,421.	284.	189.
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	10,200.		10,200.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,554.		1,554.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	37,499.		37,499.	
12	Advertising and promotion	4,839.	4,839.		
13	Office expenses	3,459.	2,075.	1,384.	
14	Information technology				
15	Royalties				
16	Occupancy	18,519.	10,691.	7,828.	
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	4,774.	4,297.	477.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<b>REPAIRS AND MAINTENANCE</b>	85,265.	85,265.		
b	<b>PUBLIC ACCESS</b>	15,471.	15,471.		
c	<b>ENVIRONMENTAL EDUCATION</b>	3,825.	3,825.		
d	<b>MEMBERSHIP EXPENSE</b>	516.	516.		
e	All other expenses	879.	735.	144.	
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	213,446.	145,299.	64,483.	3,664.
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 <input type="checkbox"/> if following SOP 98-2 (AOC 956-020)				

**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	37,294.	1	158,411.
	<b>2</b> Savings and temporary cash investments	126,597.	2	105,720.
	<b>3</b> Pledges and grants receivable, net		3	
	<b>4</b> Accounts receivable, net		4	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	<b>7</b> Notes and loans receivable, net		7	
	<b>8</b> Inventories for sale or use		8	
	<b>9</b> Prepaid expenses and deferred charges		9	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 2,675,269.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 55,421.	2,621,862.	<b>10c</b> 2,619,848.
	<b>11</b> Investments - publicly traded securities	2,208,651.	11	2,420,198.
	<b>12</b> Investments - other securities. See Part IV, line 11		12	
	<b>13</b> Investments - program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets		14	
	<b>15</b> Other assets. See Part IV, line 11		15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)		4,994,404.	16	5,304,177.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	3,152.	17	5,429.
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue		19	
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		23	14,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24	
	<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		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25		3,152.	26
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	3,899,123.	27	4,208,743.
	<b>28</b> Net assets with donor restrictions	1,092,129.	28	1,076,005.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		31	
	<b>32 Total net assets or fund balances</b>	4,991,252.	32	5,284,748.
<b>33 Total liabilities and net assets/fund balances</b>	4,994,404.	33	5,304,177.	

**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	296,426.
2	Total expenses (must equal Part IX, column (A), line 25)	2	213,446.
3	Revenue less expenses. Subtract line 2 from line 1	3	82,980.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,991,252.
5	Net unrealized gains (losses) on investments	5	210,516.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,284,748.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)





**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	56,863.	89,512.	71,793.	133,745.	141,278.	493,191.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	56,863.	89,512.	71,793.	133,745.	141,278.	493,191.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						36,482.
6 <b>Public support.</b> Subtract line 5 from line 4						456,709.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	56,863.	89,512.	71,793.	133,745.	141,278.	493,191.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	56,544.	105,587.	131,925.	104,058.	82,163.	480,277.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	-3,534.	-5,722.	-1,427.	141.		-10,542.
11 <b>Total support.</b> Add lines 7 through 10						962,926.
12 Gross receipts from related activities, etc. (see instructions)					12	52,749.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	47.43	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	40.02	%

- 16a **33 1/3% support test - 2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b **33 1/3% support test - 2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a **10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
- b **10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	16	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
  - b** A family member of a person described in line 11a above?
  - c** A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

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

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in line 2, above, 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.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** The organization satisfied the Activities Test. Complete line 2 below.
  - b** The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2** Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations. Answer lines 3a and 3b below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI**.
  - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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 F.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI).		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7. \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
b	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		





Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

- Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

BLACKACRE CONSERVANCY, INC.

