

CITIZEN SUPPORT ORGANIZATION 2017 REPORT (pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: <u>Blackwater Heritage Trail, Inc.</u>								
Mailing Address:	P.O. Box 4292, Milton, FL	32572						
Telephone Number:	850-982-4544	Website Address (if applicable):	N/A					

Statutory Authority:

Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

Brief Description of the CSO's Mission:

The mission of the Blackwater Heritage Trail, Inc. is to act as a nonprofit citizens support group to foster improvements and maintenance of the Blackwater Heritage State Trail, to develop additional linkages and a network of trails that connect with or are proximate to the trail, to promote environmental, cultural, and historical awareness of the trail, and to encourage the use of the trail as a healthful and safe facility for cycling, hiking, horseback riding, running, and related recreational activities.

Brief Description of the CSO's Results Obtained:

- 1. RESTORE Act grant proposal titled "Blackwater Heritage State Trail Infrastructure Improvements" approved by Santa Rosa County Commission in January 2016. The grant supports two RESTORE Act priorities, improvements to or on State Parks located in coastal areas affected by the Deepwater Horizon oil spill and promotion of tourism in the Gulf Coast Region. The project includes funding in the amount of \$40,329.78 for a restroom at the Equestrian Trailhead, three water fountains, and 16 benches. The project now awaits final federal approval which should be received later in 2016 or early 2017.
- 2. CSO continued with volunteer efforts associated with invasive species removal and native tree plantings. Seedling longleaf and loblolly pines were planted in appropriate zones along the trail, particularly in areas where invasive species had been removed. In addition, the CSO donated \$1,000.00 to purchase live oaks, longleaf pines, and red maples and worked with volunteers and staff to plant the trees. Chinese privet were removed from the lower part of the trail south of Highway 90 where previous eradication efforts had occurred. Retreatment is important to ensure new infestations of invasive species do not get established.
- 3. Supported the Fenner McConnell/Matt Wantz Memorial Blackwater Heritage Century Ride, the major bicycle race that occurs on the trail yearly. The ride uses a large portion of the Blackwater Heritage State Trail and portions of Blackwater River State Forest. Volunteers supported the event through course layout, rest station food and drink purchase, and staffing of the rest stations. Total attendance increased from 2015 to a total of 307 riders with participation from Alabama, Mississippi, California, Georgia, Maryland, Nebraska, Arkansas, Louisiana, and Florida. 215of the participants were male and 92 were female. Average age was 49 with the oldest rider being 77 and the youngest rider 13. Four distances were offered

with the race, 18, 42, 62, and 100 miles. The highest number of participants participated in the100-mile race. The ride provides outstanding exposure to the Blackwater Heritage State Trail.

- 4. Continued to advocate for and support work on trails that connect to the Blackwater Heritage State Trail and provide for a large linked system of bicycle/pedestrian trails. The trails are all part of the Office of Greenways and Trails identified trail opportunity maps for Northwest Florida. Trails assisted with include the Military Heritage Trail, the Longleaf Trail, the Milton/Bagdad Connector, and the Bagdad Mill Site Park loop trail. In addition, support was provided to development of an extension to the Military Heritage Trail which would ultimately connect the Blackwater Heritage State Trail northward to Blackwater River State Forest.
- 5. Worked with The Conservation Fund and other local partners on a regional workshop titled "Connecting Nature and Commerce, Developing Regional Trail Opportunities. The 2 day action planning workshop centered on identification of regional trail opportunities, and two of the three highest rated projects were trails that connected to the Blackwater Heritage State Trail.
- 6. Supported Santa Rosa County with the planting of native trees along the Bagdad Mill Site Loop Trail. Trees included sand live oaks, southern magnolias, slash pine, longleaf pine, bald cypress, pond cypress, red maple, loblolly pine, live oaks, and sweetgums. Santa Rosa County staff and volunteers did an outstanding job with the planting of the trees and had 100% survival. The Blackwater Heritage State Trail historically culminated at this park when it was the Bagdad Land and Lumber Company Mill.

