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_	99	M	Return of	Organization Exe	emnt [From I	ncome Ta	X	OMB No. 1545-0	0047
Fortt	J	•	i iveralli Ol	A.Bailleation Ex	ompt r	IVIII II	INDING 16		2018	27
		•	1	7, or 4947(a)(1) of the Intern		-			20	
Dene	atment of	the Treasury	Į.	social security numbers or				9/1/1	Open to Pu	
Interr	al Rever	ua Sarvice	► Go to www	v.irs.gov/Form990 for instr	uctions an	d the lates	st information.	MC	Inspectio	'n
<u>A</u>	For the		dar year, or tax year begi		, 201	8, and end	ling	101	, 20	
В	Check If	applicable C	Name of organization Friend	ds of Blackwater, inc.				0 Employer	identification num	ber
	Address	change	Doing business as						55-0778211	
	Name ci	nango	Number and street (or P.O. be	ox if mail is not delivered to stre	at address)	Reom/	'aute	E Telephone	a number	
	initial rot	ium E	O Box 247						304-345-7663	
□.	Fınal retu	mitemmated	City or town, state or province	e, country, and ZIP or foreign po	stal codo					
□.	Amende	d return 1	homas, WV 26292					G Gross rec	erpts \$ 243	3069 <u>53</u>
	Applicat	ion pending F	Name and address of principa	al officer Judith S. Rodd			H(a) is this e g	ncup ratum for su	zo V 🔲 fentanionaci	Ø No
		<u> </u>	O Box 247 Thomas, WV			<u>~~</u>	- <u>- 1</u>		included? 🔲 Yes 🛭	
<u> </u>	Tax-exe	mpt status	✓ son(c)(3)	(01(c) () ◀ (insert no.)	4947(a)(1)	or 🗆 (27)) /) If the	o," attach a l	zı. (see kısıructions))
	Website		saveblackwater.org		1		H(c) Group	exemption n	umbor ▶	
				Association ☐ Other ►	L	Year of form	nation 2000	M State o	f legal domicile	w
P	art I	Summa			<u>u</u>					
	1	Bnefly des	scribe the organization's	mission or most significa	ant activiti	ies: The	mission is to e	ducate the	public about the	!
ភ្ជ		environme	nt.							
Ē										
Activities & Governance	2			ation discontinued its ope		•		1 1	ts net assets.	
ថ	3		-	governing body (Part VI,	•			3		<u>5</u>
8	4		•	embers of the governing t				4		5
£	5		-	yed in calendar year 201	8 (Part V,	line 2a)		5		4
훒	8		ber of volunteers (estimate)	•••				6		500
Ř	7a			from Part VIII, column (C)			11.45	7a		0
	<u> </u>	Net unrela	ited business taxable ini	come from Form 990-T, I	nd 38 1	<u>RECE</u>		7b		0
	١.				1~[Priory		Current Vear	
9	8		ons and grants (Part VIII		15/	JUL 03	2010	69033.00	243	3069.53
Revenue	9	-	service revenue (Part VIII	~·	1-10		1013	5 		0
چ	10	Investmen	it income (Part VIII, colu	mn (A), lines 3, 4, and 7d	1	OCOC		4 9		0
_	11			A), lines 5, 6d, 8c, 9c, 10d			יאָ <u>י טו</u>	0		0
	12			11 (must equal Part VIII,), line (2)		H69033.00	243	<u>3069.53</u>
	13			Part IX, column (A), lines	-		}	0		150 00
	14	-	· ·	Part IX, column (A), line 4)				- 0		0
8	15			oyee benefits (Part IX, colu		nes 5-10)	ļ	59804.00	82	<u> 2142.75</u>
Expanses	16a			TIX DEJUMO (AD) WE DE	٠ }		<u> </u>	0	· 	0
3	, b		Iralsing expenses (Par L		<u> </u> 3%1	5638.00	1 'm' 'mark-ent of		عدر بدر من عمر عارز	
_	17			Al lines 11a-11d, 11f-24				88278.00		4545.77
	18		11	must eautal Partix/gollun	uul®yline	3 25) .		48082.00		6838 <u>52</u>
. 10	19	Hevenus I	ess expenses. Subtradi		╼┸╚┤╶		10110	20951.00	End of Year	<u> 6231.01</u>
25	۱	T-4-1	/2	OGDEN, UT			Beginning of C	+		
Belon Person	20		ets (Part X, line 16)		· · ·			34683.00	55	<u>5634 00</u>
E E	21							<u>o</u>		0
				tract line 21 from line 20		<u></u>	<u> </u>	55634.00	71	1865 01
$\overline{}$	art II		ure Block	· · · · · · · · · · · · · · · · · · ·						
Un	der pena	atios of perjury	y, I declare that I have examine	ed this return, including accomp.	anying school	dules and st	atomonts, and to	he best of m	y knowlodge and be	ellet it ie
	0, 00000	T.	na Decidiation of preparer (our	er than officer) is based on all in	tormetion or	which prepa	arer mas eny know	Header		
n:.	_ 0	3 .	- Galletto	N. Kode				6/2	<u> 18/19 </u>	
Się	· •	/ Signar	turo of officer	n II D	. 1	£	D	ne /	- /	
He	re 2	:	VJUDITUS.	Koda Ire.	<u>side</u>	<u>. مله</u>				
	Z	- 1 0	or print name and title							
	id 🏻	! !	e preparer's name	Preparer's signature	•	{	Date (Check 2	∂ (f PTIN	_
Pn	epare	Pamela :	Simmons	Pombal	mnu	ons	6-27-19	self-empl)36
Us	e On	ly Firm's na	imo Pam Holliday CP	A AC			Fin	n's EIN ▶	20-4292788	3
		Firm's ad	dress > 1032 Shawnee To	rail Elkview, WV 25071			Ph	one no.	304-965-0025	<u>, </u>
				parer shown above? (see	Instructio	ns)	<u> </u>		🛭 Yes [
For	Papen	work Reduc	tion Act Notice, see the s	eparate instructions.		Car	I. No 11282Y		Form 99	O (2018)