31-1072393

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization

Employer identification number

**BLACKACRE CONSERVANCY, INC.**

**31-1072393**

**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>18,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</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>5</u>	_____ _____ _____	\$ <u>21,749.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**BLACKACRE CONSERVANCY, INC.**

**31-1072393**

**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
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**BLACKACRE CONSERVANCY, INC.**

**31-1072393**

**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

Employer identification number

**BLACKACRE CONSERVANCY, INC.**

31-1072393

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**BLACKACRE CONSERVANCY, INC.**

Employer identification number

**31-1072393**

**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	122,616.	

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?  Yes  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?  Yes  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 (for example, 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	1
b Total acreage restricted by conservation easements	1.00
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
- 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	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f 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	2,108,651.	1,737,526.	1,924,775.	1,705,026.	1,626,251.
b Contributions		50,000.			
c Net investment earnings, gains, and losses	292,492.	396,689.	-109,749.	303,763.	91,441.
d Grants or scholarships					
e Other expenditures for facilities and programs	80,946.	75,564.	77,500.	84,014.	12,666.
f Administrative expenses					
g End of year balance	2,320,197.	2,108,651.	1,737,526.	1,924,775.	1,705,026.

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

a Board designated or quasi-endowment  57.0000 %

b Permanent endowment  43.0000 %

c Term 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:

(i) Unrelated organizations

(ii) Related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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		91,678.	55,421.	36,257.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>2,619,848.</b>

**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 FASB 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.

1	Total revenue, gains, and other support per audited financial statements		1	492,175.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	210,516.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	210,516.	
3	Subtract line 2e from line 1	3	281,659.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	14,767.	
c	Add lines 4a and 4b	4c	14,767.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	296,426.	

**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.

1	Total expenses and losses per audited financial statements		1	198,679.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	198,679.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	14,767.	
c	Add lines 4a and 4b	4c	14,767.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	213,446.	

**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, 2019, 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 YEAR THEN ENDED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES 14,767.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES 14,767.

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization

BLACKACRE CONSERVANCY, INC.

Employer identification number  
31-1072393

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

Name of the organization

BLACKACRE CONSERVANCY, INC.

Employer identification number

31-1072393

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 IX, LINE 11G, OTHER FEES:RENTAL MANAGEMENT SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,657.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,657.

INVESTMENT EXPENSES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	14,767.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,767.

CONTRACT MANAGEMENT:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	19,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,000.

Name of the organization

BLACKACRE CONSERVANCY, INC.

Employer identification number

31-1072393

VOLUNTEER COORDINATOR:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 75.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 75.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 37,499.

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.

# 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 16 1983

*Ed J. M.*  
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~~<sup>16</sup> 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) 589-4412  
TELEX 214022

May 13, 1983

Secretary of State  
Capitol Building  
Frankfort, KY 40601

ATTENTION: Corporate Division

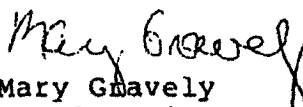
Dear Madam:

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 Gravely  
Legal Assistant

dm

Enclosure

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

A. ROBERT DOLL\*  
ROBERT F. MATTHEWS  
WILLIAM C. BOONE, 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  
PHILLIP D. SCOTT  
R. VAN YOUNG  
EDWARD B. WEINBERG\*  
RONALD D. RAY  
CHARLES PASSLER  
RICHARD S. HOLT  
JOHN A. WEST  
MICHAEL I. ADES  
JERRY E. ABRAMSON  
W. PLUMER WISEMAN, JR.  
ERIC L. ISON  
JOHN S. REED, II  
JOHN H. STITES, III  
RICHARD A. GETTY

ROBERT C. STILZ, JR.  
JOHN R. CUMMINS  
JAMES E. MILLMAN  
R. RICHARD ANDERSON, JR.  
LLOYD R. CRESS  
CHARLES J. LAVELLE  
MARK S. AMENT  
DAVID M. ROTH  
MARCUS P. McGRAW  
RAYMOND F. BROWN  
DOROTHY M. PITT  
JAMES R. COX  
JOHN S. SAWYER  
JOHN V. WHARTON  
C. JUNE NALLEY  
SARA NOYRS REISZ  
GARY R. WEITKAMP  
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. SELBENT  
SCHUYLER I. OLT  
PATRICK A. NEPUTE  
GARRISON R. COX  
BARRY J. SOBERING  
BARBARA F. HAFSTUNG  
FORREST W. BAGSDALE, III  
JANE I. TUDOR  
LICHARD S. CLEARY  
NICHOLAS R. GLANCY  
STUART O. BAESSEL  
HARTWELL P. MORSE, III  
MICHAEL C. SLONE  
KATHLEEN A. McDONOUGH  
MARGARET E. KEANE  
RHOISE 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  
P.O. BOX 1808  
LEXINGTON, KENTUCKY 40503