Brief Description of the CSO's Plans for Next Three Fiscal Years:

- 1. Work with Santa Rosa County and the Florida Department of Environmental Protection on planning and implementation of trail infrastructure projects funded by Santa Rosa County RESTORE Act funding.
- 2. Raise funds, request and receive grants and gifts, and make expenditures in support of the goals of the organization.
- 3. Promote environmental, cultural, and historical awareness of the Blackwater Heritage State Trail and other trails identified as significant state trails by the Florida Department of Environmental Protection.
- 4. Encourage the use of the trail as a healthful and safe facility for cycling, hiking, horseback riding, running and related recreational activities through community education and outreach.
- 5. Support major trail events as approved by the Florida Department of Environmental Protection.
- 6. Advocate for the development of additional linkages and a network of trails that connect with or are proximate to the trail and those that are a part of the Florida Greenways & Trails System Plan.
- 7. Conduct programs and activities related to the Blackwater Heritage State Trail, other significant trails in the area, and connector trails under consideration or development.
- 8. Add needed trail support items such as a Bike Fixit Station as identified and approved by the Florida Department of Environmental Protection.

Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)

Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

Blackwater Heritage Trail, Inc. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Blackwater Heritage Trail, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Blackwater Heritage Trail, Inc. board members, officers, and employees in the performance of their official duties.

STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by CSO board members, officers, and employees.

1. Prohibition of Solicitationor Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law. Page 1 of 2

4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or anyprincipal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

Failure of a CSO board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

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For	n 93	90-EZ	•	Under sect	tion 501(c), 527, o		oft	he Interna				ſ	2016
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A		ne 2016 calen	dar year, or t	ax year beg	inning				, 2016, and	ending			,	
ľ		if applicable: C s change	Name of organiza	ation								D Er	nployer i	dentification number
	Name o	- 101	ACKWATER				NC.							27002
	Initial re	etum	Number and stree	et (or P.O. box, if	mail is not de	elivered to s	treet address)			Room/suite		E Te	lephone i	number
	Final retu	Interminated PO	BOX 429									(<u>850)</u>	982-4544
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G		unting Method: site: ► N/A	X Cash	Accrua	Uther (specify)	·				H Chec			organization is not Schedule B
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<u> </u>	_				<u>, </u>	<u> </u>		╞╴						
		of organization	· · ·		Trust		ociation		Other					
L	Add li	ines 5b, 6c, an s (Part II, colur	17b to line 9	to determine	gross rec	eipts. If g	gross receip	ts ar	e \$200,000	or more	, or if total		► S	1 000
D	_	Revenue,									_	_		1,000.
·r c	L C Inn													X
	1	Contributions,						_				_		1,000.
	2	Program servi											2	1,000.
	3	Membership o		•••									3	
	4	Investment in							<i></i> .				4	
	5a	Gross amount	from sale of	assets other	than inver	ntory			5	a			3. 6.2.3	
	Ь	Less: cost or (other basis ar	nd sales expe	enses				5	b			4	
		Gain or (loss) fro Gaming and f			ntory (Subtra	act line 5b i	from line 5a)						5 c	
R	a	Gross income	from gaming	(attach Sch	edule G if	greater t	han \$15,000)).	6	a				
Ŷ	b	Gross income	from fundrais	sing events (not includi	ng \$				f contribu	tions			
REVENU		from fundraisi								. 1				
Ĕ		of such gross												
	C C	Less: direct e	cpenses from	gaming and	fundraisin	g events	i .	•••	6	C				
	d	Net income or 6b and subtra					add lines 6a	and	1 • • • • • • •				6 d	
	7 a	Gross sales o							7	a			7 88	
		Less: cost of								b				
	c	Gross profit o	(loss) from a	sales of inver	tory (Subt	ract line	7b from line	e 7a)					7 c	
	8	Other revenue												
	9	Total revenu												1,000.
	10	Grants and si											10	
	11	Benefits paid	to or for mem	bers									11	
Ê	12	Salaries, othe	r compensati	on, and emp	loyee bene	efits				• · · ·			12	
Ê	13	Professional f											13	
N	14	Occupancy, r											_14	
EXPENSES	15	Printing, publi	cations, posta	age, and shi	oping	· · • · ·		•••		• • • •			15	
v	16	Other expens												2,237.
	17	Total expens	es. Add lines	10 through	16		••••••••	• •	• • • • • • •	<u></u>	<u></u>	· · · ►		2,237.
А	18	Excess or (de	ficit) for the y	ear (Subtrac	t line 17 fro	om líne 9	9)	•••		· · · ·	• • • • •	• • • •	18	1,237.
A NSE T	19	Net assets or	fund balance	s at beginnir	ig of year ((from line	e 27, colum	n (A)) (must agr	ee with e	nd-of-year		15 Apprintmenter	
TT		figure reporte	•••	,									19	<u>7,457.</u>
S	20	Other change											20	
	21	Net assets or						20.	• • • • • •		· · · · ·	*	21	<u>6,220</u> Form 990-EZ (2016)
DA	A FO	r Paperwork F	regriction Ac	r nouce, se	e me sebs	arate ms	auctions.							FORT 330-EZ (2016)