"(15) BIAGE - DO NOT COLORESPOND FOR SIGNATURE"
GOT

Form 99	
Part.	
1	Check if Schedule O contains a response or note to any line in this Part III
•	
	The mission is to educate the public about the environment.
2	Did the organization undertake any significant program services during the year which were not listed on the
	orlor Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	f "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	he total expenses, and revenue, if any, for each program service reported.
48	Code:) (Expenses \$ 32666.44 Including grants of \$ 0) (Revenue \$ 79380.53)
	riends of Blackwater - We communicated with our membership through our website, quarterly newsletter, monthly E-News, direct
	nall, Facebook and Twitter. We hosted speakers and ran tours of the Blackwater area. We managed our central office in Thomas, WV
	where we participated in local events, ran roadside clean-ups and gave talks on our projects. We kept accounting records of
	ndividual donations and grants and expenses by project and other administrative duties. We continued to work on protecting
	Blackwater Canyon and began a campaign to stop industrial development on the edge of the Canyon. We took part in the Tucker
	oundation Run for it Race and had booths at the Cheat Fest and the Forest Festival.
4b	Code:) (Expenses \$ 118146.46 including grants of \$ 0) (Revenue \$ 107221.82)
~~	Blackwater/Northfork Watershed - The North Fork of the Blackwater River flows along the Blackwater Canyon Rail Trail and is
	regatively impacted by acid mine drainage (AMD) pollution from old underground mines. We received a grant from the WV Dept of
	nvironmental Protection watershed program to re-engineer a water treatment facility on the North Fork and hired an engineering firm
	o design the new AMD treatment system in the footprint of the old one which no longer works and is located in the Monongahela
	lational Forest. We began writing a Watershed Based Plan for Beaver Creek of the Blackwater River with funds from the WVDEP
	rants program
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
4c	Code ) (Expenses \$ 28598.34 including grants of \$ 0) (Revenue \$ 5435.32)
	Climate Change - With a grant from the Appalachian Stewardship Foundation we continued our partnership with HSTA (Health
	cience and Technology Academy). We presented climate science information to their afterschool high school clubs and at their
	ummer camps. We planned and presented a major conference in partnership with the West Virginia Law School in December
	ittended by 200 people with widespread media coverage.
	H
4d	Other program services (Describe in Schedule O.)
74	Expenses \$ 47427.28 including grants of \$ 150 00 ) (Revenue \$ 51031 86 )
40	otal program service expenses > 226838 52

Page 3

### Part IV **Checklist of Required Schedules** Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII. VIII. IX. or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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 167 If "Yes," complete Schedule D, Part VII 11b c Old the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X / 118 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . . 13 148 Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . . 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 17 If "Yes," complete Schedule I, Parts I and II

Form BE	%0 (2018)			age 4
Part	Checklist of Required Schedules (continued)			280-4
**			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 27 if "Yes," complete Schedule I, Parts I and III	22		1
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	23		1
<b>24</b> a	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," enswer lines 24b			1
ь	through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24a 24b		7
C	Old the organization maintain an escrow account other than a refunding escrow at any time during the year			<u> </u>
	to defease any tax-exempt bonds?	24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		<del>-</del>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
þ	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	0==		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		<u> </u>
20	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	,	1
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):	28a		1
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	268		<del>*</del>
_	Schedule L, Part IV	28b	<u> </u>	✓_
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		7
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
31	conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<del></del>	-	<u> </u>
	complete Schedule N, Part II	32		✓
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	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- <u></u> -		
350	or IV, and Part V, line 1	34		<b>/</b>
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	-	<b>✓</b>
	controlled entity within the meaning of section 512(b)(13)7 if "Yes," complete Schedule R, Part V, line 2.	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2	36		/
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	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
Part				
	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			<del>                                     </del>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	reportable genning (gamening) withings to pitte winners :		n 990	(2018)