SECRETARY OF STATE  
RECEIVED

MAY 16 1983

COMMONWEALTH OF KENTUCKY



### 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*

# BLACKACRE

STATE NATURE PRESERVE  
& HISTORIC HOMESTEAD

ENTRANCE



# Updated Sign Estimate. NIMLOK KY



o Joe Cherrie <joe@nimlok-kentucky.com>

To: o Susan Speece

**nimlok**  
kentucky

ESTIMATE

2505 Technology Drive  
Louisville, KY 40299  
502-499-7566

Bill to

**Blackacre**  
Susan Speece  
3200 Tuckstation Rd  
Louisville, KY  
502.648.2898

Ship to

3200 Tucker Station Rd  
Louisville, KY 40299  
502.648.2898

Susans@visitblackacre.org

Job Name:

Outdoor sign



A

B

C

D

Estimate #  
E 03294

Estimate Date  
12/21/2021

Cust ID  
5063

Contact  
Joe Cherrie

Page  
1

Qty Code # Item WxH  
404E

Description

OPTION 1

Wood Printed background on wood grain texture material all flat surface up to 96" w \* 48" h post mounted over the stone structure - double sided = \$2800

INSTALLATION = \$440

OPTION 2

Wood Printed background on wood grain texture material with raised 1" h lettering up to 96" w \* 48" h post mounted over the stone structure - double sided = \$3500

INSTALLATION = \$440



Project Timeline in Days

Proof 4  
Approval 2  
Production 10  
Install 1  
Total 17

Line Items Sub-total

Tax \$0.00

Total \$0.00

ACCEPTANCE OF PROPOSAL: The prices, specifications and Terms and Conditions described above are satisfactory and are here accepted. The Seller is authorized to do the work as specified. The undersigned, hereby unconditionally guarantee(s) performance and payment of all the obligations as set forth. This estimate is good for 30 days. Emailing confirmation of these terms is acceptable in lieu of signing it.

Joe Cherrie | Vice President  
502.499.7566 | [nimlok-kentucky.com](http://nimlok-kentucky.com)



You're Shopping  
**Hurstborne Rd**  
 @ OPEN until 9 pm  
 Delivering to  
**40220**

What can we help you find today?

Show Filter

Tools & Tool Items

Formal Pro

Gift Cards

Smart Services

Track Order

Help



My Account

Lists

Cart (2 items)

All Departments

Home Decor, Furniture & Kitchenware

DIY Projects & Ideas

Project Calculators

Installation & Services

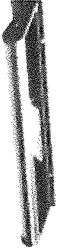
Specials & Offers

Local Ad & Catalog

## Your Cart (2)

Remove All Items

FREE Shipping on eligible items. View Details



**eLEDing Solar Powered 10-Watt Gray Outdoor Integrated LED Wall Flood, Billboard Sign A.D. Light, Dusk to Dawn for Buildings, HOA**

**\$243.08**  
 (\$121.54/item)

Feature Overlay: Focus Gray  
 Quantity: 1000  
 Add to Cart 1 Pack



**FREE**

Shop To Store  
 Jan 27, 2018  
 Hurstborne Rd  
 40220 | Change

Shop To Home  
 Scheduled Delivery  
 Starting at \$8.99 for  
 delivery of up to 25  
 tomorrow

Free with \$100 order

Free with \$25 order

Outsides Available

Save for Later Save to Favorites Remove



### Your Order

**Subtotal** \$243.08

Pick Up in Store **FREE**

Sales Tax (order entered in later step) ---

**Total** **\$243.08**

Have a promo code?