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Form	990-EZ (2016) BLACKWATER HERI	TAGE TRAIL, INC.		59	-302	7002 Page 2
Par	t II Balance Sheets (see the instr	uctions for Part II)				
	Check if the organization used Sched	ule O to respond to any questi				<u> </u>
22	Cash, savings, and investments			A) Beginning of yea	_	(B) End of year
23	Land and buildings			<u>7,457 7,457</u> 0		<u>0.</u>
24	Other assets (describe in Schedule O)			0		<u> </u>
25	Total assets			7,457		
26	Total liabilities (describe in Schedule O).			0	<u></u>	0.
27	Net assets or fund balances (line 27 of c	olumn (B) must agree with line	e 21) · · · · · · · [7,457		6,220.
Par		ccomplishments (see the ins	structions for Part III)			Expenses
	Check if the organization used Sche	edule O to respond to any que:	stion in this Part III	<u></u> X	(Reau	ired for section 501
VVDELL	s the organizations primary exempt purpose? See	Organization's Primary Exem	pt Purpose	<u> </u>	(c)(3)	and 501(c)(4)
meas	ribe the organization's program service accurred by expenses. In a clear and concise milted, and other relevant information for eac	nanner, describe the services	provided, the number of	persons	for oth	izations; optional ters.)
Dener		h program title.		·		<i>,</i>
28	TRAIL_SUPPORT					
	(Grants \$ 2,151,) If thi	s amount includes foreign grai	nts_check here		10 0	
29	<u>(elune ç _ 2,151,71 ul</u>	a unount includes foreign grat			28 a	<u> </u>
						
	(Grants \$) If thi	s amount includes foreign grai	nts, check here		29 a	
30						
					1	
	(Grants \$) If thi	s amount includes foreign grai	nts, check here	<u></u>	30 a	
31	Other program services (describe in Sched					
	(Grants \$) If thi	s amount includes foreign gran	nts, check here	<u></u> ►[]	31 a	
32	Total program service expenses (add lin	es 28a (nrough 31a)	• • • • • • • • • • • • • •	<u></u>	32	2,151.
<u> Par</u>	List of Officers, Directors, Check if the organization used Sche	I rustees, and Key Emp	DIOYEES (list each one ev stion in this Part IV	en if not compensated -	- see the	e instructions for Part IV)
		(b) Average hours per week devoted to				
	(a) Name and title	week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to emplo benefit plans, and defe compensation	rred	 (e) Estimated amount of other compensation
VER	NON COMPTON			Compensation		
	SIDENT		0		0.	0.
	E DAVIS		0			
vic	E PRESIDENT		0		0.	0.
	GARET_SMITH		· · · ·			
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Form	990-EZ (2016) BLACKWATER HERITAGE TRAIL, INC. 59-302700	2	Р	age 3
Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in			
	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u> .	• • •	<u>. </u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	r	Yes	No
34		33		X
	a change to the organizations name. Otherwise, explain the change on Schedule O (see instructions)	24		
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34		X
	(such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
b	o If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		\vdash
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	35 c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant			<u> </u>
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
, v	amount involved	1.7		0#
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			- 12 A
	section 4911 * ; section 4912 * ; section 4955 *		1. en i	
b	Section 501(c)(3) 501(c)(4) and 501(c)(2) organizations. Did the organization encode in social 4059 excess			8 1
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		لماهد التمسية	
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	s		
			-0.71.7	,
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e	Looka Million I	X
41	List the states with which a copy of this return is filed			
47 -	The organizations			
740	books are in care of DUCKER & COMPANY, INC. Telephone no. (850)	622-	325	0
	Located at 6825 OAK STREET MILTON FL ZP+4 32570	023	525	≚