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
<b>2</b> a	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		٠	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>√</b>	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	11.0	معمد	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account to a femiliar country (such as a healt account to a templa account to a femiliar account to a femiliar account.)			<b> </b>
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a	<del></del> ,	<b>-</b>
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	٠.		l '
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	<del>                                     </del>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ا	L
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	78 		ļ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
C	Old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		İ
d	fequired to file Form 8282?	٠,٠		<del> </del>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	•	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	71		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, simplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		_:	· ` `
_	sponsoring organization have excess business holdings at any time during the year?	8		L
9_	Sponsoring organizations maintaining donor advised funds.	ا. ي إ		
8	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations, Enter:	9b	_	├
а	Initiation fees and capital contributions included on Part VIII, line 12	ĺ		4
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	<b> .</b>		٠,
11	Section 501(c)(12) organizations. Enter:	,		;
8	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	}		
	against amounts due or received from them.)		-	i
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			•
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
8	Is the organization licensed to issue qualified health plans in more than one state?	13a	. ,	<del></del>
b	Note. See the instructions for additional information the organization must report on Schedule O.	1	ĺ	
U	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148		/
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>
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?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
	If "Yes," complete Form 4720, Schedule O			
		Form	n <b>99</b> 0	(2018)

; `				
Farm 85	20 (2018)			Page 6
Part		and	for a	"No
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in:	struct	ions.
	. Check if Schedule O contains a response or note to any line in this Part VI			. 🗵
Secti	on A. Governing Body and Management	<u> </u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a	5	-	. 1
	If there are material differences in voting rights among members of the governing body, or	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. '	1
	If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	`;	[ '	
_	· 1	_ <b> ≻</b>		
2	Enter the number of voting members included in line 1a, above, who are independent .   1b	<b>되</b> , :	ł	], }
	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?	2	7	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4	<del>                                     </del>	17
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	8		7
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?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<u> </u>		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	_	7.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
•	the year by the following:		7	
a b	The governing body?	8b	7	$\vdash$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		<del>                                     </del>	$\vdash$
Ť	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.	<i></i>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		1	
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	₩
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	118	-	<del> </del>
12a	· · · · · · · · ·	12a	17	
b		<b>—</b>		1
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	1	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
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?		مب.	لحدا
a	The organization's CEO, Executive Director, or top management official	15a	V	<del> </del>
ь	Other officers or key employees of the organization	15b	1	<del> </del>
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	_	7
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			<b> -</b>
Scare.	organization's exempt status with respect to such arrangements?	18b	1	ــــــــــــــــــــــــــــــــــــــ
<u>Secu</u>	Ust the states with which a copy of this Form 990 is required to be filed ▶ West Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A If applicable), 990, and 990	T /S~		501/6
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-1 (38)	MUII	oo i (c,
	☑ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records ▶

financial statements available to the public during the tax year.

Judith S. Rodd PO Box 247 Thomas, WV 26292 304-345-7663

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•	
E DDD	

Form 990 (201	8) Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

- organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of
  - . List all of the organization's current key employees, if any. See instructions for definition of "key employee"

compensation. Enter -0- in columns (0), (E), and (F) if no compensation was paid.

- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- . List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	any relate	d orga	aniz	atıo	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (Est any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						ا سست ا	(E) Reportable compensation from related	(F) Estimated ornoum of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Formar	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	componsation from the organization and related organizations
(1) Judith S Rodd, President				<b>✓</b>				1600 00		
(2) Donna Cook, Treasurer	1			1				o		
(3) Jeannie Dalporto, Secretary	11			1						
(4) Thomas Rodd	1	1						0		
(5)										
(6)				_						
(7)										
(8)										
(9)		-		-						
(10)				_						
(11)										
[12]										
[13]										
(14)										

Part	VII Section A. Officers, Directors, Trust	lees, Key E	mplo	yee:	s, ar	nd H	lighe	st C	ompensated E	imployees (conti	nued)		
	•				(0	<b>c)</b>					Γ		
	· (A)	(B)	Position (do not check more than					***	(D)	(E)		(F)	
	Name and title	Avarage					is both		Reportable	Reportable	Es	limated	
		hours per			ded	lrect	es/tres	tee)	compensation	compensation from			
	•	week (list eny	hdMoust trustee or director	34	ç	Ŋ	9,5	2	from the	related organizations			
		related	5₹	Institutional trusted	Officer	Kay amployee	Highost componsat employed	Former	organization	(W-2/1089-MISC)		om the	
		organizations below dotted	8€	9		륯	88	"	(W-2/1099-MISC)			inizatio	
	•	(aug	] `g	1 4		ğ	Į	1	i			l related nization	
		,	Ğ	ž		•	3	1					
				8	Ì		蘆	ŀ			1		
(15)				-			<u> </u>	┢			<del>                                     </del>		
1			1				i						
(16)		<del> </del>		┢		-		┢	<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>		
33.97		<del> </del>	[				ĺ	l	Į.		1		
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\$277		†					]		1	}	1		
1h	Sub-total				ــــــا		L	-	1600.00		<del> </del>		
c	Total from continuation sheets to Part							•	1800.00		+		
_								•	1600.00		<del> </del>		
	Total number of Individuals (including but										<del></del>		<del></del> -
2	reportable compensation from the organi		ו נט נו	1056	1 1151	eu .	augve	e) w		UI	DU OI		
	reportable compensation from the organi	Eddon				-	-					Yes	No
_	Did the commission No	·										103	<del>  ~~</del>
3	Did the organization list any former of							emp				·	
	employee on line 1a? If "Yes," complete									•	3	<b>├</b>	<b>  √</b>
4	For any individual listed on line 1a, is the											1	1.
	organization and related organizations						/ Ye	:s, °	complete Sch	nedule J for su		1 -	
	individual			•						· · · · ·	4	ـــــــــــ	1
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro				zation or individi	ual 🚉	.	1
	for services rendered to the organization	? If "Yes," c	omp	ete	Sch	18¢	ule J t	for :	such person	· · · · · ·	. 5		1
Section	n B. Independent Contractors												
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	ract	ors that receive	ed more than \$1	00,000 c	of	
	compensation from the organization. Rej												ax
	year.												
	(A)							Ţ-	(B)		(C	)	
	Name and business add	iress						1	Description of 9	ervices	Compor		
None								†		<del></del>			
	· · · · · · · · · · · · · · · · · · ·							T					
	- · · · · · · · · · · · · · · · · · · ·							T		•			
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								-		·			
	Takal anakan at ladan at a saat			_		ller 1	<u> </u>	1	11-4- 1				
2	Total number of independent contractor							o tr	nose listed ab	ove) wno			
	received more than \$100,000 of compens	sation from	me o	gan	ızal	ion							
											fa	rm 990	<b>)</b> (2018)