Checkout

PayPal Checkout



**Get up to \$100 off**

Get a Home Depot Credit Card and receive **\$25 off** your purchase of \$25+ **\$50 off** purchases \$300+, or **\$100 off** orders over \$1,000. Applies Now

**Item Total** \$243.08

**Savings** -\$25.00

**New Total** \$218.08

## Customers Also Purchased...



:

Need Help?





# Sign Permit Application

Louisville Metro Planning & Design Services

Permit No.: \_\_\_\_\_ Intake Staff: \_\_\_\_\_

Date: \_\_\_\_\_ Fee: \_\_\_\_\_

Office Use Only

Once complete, please bring the application and supporting documentation to Planning and Design Services, 444 South 5th Street, Suite 300. For more information, call (502) 574-6230 or visit <http://www.louisvilleky.gov/PlanningDesign>.

**Required:**

- One (1) copy of the sign plan, including the location and all dimensions of the sign.
- One (1) copy of the hanging plan N/A
- Fee (cash, charge or check made payable to Planning & Design Services)  
Base fee of \$50 +\$1 per SF over fifty SF. (Combined square footage of all signs)  
(Square footage determined by Land Development Code definition)

**Note:** If the site is located in an incorporated City other than Louisville Metro, it the applicant's responsibility to obtain any necessary permits or approvals from that City.

**Project Information:**

Project Name: Blackacie Project Address: 3200 TUCKER STATION RD  
 Zoning District: \_\_\_\_\_ Form District: 11

**Contact Information:**

Owner/Lessee:  Check if primary contact

Applicant / Contractor:

Check if primary contact

Name: Blackacie (Dennis CRAIG)

Name: JOSEPH CHERKIE

Company: Blackacie Conservancy

Company: COLLECT DISPLAYS INC DBA NIMLOK KENTUCKY

Address: 3200 TUCKER STATION RD

Address: 2505 TECHNOLOGY DR

City: Louisville State: KY Zip: 40299

City: LOUISVILLE State: KY Zip: 40299

Primary Phone: 502.266.9802

Primary Phone: 502-499-7566

Alternate Phone: 502.905.0501

Alternate Phone: \_\_\_\_\_

Email: Dennis C @ visit Blackacie.org

Email: JOE@NIMLOK-KENTUCKY.COM

Owner/Lessee Signature: [Signature]

The owner/lessee agrees to indemnify Louisville/Jefferson County Metro Government against any claim for damages to person or property growing out of the erection of said sign over any public way, and will defend all suits and pay all judgments therefore against Louisville/Jefferson County Metro Government.

Sign 1 Detail:

<input checked="" type="checkbox"/> New Sign		<input type="checkbox"/> Existing Sign or Reface	
<input type="checkbox"/> Attached / Wall	<input checked="" type="checkbox"/> Freestanding	<input type="checkbox"/> Freestanding Directional	<input type="checkbox"/> Small Freestanding (Portable)
<input type="checkbox"/> Outdoor Advertising (Billboard)	<input type="checkbox"/> Banner	<input type="checkbox"/> Projecting	<input type="checkbox"/> Other: Specify: _____
Internally Illuminated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Video Sign	<input type="checkbox"/> Yes <input type="checkbox"/> No
LED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Rate of Change: (if applicable)	
Square Feet: 32	Freestanding Sign Height (to highest point): 8'		
Cabinet Height: 48"	Cabinet Width: 96"	Cabinet Thickness: 2"	
Number of Faces: 2	Wind Load (PSF): 110	Pedestrian Clearance: N/A	
Building Wall Square Feet (for attached sign): N/A			

Sign 2 Detail:

<input type="checkbox"/> New Sign		<input type="checkbox"/> Existing Sign or Reface	
<input type="checkbox"/> Attached / Wall	<input type="checkbox"/> Freestanding	<input type="checkbox"/> Freestanding Directional	<input type="checkbox"/> Small Freestanding (Portable)
<input type="checkbox"/> Outdoor Advertising (Billboard)	<input type="checkbox"/> Banner	<input type="checkbox"/> Projecting	<input type="checkbox"/> Other: Specify: _____
Internally Illuminated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Video Sign	<input type="checkbox"/> Yes <input type="checkbox"/> No
LED	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of Change: (if applicable)	
Square Feet:	Freestanding Sign Height (to highest point):		
Cabinet Height:	Cabinet Width:	Cabinet Thickness:	
Number of Faces:	Wind Load (PSF):	Pedestrian Clearance:	
Building Wall Square Feet (for attached sign):			

Sign 3 Detail:

<input type="checkbox"/> New Sign		<input type="checkbox"/> Existing Sign or Reface	
<input type="checkbox"/> Attached / Wall	<input type="checkbox"/> Freestanding	<input type="checkbox"/> Freestanding Directional	<input type="checkbox"/> Small Freestanding (Portable)
<input type="checkbox"/> Outdoor Advertising (Billboard)	<input type="checkbox"/> Banner	<input type="checkbox"/> Projecting	<input type="checkbox"/> Other: Specify: _____
Internally Illuminated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Video Sign	<input type="checkbox"/> Yes <input type="checkbox"/> No
LED	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of Change: (if applicable)	
Square Feet:	Freestanding Sign Height (to highest point):		
Cabinet Height:	Cabinet Width:	Cabinet Thickness:	
Number of Faces:	Wind Load (PSF):	Pedestrian Clearance:	
Building Wall Square Feet (for attached sign):			

*This page may be duplicated if more than 3 signs are proposed.*

## 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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Blackacre Conservancy, Inc</b></p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> 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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. <b>3200 Tucker Station Road</b></p> <p>6 City, state, and ZIP code <b>Louisville, Ky 40299</b></p>	<p>7 List account number(s) here (optional)</p>
	<p>Requester's name and address (optional)</p>	

### 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>	
[ ][ ] - [ ][ ] - [ ][ ][ ][ ]	
OR	
<b>Employer identification number</b>	
31 - 1072393	

### Part II Certification

Under penalties of perjury, I certify that:

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

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

**Sign Here**

Signature of U.S. person ▶

Date ▶

## 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.*

By signing the filled-out form, you:

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

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

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

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

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.





# Kentucky Secretary of State Michael G. Adams

## BLACKACRE CONSERVANCY, INC.

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### General Information

<b>Organization Number</b>	0177969
<b>Name</b>	BLACKACRE CONSERVANCY, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	5/16/1983
<b>Organization Date</b>	5/16/1983
<b>Last Annual Report</b>	6/21/2022
<b>Principal Office</b>	3200 TUCKER STATION ROAD LOUISVILLE, KY 40299
<b>Registered Agent</b>	DENNIS CRAIG 3200 TUCKER STATION ROAD LOUISVILLE, KY 40299

### Current Officers

<b>Chairman</b>	Buck Wiseman
<b>Secretary</b>	Scott Keen
<b>Treasurer</b>	DOUG WEAVER
<b>Director</b>	Doug Weaver
<b>Director</b>	KATE LINDSAY
<b>Director</b>	Stuart Benson
<b>Director</b>	Chris Robinson

<b>Director</b>	Marisa Main
<b>Director</b>	Evan Harder
<b>Director</b>	Scott Keen
<b>Director</b>	Caryn Walker
<b>Director</b>	Laura Darnell

## Individuals / Entities listed at time of formation

<b>Director</b>	BRAINARD PALMER-BALL
<b>Director</b>	DURYEA MORTON
<b>Director</b>	ELIZABETH JONES
<b>Director</b>	DAVID WICKS
<b>Director</b>	JUDGE BOYCE MARTIN
<b>Incorporator</b>	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.