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b At any time	e during the calendar year, did the d	organization have an interest in or a signature or o	ther authorit	y over a			Yes	No
tinancial ac	count in a foreign country (such as	a bank account, securities account, or other finan	icial account	\$?		42 b		x
If Yes, ent	er the name of the foreign country:	► 					07021	
		ts for FinCEN Form 114, Report of Foreign Bank and Financia						
	er the name of the foreign country:	organization maintain an office outside the United a	States?		••••	42 c		Х
	- •							

43 Section 4947(a and enter the a	a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		•	
			Yes	No
44 a Did the organiz	zation maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	·		
01 Porm 990-E	4	44a		Х
b Did the organi:	zation operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
Instead of For	n 990-EZ	44b		Х
c Did the organi:	zation receive any payments for indoor tanning services during the year?	44c		X
d If 'Yes' to line 4	44c, has the organization filed a Form 720 to report these payments? an explanation in Schedule O			
If 'No,' provide	an explanation in Schedule O	44d		
45 a Did the organia	zation have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b Did the organizati	on receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If ¥es,+ nedule R may need to be completed instead of Form 990-EZ (see instructions)			
Form 990 and Sci	hedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		х
	TEEA0812 12/22/16	Form 99	0-EZ (2016)

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Form 990-6	EZ (2016)	BLACKWATER	HERITAGE	TRAIL,	INC.				59-3027	7002	Page 4
46 Did ti candi	he organiza idates for p	tion engage, dire	ctly or indirectly es,' complete So	, in political c chedule C, Pa	campaign a art I	ctivities on beha	lf of or in o	pposition to		. 46	Yes No
Part VI	Section Bill Section	n 501(c)(3) o r ion 501(c)(3) s 50 and 51.	ganizations	oniy –						•	, <u> </u>
	Check if	the organization (used Schedule	O to respond	to any que	stion in this Part	<u>vi</u>	· · · · · · · · ·	<u>.</u>		
47 Did ti comp	he organiza plete Sched	tion engage in Iol ule C, Part II	bbying activities	s or have a se	ection 501(i	h) election in effe	ect during th	he tax year?	lf 'Yes,'	. 47	Yes No X
		on a school as de									X
49 a Did th	he organiza	tion make any tra related organizati	insfers to an ex	empt non-cha	aritable rela	ated organization	?	• • • • • •	•••••	. 49a	<u>x</u>
50 Com	plete this ta	ble for the organi each received m	zation's five hig	hest compen	sated emp	lovees (other tha	n officers.	directors, trus	stees and k	. <u>49 b</u> кеу	
	(a) Name an	d title of each employe	e	(b) Average per week de lo posi	hours evoted tion	(C) Reportable comp (Forms W-2/1099-	ensation c MISC) b	(d) Health ben contributions to er benefit plans, and compensati	nployee deferred	(e) Estimated other comp	
NONE											
<u> </u>		 _									
	-										
	<u>-</u>		• - -								
		 -	•								
		other employees	-			·			I,		
51 Comp comp	plete this ta pensation fre	ble for the organi om the organizati	zation's five hig on. If there is n	hest compen one, enter 'N	isated inde one.'	pendent contract	ors who ea	ach received i	more than a	\$100,000 o	f
	(a) Name and	business address of ea	independent con	tractor			(b) Type of se	ervice		(c) Comp	ensation
NONE	-		- -								
				_			·				
		_ _							_		
											