Form 990 (2018)

Par	t VIII	Statement of Hevenue		D		_
<del></del>	•	Check if Schedule O contains a response or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tex under sections 512–51 d
祖 む	1a	Federated campaigns 1a	<del>                                     </del>	10.0100	4	
12.5	ь	Membership dues 1b	1			
P. C.	C	Fundraising events 1c 1877.2	<u>s</u>			,
岩点	d	Related organizations 1d	1		ļ	
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)  19 101882 2  All other contributions, gifts, grants,	9 .		,	
other other		and similar amounts not included above 11 139309 9	9		}	
2 2	9	Noncash contributions included in lines 1a-1f-\$				
<del></del>	<u> </u>	Total. Add lines 1a-1f	243069.53		_	
Ę	2a	Business Code	<del></del>		<del> </del>	*
ě	b				···-	
8	6		<del> </del>		<del> </del> -	
Ě	ă		<del> </del> -	<del></del>	<del></del>	<del> </del>
SE	[					
Program Service Revenue	f	All other program service revenue .			<del>                                     </del>	
<u>&amp;</u>	ġ	Total. Add lines 2a–2f				_
	3	investment income (including dividends, interest,				
	4	and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds ▶	<del></del>		<del> </del>	·
	5	Royalties	· ·		<del></del>	
		(i) Real (i) Porsonal	<del></del>	<del></del>	<del> </del>	<del></del>
	6a	Gross rents	-		1	}
	ь	Less: rental expenses	1		ł	1
	c	Rental income or (loss)	1		ļ	
	d	Net rental income or (loss)	<del> </del>			
	7a	Gross amount from sales of (6 Securities (0) Other assets other than inventory				
	ь	Less cost or other basis				
	1 .	and sales expenses .	-			İ
		Gain or (loss)	- <del>  </del> -			
	٥	Net gain or (loss)	<del> </del>			
Other Revenue	8a	Gross income from fundraising events (not including \$				,
er Re		of contributions reported on line 1c). See Part IV, line 18				
8	b	Less. direct expenses b	]		<u> </u>	
		Net income or (loss) from fundralsing events . ▶				
	9a	Gross income from gaming activities. See Part IV, line 19	] [			
		Less: direct expenses b	]			
		Net Income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a				
		Less: cost of goods sold b				
	C	Net income or (loss) from sales of inventory		<del></del>		
	<u></u>	Miscellaneous Revenue Business Code	<u> </u>		ļ	-
	11a		<del> </del>		<del> </del>	
	Ь		11-			
	C		-			<u> </u>
	d	All other revenue	<u> </u>			
	1	Total. Add lines 11a-11d	<u> </u>		<u> </u>	
	i 12	Total revenue. See instructions	242000 52	·	1	