Annual Report	6/21/2022	1 page	PDF	
Annual Report	5/17/2021	1 page	PDF	
Annual Report Amendment	5/17/2021	1 page	PDF	
Registered Agent name/address change	5/5/2020 7:30:41 PM	1 page	PDF	
Annual Report	5/5/2020	1 page	PDF	
Annual Report	4/23/2019	1 page	PDF	
Annual Report	4/16/2018	1 page	PDF	
Annual Report	1/12/2017	1 page	PDF	
Reinstatement Certificate of Existence	3/21/2016 1:41:14 PM	2 pages	PDF	
Reinstatement	3/21/2016 1:40:03 PM	2 pages	PDF	
Administrative Dissolution	9/12/2015	1 page	PDF	
Annual Report	5/21/2014	1 page	PDF	
Registered Agent name/address change	4/24/2013 10:20:18 AM	1 page	PDF	
Annual Report	4/24/2013	1 page	PDF	
Annual Report	2/13/2012	1 page	PDF	
Registered Agent name/address change	12/13/2011 2:49:43 PM	1 page	PDF	
Annual Report Amendment	2/11/2011	1 page	PDF	
Annual Report	2/9/2011	1 page	PDF	
Annual Report	3/9/2010	1 page	PDF	
Registered Agent name/address change	10/15/2009	1 page	tiff	PDF
Annual Report	10/13/2009	1 page	PDF	
Annual Report	7/23/2008	1 page	PDF	
Amendment	8/9/2007	1 page	tiff	PDF
Annual Report	8/9/2007	1 page	tiff	PDF
Principal Office Address Change	8/9/2007	1 page	tiff	PDF
Statement of Change	8/9/2007	1 page	tiff	PDF
Annual Report	3/23/2006	1 page	tiff	PDF
Annual Report	5/24/2005	1 page	tiff	PDF

Annual Report	9/23/2004	1 page	tiff	PDF
Sixty Day Notice	1/24/2004	1 page	tiff	PDF
Agent Resignation	10/24/2003	1 page	tiff	PDF
Annual Report	7/22/2003	1 page	tiff	PDF
Statement of Change	4/24/2003	1 page	tiff	PDF
Annual Report	6/4/2002	1 page	tiff	PDF
Annual Report	5/30/2001	1 page	tiff	PDF
Annual Report	6/8/2000	1 page	tiff	PDF
Statement of Change	6/11/1999	1 page	tiff	PDF
Annual Report	5/25/1999	1 page	tiff	PDF
Annual Report	5/13/1998	1 page	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Statement of Change	8/2/1996	1 page	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	2 pages	tiff	PDF
Annual Report	7/1/1994	1 page	tiff	PDF
Annual Report	3/17/1993	1 page	tiff	PDF
Annual Report	7/1/1992	1 page	tiff	PDF
Annual Report	7/1/1991	1 page	tiff	PDF
Annual Report	7/1/1990	2 pages	tiff	PDF
Annual Report	7/1/1989	2 pages	tiff	PDF
Articles of Incorporation	5/16/1983	13 pages	tiff	PDF

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/21/2022 12:25:51 PM	6/21/2022 12:25:51 PM	
Amendment to annual report	5/17/2021 3:47:07 PM	5/17/2021 3:47:07 PM	
Annual report	5/17/2021 3:40:12 PM	5/17/2021 3:40:12 PM	
Annual report	5/5/2020 7:43:21 PM	5/5/2020 7:43:21 PM	
Registered agent address change	5/5/2020 7:30:41 PM	5/5/2020 7:30:41 PM	
Annual report	4/23/2019 4:04:01 PM	4/23/2019 4:04:01 PM	
Annual report	4/16/2018 1:09:00 PM	4/16/2018 1:09:00 PM	
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	BLACKACRE FOUNDATION, INC.

## 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

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Kentucky Unbridled Spirit