52 Did th	he organiza	other independer tion complete Scl dule A	hedule A? Note	: All section	501(c)(3) oi	rganizations mus	t attach a		· · · · · · -	► X Yes	
Under penaltie true, correct, a	s of perjury, I d nd complete. D	eclare that I have exam eclaration of preparer (nined this return, incl (other than officer) is	uding accompany based on all info	ying schedules	and statements, and ch preparer has any k	to the best of r nowledge.	my knowledge an	d belief, it is		
		e of officer					_				
Sign Here			T				DI	Date			
	Type or	ION COMPTON print name and title	N				P1	<u>RESIDENT</u>			
		eparer's name	A h	Preparer's signa		Date)	Check		N	
Paid	JOHN D		& COMPANY	<u>JOHN_DUC</u>	CKER	06	/01/17	self-emp	loyed PO	<u>012343</u> ;	2
Preparer Use Only	Firm's addres	DOCKER	AK STREET					Firm's E	IN ► 2	7-4408	233
		MILTON					<u>570-47:</u>	38 Phone n	o. (850) 623-3	3250
May the IR:	S discuss th	his return with the	preparer show	n above? Se	e instructio	ns	· · · · · ·			► Yes	No
										⊦orm 990	-EZ (2016)
				т	EEA0812 12	2/22/16					

		Public Char	ity Status and F	Public	Supp	ort	OMB No. 1545-0047				
SCHEDULE A (Form 990 or 990-EZ)	Com	4947(ition is a section 501(c) a)(1) nonexempt charita	able trust	.	or a section	2016				
Department of the Treasury	► Inf		ach to Form 990 or For edule A (Form 990 or 99			structions is	Open to Public				
Department of the Treasury Internal Revenue Service Name of the organization			at www.irs.gov/form99	0.			Inspection				
BLACKWATER HER	רמפה המסר				,	Employer identific					
Part Reason fo			rganizations must c	omplete	this p	59-302700 art.) See instruction	<u> </u>				
The organization is not a											
1 A church, conv	ention of churci	hes, or association of	churches described in se	ection 17	0(b)(1)(/	A)(i).					
			ich Schedule E (Form 99								
			ation described in sectio								
name, city, an		on operated in conjun	ction with a hospital desc	cribed in s	ection .	170(b)(1)(A)(iii). Enter t	he hospital's				
- □		he benefit of a college mplete Part II.)	e or university owned or o	operated I	oy a gov	ernmental unit describe					
6 🗌 A federal, state	e, or local gover	nment or government	al unit described in secti	on 170(b)(1)(A)(v	/).					
in section 170	(b)(1)(A)(vi). (0	Complete Part II.)	part of its support from a		nental ur	nit or from the general p	ublic described				
			.)(vi). (Complete Part II.)								
9 An agricultural or university or university:	' a non-land-gra	ization described in s nt college of agricultu	ection 170(b)(1)(A)(ix) of re (see instructions). Ent	perated i er the nar	n conjun ne, city,	iction with a land-grant of and state of the college	college ; or				
from activities investment inc	 X An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 										
			to test for public safety.	See sect	Ion 509((a)(4).					
12 An organizatio	n organized and	operated exclusively	for the benefit of, to per	form the f	unctions	of, or to carry out the p	urposes of one				
lines 12a throu	igh 12d that des	cribes the type of sur	in section 509(a)(1) or supporting organization and	complete	e línes 12	2e. 12f. and 12g.					
a Type I. A support organization(s)	orting organizat	tion operated, supervi	sed, or controlled by its s ct a majority of the direct	supported	organiz	ation(s) typically by give	ing the supported ation. You must				
	porting organiza of the supporting te Part IV, Section	organization vested	ntrolled in connection wit in the same persons that	h its supp t control o	orted or r manag	ganization(s), by having the supported organia	control or zation(s). You				
C Type III function organization (s)	ionally integrat	ed. A supporting organs). You must compl	nization operated in con ete Part IV, Sections A,								
functionally int	egrated. The or	ganization generally n	organization operated in nust satisfy a distribution s A and D, and Part V.	requirem	on with i ent and	its supported organization an attentiveness required an attentiveness required and the second s	on(s) that is not ement (see				
e Check this box	if the organizat	ion received a written	determination from the l	RS that it	is a ⊤yp	pe I, Type II, Type III fur	rctionally				
f Enter the number	of supported or	ganizations									
(i) Name of supported or		about the supported o									
(i) Name of supported of	ganizauon	(ii) Ein	(iii) Type of organization (described on lines 1-10 above (see instructions))	(Iv) Is organizatio in your go docum	verning	 (v) Amount of monetary support (see instructions) 	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
		<u> </u>		1							
<u>(B)</u>											
(C)				ÌÌÌ							
(D)							······································				
· · · · · · · · · · · · · · · · · · ·							·				
(E)		αραγία του που που που του του του του του του του του του τ	n in a state and a stat				<u> </u>				
Total			€ € 4.200 00 ° 	्राष्ट्रीय स्ट्राइस्ट्रे		<u> </u>					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. TEEA0401 09/28/16