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete

				is musi complete ci	ZELLITT (PY
	<ul> <li>Check if Schedule O contains a respon</li> </ul>	ise or note to any li	ne in this Part IX .		
8b, 9t	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	150.00	150.00		
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 5 ·	Benefits paid to or for members			CARTA CARLO STANCE OF THE CARLO	<b>国的不具有统治。</b>
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1600.00		1600 00	
7 8	Other salanes and wages	74874.80	64392 32	5241.24	5241.24
9 10 11	Other employee benefits	5667.95	4761.07	510.12	396.76
a b	Management	6164.06	6164.06		
d	Accounting	3791.28	2843.46	947.82	
e f 9	Professional fundralsing services. See Part IV, line 17 Investment management fees Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		<u> १८८४ मध्येत्स्य ज्</u> या	The second state	
12 13	Advertising and promotion	3784.92 16568.06	•		
14	Information technology	6089.03	6089.03		
15 18	Royalties				
17	Occupancy	9794.72			<del> </del>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	7442,48	7442.48		
19 20	Conferences, conventions, and meetings . Interest	955.29	955.29		
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	4304.53	4304.53		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				第一次
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Outside services	61509.02	61509.02		····
b	Reference materials	630.40			
C	Membership dues	580.93	580.93		
d	Professional fees	22063 59	22063.59		
е	All other expenses Miscellaneous	857.46	857.46		
25	Total functional expenses. Add lines 1 through 24e	226838 52	212901.34	8299.18	5638.00
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here  If following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash-non-interest-bearing 71865.01 55816.00 2 Savings and temporary cash investments . 2 Pledges and grants receivable, net . . 3 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsonno organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instructions). Complete Part II of Schedule L Assets 6 Notes and loans receivable, net . 7 Inventories for sale or use 8 Prepaid expenses and deferred charges B Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D Less: accumulated depreciation . . 10b 10c 11 Investments-publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments - program-related, See Part IV, line 11. 13 14 14 15 Other assets. See Part IV, line 11 . . . . . . . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 55816.00 16 71865 01 17 Accounts payable and accrued expenses . . . . 182.00 17 18 18 Deferred revenue . . . . 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to current and former officers, directors, Liabilities 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other flabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 26 182.00 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 Temporarily restricted net assets . . 29 Permanently restricted net assets. . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Assets or Capital stock or trust principal, or current funds . . . . . 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 ž 33 33 55634 00 Total liabilities and net assets/fund balances 55816.00 34

` — — —	00 (2018)	•		Pa	190 <b>12</b>
Par	Reconciliation of Net Assets	_			
1	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>	<u></u>	<u> </u>	
2	Total progress (must equal Part VIII, column (A), line 12)				069.53
3	Total expenses (must equal Part IX, column (A), line 25)	2			338 52
4	Revenue less expenses. Subtract line 2 from line 1	3			231.01
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		55 <del>6</del>	534 <u>00</u>
5 6	Net unrealized gains (losses) on investments	5			
7	Donated services and use of facilities	8			
8	Investment expenses	7			
9	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
n ä.e.	33, column (8))  XII Financial Statements and Reporting	10		<u>718</u>	365.01
r ell l					_
	Check if Schedule O contains a response or note to any line in this Part XII		· · · ·	• •	<del></del>
1	Accounting mathed wood to propose the form 000. [7] Cook. [7] Account. [7] Other		أبسا	Yes	No
•	Accounting method used to prepare the Form 990:		1	1	. \$
	If the organization changed its method of accounting from a pnor year or checked "Other," exp Schedule O.	ain in	f	*** ,	
20	Were the organization's financial statements compiled or reviewed by an independent accountant? .		F>		<del>ا ر</del> ا
40			28		<del>-</del>
	If "Yes," check a box below to indicate whether the financial statements for the year were complexely and a separate basis, consolidated basis, or both:	ied or	1. 14	, ~	٠. ; }
	Separate basis Consolidated basis Both consolidated and separate basis		1.	1 - 1	1
<b>h</b>	Were the organization's financial statements audited by an independent accountant?		بيني. 2b		A
U	· · · · · · · · · · · · · · · · · · ·		20		<del>-</del>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	on a	1 - 1		
	Separate basis Consolidated basis Both consolidated and separate basis				ľ į
_	<del>-</del> · · · · · · · · · · · · · · · · · · ·				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, exp		124		·;
	Schedule O.	наш и		•	• •
20	As a result of a federal award, was the organization required to undergo an audit or audits as set for	adh in			
vo		Jilli III	1 - 1	1	١,
	the Single Audit Act and OMB Circular A-133?		1 3L0	1 )	
h	the Single Audit Act and OMB Circular A-133?		. 38	$\vdash$	<del></del>

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 890-EZ.

➤ Go to www.i/s.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name o	if the o	rgonization					Employer identification	number
Friend	s of B	lackwater, Inc.					55-07	
Part	_	Reason for Public Char						ns.
1	□ A d	ation is not a private founda church, convention of church school described in section	nes, or association	on of churches descri	bed In se	ction 17	O(b)(1)(A)(I).	
3	□ A1	nospital or a cooperative hos	spital service org	anization described li	n section	170(b)(1	)(A)(iii).	
	ho	medical research organization spital's name, city, and state	•					
	_ 50	organization operated for to ction 170(b)(1)(A)(iv). (Comp	olete Part II.)					al unit described in
7	☐ An de	federal, state, or local govern organization that normally scnbed in section 170(b)(1)	receives a subsi (A)(vI). (Complet	tantial part of its supple Part II.)	port from			the general public
		community trust described in						
	or un	agricultural research organi university or a non-land-gra- iversity:	nt college of agr	lculture (see instructio	ns). <b>En</b> te	r the nam	ne, city, and state of	the college or
	rec su ac	organization that normally recipts from activities related pport from gross investment quired by the organization a	to its exempt ful i income and uni iter June 30, 197	nctions—subject to co related business taxal 75 See section <mark>509</mark> (e	ertain exc ole incom i)(2). (Cor	eptions, e (less se nplete Pa	and (2) no more that ection 511 tax) from art III.)	n 331/a% of its
		ı organizatıon organized and						
12	of	organization organized and one or more publicly supported the box in lines 12a thro	rted organizatio	ns described in secti	on 509(a	)(1) or co	option 500(a)(2). Sc	o section 509(a)(3).
a						typically by glving		
ь		Type II. A supporting organication(s). You must	the supporting o	rganization vested in	the same			
¢		Type III functionally integ its supported organization(						ally integrated with,
d	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentivenes requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.							
e		Check this box if the organ functionally integrated, or I						e II, Type III
f		er the number of supported o				•		· · [
8	_	oitsamotal gaiwollot ent ablu			· ·		· · · · · · · · · · · · · · · · · · ·	
	(i) Nan	ne of supported organization	(II) EIN	(iii) Type of organization (described on fines 1–10 above (see instructions))	ksted in you	rganization r governing ment?	(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see instructions)
					Yes	No	<u> </u>	
(A)								
(B)								
(C)								
(D)								
(E)								
Total				<del></del>	<del> </del>			<del></del>