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Schedule A (Form 990 or 990-EZ) 2016 BLACKWATER HERITAGE TRAIL, INC.

Page 2

59-3027002

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.)

Calendrary year (or fiscal year beginning in) (a) 2013 (c) 2014 (d) 2015 (e) 2015 (f) Total 1 Gits grats. contributors. appl. a	Sec	tion A. Public Support	<u> </u>					
Instate of variable and solution in the solution of the solutis of the solution of the solution of the solutis of the solution			(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
organization's benefit and either paid to or expended on its behalf its behalf The value of ervices or forwises translation by a loganization without charge its behalf 4 Total. Add lines 1 through 3 its behalf 5 The point of total combibilities by each person (differ than a governmental with or publicy support. its behalf 6 Public support. Subtract line 5 from line 4 its behalf 7 Amounts from line 4 (a) 2012 (b) 2013 (c) 2014 (d) 2015 (r) Total 8 Cection B. Total Support. its behalf its behalf its behalf its behalf its behalf 6 Public support. Subtract line 5 from line 4 (a) 2012 (b) 2013 (c) 2014 (d) 2015 (f) Total 7 Amounts from line 4 (a) 2012 (b) 2013 (c) 2014 (d) 2016 (f) Total 8 Ores income from interest, dividends, payments received on securities longs, rent, string on or the busines is requiling the form or not the busines is requiling the form unrelated business is form the safe of control to business is form the safe of control to business is form the safe of control to business is form the safe of the organization's fits, second, thick, fourth, or fith tay years as a section 5010(c)(3) organization, check this box and stop here. it 11 Totat support Add lines 7 through 10 reganization (f) related activities, etc. (see instructions). it </td <td>1</td> <td>membership fees received. (Do not</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	1	membership fees received. (Do not						
fedilies furtilised by a governmental unit to thege governmental unit to thege governmental unit to thege 5 The portion of total contributions by each person (where the person (where the an a governmental unit to the the person (where the an a governmental unit to the the person (where the an a governmental unit to the the person (where the an a governmental unit to the the the person (where the an a governmental unit to the the the person (where the and the the the person (where the person (where the the person (where the person (wher	2	organization's benefit and either paid to or expended						
5 The portion of total constructions by each person (other than a governmental unit or publicly support beam out, shown on line 11, column (f) Image: Column (f) 6 Public support. Subtrain line 5 (f) mile 4 Image: Column (f) 5 Public support. Subtrain line 5 (f) mile 4 Image: Column (f) 6 Public support. Subtrain line 5 (f) Total support. Subtrain line 5 (f) Total support. Subtrain line 4 Image: Column (f) 7 Amounts from line 4 Image: Column (f) Image: Column (f) 7 Amounts from line 4 Image: Column (f) Image: Column (f) 8 Gross income from interest, dividends, payments received on securities loans, remit from subiness activities, whether or not the business in equipativity carried on Image: Column (f) Image: Column (f) 9 Net income. Do not include gapital assets (Explain in Part Vi.) Image: Column (f) divided by line 11. column (f) Image: Column (f) 11 Total support. Add lines 7 through 10 Image: Column (f) divided by line 11. column (f) Image: Column (f) divided by line 11. column (f) Image: Column (f) divided by line 11. column (f) Image: Column (f) divided by line 11. column (f) Image: Column (f) divided by line 11. column (f) Image: Column (f) divided by line 11. column (f) Image: Column (f) divided by line 11. column (f	3	facilities furnished by a governmental unit to the						
contributions by each person (other than a governmental unit or publicly supported organization include do nine 1 that exceeds 2% of the amount shown on line 11, column (1) . 6 Public support. Subtract line 5 from line 4 Calendar year (or fiscal year beginning in) + 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalites and income from selfman error work and income from selfman error work and income from selfman sources. (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 9 Met income from interest, dividends, payments received on securities loans, rents, royalites and income from selfman sources. (a) 2012 (b) 2013 (c) 2014 (c) 2015 (e) 2016 (f) Total 10 Other income. Torn interest, dividends, whether or not the business is regularly corified on	4	Total. Add lines 1 through 3		ľ				-
Section B. Total Support Calendar year (or fiscal year beginning in) + (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Section B. Total Support Calendar year (or fiscal year beginning in) + 7 Amounts from line 4	6							
beginning in) + (b) 2013	Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	Cale	ndar year (or fiscal year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
dividends, payments received on securities loans, rents, royatiles and income from similar sources	7	Amounts from line 4		-				
business activities, whether or not the business is regularly carried on	8	dividends, payments received on securities loans, rents, royalties and income from						
gain or loss from the sale of capital assets (Explain in Part VI). Image: Comparison of Comparis	9	business activities, whether or not the business is regularly						
11 10 at support Add inters 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions). 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 12 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 5 Section C. Computation of Public Support Percentage 14 % 15 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2015 Schedule A, Part II, line 14	10	gain or loss from the sale of capital assets (Explain in						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2015 Schedule A, Part II, line 14 16a 33-1/3% support test—2016. 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—2015. 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—2016. 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets th	11							
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14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 % 16a 33-1/3% support test—2016. 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 16a b 33-1/3% support test—2015. 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 16a 17a 10%-facts-and-circumstances test—2016. 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 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumst	Sec	tion C. Computation of Pu	blic Support F	Percentage				<u>t</u>
15 Public support percentage from 2015 Schedule A, Part II, line 14					, column (f))		14	%
and stop here. The organization qualifies as a publicly supported organization	15	Public support percentage from 20	015 Schedule A, Pa	art II, line 14			15	%
 and stop here. The organization qualities as a publicly supported organization	16a	33-1/3% support test—2016. If the and stop here. The organization of	he organization did qualifies as a public	not check the box	on line 13, and line	e 14 is 33-1/3% or	more, check this bo	× · · · · · ► □
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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		or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' tes t. The organization	t, check this box a qualifies as a pub	nd stop here. Exp licly supported org	lain in Part VI how the anization	he · · · · · ► 🔲
	18	Private foundation. If the organiz	ation did not check	a box on line 13, "	16a, 16b, 17a, or 1	7b, check this boy	and see instruction	s ► 📋

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Page 3

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

	tion A. Fublic Support						
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
2	any 'unusual grants.') Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		<u> </u>				·
5	The value of services or facilities furnished by a governmental unit to the organization without charge		·				
6	Total. Add lines 1 through 5			-	÷		
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b					1	
8	Public support. (Subtract line 7c from line 6.)			4			
Sec	tion B. Total Support	<u> </u>		·			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b			-	·	┼━	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9,						
14	10c, 11, and 12.)	s for the organizati	on's first, second, f	third, fourth, or fifth	l 1 tax year as a sec	tion 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support F	ercentage				<u> </u>
15	Public support percentage for 2016			3. column (f))		15	0.00 %
16	Public support percentage from 20						<u> </u>
Sec	tion D. Computation of Inv	estment Incor	ne Percentage				
17	Investment income percentage for				<u>))</u>		0 00 8
18	Investment income percentage from						<u> 0.00 % </u>
	33-1/3% support tests-2016. If the						
	is not more than 33-1/3%, check the	his box and stop h	ere. The organizat	tion qualifies as a p	publicly supported	organization	
	33-1/3% support tests-2015. If the line 18 is not more than 33-1/3%, of	he organization dic check this box and	f not check a box o stop here. The or	on line 14 or line 19 ganization qualifie	9a, and line 16 is i s as a publicly sur	more than 33-1/3%, poported organization	and ····▶
	Private foundation. If the organiz	ation did not check			this box and see	instructions	••••• X
BAA			TEEA0403	09/28/16	Sc	hedule A (Form 99	0 or 990-EZ) 2016