; ;	; ·						/ '
Part Part	le A (Farm 990 or 890-EZ) 2018  Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	he box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	Page 2
Section	on A. Public Support	Quality Unite	er the tests his	ited below, p	lease comple	te Part III.)	<del>/-</del>
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1-7-2	12,20.0	(6) 25 (5		0,0.0	ti total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		,				
4	Total. Add lines 1 through 3						<del></del>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support, Subtract line 5 from line 4	: Car 3 57(2)	じゃせん さくメイ	12 C 18 1 18 18 18	18 4 18 M	-:: ·	
	on B. Total Support		7 )	,			
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015/	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4		/_/				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	/ /					
10	Other income. Do not include gain or toss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	· · · / > - • · · ·	A 5 42 51 3 A	Charles Same	152.15 65 1		
12	Gross receipts from related activities, etc					12	E01(5)(0)
13	First five years. If the Form 990 is for the organization, check this box and, stop he		n's Brst, secon			941 82 9 26CIIO	1 30 1 (C)(3) 
Section	on C. Computation of Public Suppor			<del>· · · · · · · · · · · · · · · · · · · </del>	<u>· · · · · · · · · · · · · · · · · · · </u>	· · ·	<u>····</u>
14	Public support percentage for 2018 (line			1. column (fil)		14	%
15	Public support percentage from 2017 Sci					15	%
1 <b>6</b> a		Ization did not	check the box	con line 13, ar	nd line 14 Is 33	31/29% or more,	
b	331/2% support test—2017. If the organithis box and stop here. The organization					is 3310% or m	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the organization meets the organization.	eets the "facts facts-and-clro	-and-circumsta	ances" test, ch st. The organi	neck this box a zation qualifies	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% of more, and if the organization in Part VI how the organization is	ation meets th	e "facts-and-d ts-and-circum:	circumstances' stances" test.	test, check	this box and s	top here.
18	supported organization  Private foundation. If the organization di Instructions		box on line 13				

Schedule A (Form 990 or 990-EZ) 2018

Part III I	O	0-1-1-1-1	 tions Describ	 

(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.)

Secti	on A. Public Support	011001 410 100	,	m, piedee ee	mpioto r acti	···	<del>. ·</del>
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	110994,00	146943.00	155524.00	169033.00	243069.53	825563.53
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	110994.00	146943.00	155524.00	169033.00	243069.53	825563.53
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3		_				
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					į	
	· }	-	<del></del>				
8 8	Add lines 7a and 7b						<del></del>
0	Public support. (Subtract line 7c from line 6.)				1	Ī	
Secti	on B. Total Support			l	<del></del> 1.	<del></del>	825563,53
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	110994.00	146943.00		169033.00	243069 53	825563 53
10a	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		, 100 15,05				
þ	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 carned on						
12	Other income Do not include gain or	•					
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	110994.00	146943.00	155524 00	169033.00	243069,53	825563.53
14	First five years, if the Form 990 is for th						
	organization, check this box and stop her					<b>.</b>	<i>.</i> . ▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8	3, column (f), di	vided by line 1	3, column (f))		15	100 %
16	Public support percentage from 2017 Sch				<u> </u>	16	100 %
	on D. Computation of Investment In						
17	investment income percentage for 2018 (					17	0 %
18	Investment income percentage from 2017	Schedule A, P	art III, line 17			18	0 %
19a	33'n% support tests—2018. If the organi						
L	17 is not more than 331/3%, check this box						
b	3312% support tests - 2017. If the organize line 18 is not more than 3312%, check this to	oox and stop he	ere. The organi	zation qualifies	as a publicly su	ipported organi	zation 🕨 📋
20	Private foundation. If the organization di	d not check a b	ox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🕨 🔲

Part I	V	Supporti	na Orga	nizations

(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.)

ecti	on A. All Supporting Organizations	ant v	·/	
~~	on at all outporting organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
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.	3c		_
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.	48		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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	4c		
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).	5a		
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?	;		<u>~</u>
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (f) 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.	5c		
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).		مند	
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).	8	-	
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.	9a		·
þ	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.	9b		_
С	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.	9c		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		4,500
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	l		1

determine whether the organization had excess business holdings )