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

17

Single A

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990 or 990-EZ) 2016

Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		气潮的	
â	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
1	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove		Yes	No
	directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		

Section C. Type II Supporting Organizations

			Yes	
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	1 - 1933 1 - 1933 2 - 1933		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

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

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 government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.

in this regard.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

3

Yes

2a

2b

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3b

No

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

Section A	A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sh	ort-term capital gain	1		
2 Recov	eries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add lir	nes 1 through 3.	4		
5 Depre	ciation and depletion	5		
incom	n of operating expenses paid or incurred for production or collection of gross e or for management, conservation, or maintenance of property held for ction of income (see instructions)	6		
7 Other	expenses (see instructions)	7	· · · · · ·	
8 Adjus	ted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section E	3 Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggree tax ye	gate fair market value of all non-exempt-use assets (see instructions for short ar or assets held for part of year);		¥	
a Averaç	ge monthly value of securities	1 a		
b Avera	ge monthly cash balances	1 b		
c Fair m	arket value of other non-exempt-use assets	1 c		
d Total	(add lines 1a, 1b, and 1c)	1 d		
	unt claimed for blockage or other s (explain in detail in Part VI):			
2 Acquis	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	act line 2 from line 1d.	3		
	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, structions).	4		
5 Net va	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	ly line 5 by .035.	6		
7 Recov	reries of prior-year distributions	7		
8 Minim	num Asset Amount (add line 7 to line 6)	8		
Section C	C – Distributable Amount			Current Year
1 Adjust	ed net income for prior year (from Section A, line 8, Column A)	1		
2 Enter	85% of line 1.	2		
3 Minim	um asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter	greater of line 2 or line 3.	4	-	
5 incom	e tax imposed in prior year	5		
	butable Amount. Subtract line 5 from line 4, unless subject to emergency rary reduction (see instructions).	6		
7 [] CI (S	heck here if the current year is the organization's first as a non-functionally integrate instructions).	ated Type	III supporting organizatio	n

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Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organizat	ions (continued)	
Section D – Distributions		, <u></u> _,,	Current Year
1 Amounts paid to supported organizations to accomplish exempt purpos	ses		
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	15,	
3 Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4 Amounts paid to acquire exempt-use assets		· · · · · · ·	
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ation is responsive (provide	e details	
9 Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
C From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount		60at (1) 2013 -	
i Carryover from 2011 not applied (see instructions)		and a second	
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			ა. კ. ლიტიკოდა ამის, და
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
b Excess from 2013			
C Excess from 2014			
d Excess from 2015			
e Excess from 2016	N R R R R R R R R R R R R R R R R R R R		
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Schedule A (Form 990 or 990-EZ) 2016

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Page 8

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

Schedule of Contributors

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer Id	lentification	number

BLACKWATER HERITAGE TRAIL, INC.

59-3027002

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

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

Special Rules

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

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

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

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 1, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

OMB No. 1545-0047

2016

SCHEDULE O (Form 990 or 990-EZ)

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Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection Employer Identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

BLACKWATER HERITAGE TRAIL, INC.

59-3027002

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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

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Other expenses (describe in Schedule O)	86.
OTHER TRAIL EXPENSE	2,151.
Total	2,237.

Form 990-EZ, Part III, Statement of Program Service Accomplishments Organization's Primary Exempt Purpose

PROVIDES	S SUP	PORT	TO	THE	STATE	TRAIL	PROM	OTING
EVENTS	AND	ACT	IVI	FIES	THAT	GENEI	RATE	AND
FOSTER	USE	OF	THE	TR.	AIL.			