٠.	•			
Schedu	la A (Form 990 or 990-EZ) 2018			Pago <b>5</b>
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		-	• 1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	l. :		_
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
Secti	on B. Type I Supporting Organizations			
-			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	7
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	)	1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	[ .	1	
	controlled the organization's activities. If the organization had more than one supported organization,		]	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		ļ	
	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	<del></del>		
	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		
Secti	on C. Type II Supporting Organizations			L
	year alphanana organization		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	_	163	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	l	[ i
	or management of the supporting organization was vested in the same persons that controlled or managed		į	{
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<del>- '</del>	L	J
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the		ł	
	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	<del>`</del>		<del> </del>
_	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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<b></b> -	<b></b> -	<del> </del> -
_	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	1		1
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		L	<u> </u>
1	Check the box next to the method that the organization used to satisfy the integral Part Tost during the year (see i	nstar	ction	e)
а	The organization satisfied the Activities Test. Complete line 2 below.	,,,,,,,	C 11-077	oj.
ь	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 in	struct	ions)
2	Activities Test. Answer (a) and (b) below.	300 ///	Yes	
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	r-		<del>  100</del>
_	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,	1		ļį
	how the organization was responsive to those supported organizations, and how the organization determined	-		1
	that these activities constituted substantially all of its activities.	2 _B		نسسه
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-25		<del></del> ,
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		1
	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.	2b	<b></b>	<u> </u>
a			·	}
ti.	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? <i>Provide details in Part VI</i> .	4-		ر
L.		3a	<b> </b>	<u> </u>
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		·	۱۱
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018	Schedule A	(Form	990 or	990-EZ	2018
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Page 6

Type III Non-Functionally Integrated 509(a)(3) Supporting Organia			
1 Check here if the organization satisfied the integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.	g tru nizat	st on Nov. 20, 1970 (exp ions must complete Sec	lain in Part VI). See tions A through E.
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of pnor-year distributions	2		
3 Other gross Income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	1Ь		
c Fair market value of other non-exempt-use assets	1¢		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	······································	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .Q35.	6		
7 Recovenes of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	······································	
Section C Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		_
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· · · · · · · · · · · · · · · · · · ·	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Γ		
emergency temporary reduction (see instructions).	<b>B</b>		
7 Chock here if the current year ic the organization's first as a non functional instructions).	ly int	tograted Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	zations (continued)	
Sect	Ion D—Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
B	Other distributions (describe in Part VI). See instructions.		<del></del>	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6	·-·		
10	Line 8 amount divided by line 9 amount			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014		· · · · · · · · · · · · · · · · · · ·	***************************************
c	From 2015	******	,	
d	From 2016		1	
8	From 2017			
f	Total of lines 3a through e			, , , , , , , , , , , , , , , , , , , ,
<u>g</u>	Applied to underdistributions of prior years			
<u> </u>	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)		,	
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from	}		
	Section D, line 7 \$	,		
a	Applied to underdistributions of pnor years			
<u> </u>	Applied to 2018 distributable amount			
<u>c</u>	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			• -
	any. Subtract lines 3g and 4a from line 2. For result			ļ
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See Instructions.		<u></u>	
-7 	Excess distributions carryover to 2019. Add lines 3j and 4c.			
_8	Breakdown of line 7			
а	Excess from 2014			
Ь		, , , , , , , , , , , , , , , , , , , ,		
С	Excess from 2016			
d			4	i - A-main bertweenglingh - enper ei
8	Excess from 2018	· · · · · · · · · · · · · · · · · · ·		ا - `

	·····	•••••••••••••••••••••••••••••••••••••••
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# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

	neht of the Treasury Revenue Service	lete if the organization is described to Go to www.irs.gov/Form990 for it		to Form 990 or Form 990- latest information.	Open to Public Inspection
If the	organization answered "Yes	s,° on Form 990, Part IV, line 3, or Fo	m 990-EZ, Part V, I	line 46 (Political Campaigr	Activities), then
		. Complete Parts I-A and B. Do not cor			
		on 501(c)(3)) organizations. Complete i	Parts I-A and C belo	w Do not complete Part I-B	3
	ection 527 organizations Con				
		i," on Form 990, Part IV, line 4, or Foi			
		that have filed Form 5768 (election und			
		that have NOT filed Form 5768 (election			
If the	organization enswered "Yes	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate	e instructions) or Form 99	0-EZ, Part V, line 35c (Proxy
	see separate instructions), t				
	ection 501(c)(4), (5), or (6) organization	anizations: Complete Part III,		<del></del>	
				Employer ide	entification number
Part	s of Blackwater, Inc.		41 5644		55-0778211
		e organization is exempt und			
1	definition of "political car	f the organization's direct and in	direct political ca	impalgn activities in Pai	nt IV. (see instructions for
2		ty expenditures (see instructions)		_	ė
3		cal campaign activities (see instruc			Φ
Part		e organization is exempt und		c)/3)	
1		excise tax incurred by the organiza			\$ 0
2		excise tax incurred by organization			\$ 0
3	If the organization incurre	ed a section 4955 tax, did it file Fo	m 4720 for this v	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV.			, , , , , , , , , , , , , , , , , , , ,
Part	I-C Complete if the	e organization is exempt und	er section 501(c	c), except section 50	1(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	\$
2		filing organization's funds contrib	uted to other org	anizations for section	\$
3	Total exempt function e	expenditures. Add lines 1 and 2	Enter here and		\$
4		n file Form 1120-POL for this year			Yes No
5	Enter the names, address organization made paymenthe amount of political ed	ses and employer identification nui ents. For each organization listed, ontributions received that were pro I fund or a political action committe	mber (EIN) of all se enter the amount mpty and directly	ection 527 political organi pald from the filing organ delivered to a separate	nizations to which the filing nization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)		***************************************			il lione, ante -o-
(2)					
	<del></del>				
(3)					
(4)					
(5)					
(6)					
_					

Lobbying Expenditures During 4-Year Averaging Period						
	Calondar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
28	Lobbying nontaxable amount	30301.00	27324.00	29616.00	45367 70	132608.70
b	Lobbying celling amount (150% of line 2a, column (e))				,	198913.05
c	Total lobbying expenditures	1000,00	1000.00	1000.00	1000.00	4000.00
d	Grassroots nontexable amount	7575.00	6831.00	7404 00	11341.93	33151.93
0	Grassroots ceiling amount (150% of line 2d, column (e))		,			

500.0D

500.00

500.00

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2018

2000.00

500.00

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	<b></b>				
	rach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed aption of the lobbying activity.	<u> </u>	a)		(b)	
Jesci	ption of the loadying activity.	Yes	No		nount	<b>,</b>
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		-	1.		. [
а	Volunteers?	<u> </u>	_	•		į
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1)?	$\vdash$		٦,		1
Ç	Media advertisements?					
đ	Mailings to members, legislators, or the public?	<b></b>				
' е	Publications, or published or broadcast statements?	$\vdash$				
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
ŧ	Other activities?					
1	Total. Add lines 1c through 1i					
<b>2</b> a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<u></u>	~~~	ل
b	If "Yes," enter the amount of any tax incurred under section 4912	ľ	'			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	ئند ا	i			
<u>d</u>	If the filing organization incurred a section 4912 tax, dld it file Form 4720 for this year?	<u> </u>		<del></del>		· )
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5),	or se	ction		
			<del></del>		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	$\vdash$	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•	٠.	2		
3 Part	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				ـــــا	
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."				line (	3, Is
1	Dues, assessments and similar amounts from members	-	1			
2	Section 162(e) nondeductible tobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a			
b	Carryover from last year		2b			
C	Total	•	2c	<u> </u>		
3	Aggregate amount reported in section 8033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion o		1 :	l		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?			[		
5	Taxable amount of lobbying and political expenditures (see instructions)		4			
Pari			5	ш		
Provid	te the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grainstructions), and Part II-B, line 1. Also, complete this part for any additional information.	oup lis	it); Par	t II-A, I	ines 1	and
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Part IV	m 990 or 990-EZ  2018  Supplemental Information (continued)	Page 4
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## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the tatest information.

2018
Open to Public

Inspection

Name of the organization Employer Identification number Friends of Blackwater, Inc. 55-0778211 Part III, Line 4d: Monongahela National Forest/WV Public Lands/Endangered Species - We continued to advocate for the rare West Virginia northern flying squirrel under the Save Our Squirrel (SOS) Project. "Ginny" the flying squirrel is the most unique mamal of the Allegheny Highlands and the signature species of Blackwater Canyon. We pushed back against logging in state parks that could hurt rare species and was not supported by the public. This proposal was defeated at the West Virginia Legislature. We also challenged commercial logging on the Canaan Valley National Wildlife Refuge and solicited comments on this proposed action. The proposal was withdrawn. We went to Washington DC to discuss initiatives that could undermine the Endangered Species Act (ESA) with Congressional Representatives and educated the public about the ESA and th Land and Water Conservation Act. Expenses - \$15399.01 Grants - 0 Revenue - \$38785.00 Blackwater Canyon Trail Project - We spent a third year consulting with the USDA Forest Service on plans to trail improvements and maintenance on the Monongahela National Forest. We wrote grant proposals for trail work and developed partnerships to expand our trail work into neighboring counties and into the state of Maryland along the North Branch of the Potomac River. Expenses - \$18316.13 Grants - 09 Revenue - \$0 History JF Clifford and Tucker County Rallroad Heritage - Through our JR Clifford Project's new website and Facebook page we educated chizens about West Virginia's first African-American lawyer. We continued distributing our book on JR Clifford's life to schools across the state. We contracted with West Virginia Culture and History to create a highway marker at Hendricks explaining the engineering wonder of the Western Maryland Railroad grade built in 1888 through the Blackwater Canyon. We partnered with the Tucker County Historical Society on this project. Under a gram from the West Virginia Humanities Foundation we worked with the Forest Service Archaeologist to place five interpretive signs on the reliroad history along the rail trail near Thomas, WV. We hosted two lectures on this topic in Thomas, WV. Expenses - \$13712.14 Grants - 0 Revenue - \$12246.86 Part VI - Line 2a: Judith S Rodd, President Is married to Thomas Rodd, a director.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Friends of Blackwater, Inc.	55-0778211
Part VI - Line 19:	***************************************
The organization provides a copy of the Form 990 on its website.	
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Schedule O (Form 990 or 990-EZ) (2018)