990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service For the 2003 calendar year, or tax year beginning . and ending Please Employer ID number Check if applicable: C Name of organization use IRS Black River Technical College 71-0709563 Address change label or Foundation, Inc. E Telephone number Name change print or 870-892-2575 type. Number and street (or P.O. box if mail is not delivered to street address) Initial return Room/suite P.O. Box 468 Accounting method: X Cash Final return Specific Other (specify) City or town, state or country, and ZIP + 4 Accrual Amended return Instruc-AR 72455 Pocahontas Application pending tions. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section 527 organizations. trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? G Website: ► N/A **H(b)** If "Yes," enter number of affiliates ▶ Organization type **H(c)** Are all affiliates included? Yes (check only one) \blacktriangleright | X | 501(c) (3) \le (insert no.) | 4947(a)(1) or | 527 (If "No," att. a list. See instr.) Check here | if the organization's gross receipts are normally not more than \$25,000. **H(d)** Is this a separate return filed by an The organization need not file a return with the IRS; but if the organization received a organization covered by a group ruling? Form 990 Package in the mail, it should file a return without financial data. Some states Group Exemption Number require a complete return. M Check ▶ if the organization is **not** required 90,031 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) Part I Contributions, gifts, grants, and similar amounts received: 1 Direct public support а Indirect public support 1b b Government contributions (grants) 2,003 С Total (add lines 1a through 1c) (cash \$ _____ 24,716 noncash \$ 61,952 d 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 Membership dues and assessments 3 3 Interest on savings and temporary cash investments 2,974 4 4 Dividends and interest from securities 5 Gross rents 6a 6a Net rental income or (loss) (subtract line 6b from line 6a) C 6c 7 Other investment income (describe 7 Gross amount from sales of assets other (A) Securities 8a (B) Other than inventory 8a Less: cost or other basis and sales expenses 8b Gain or (loss) (attach schedule) Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule). If any amount is from gaming, check here Gross revenue (not including \$ contributions reported on line 1a) 25,105 Less: direct expenses other than fundraising expenses 9b 17,974 Net income or (loss) from special events (subtract line 9b from line 9a) C Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold b Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) C Other revenue (from Part VII, line 103) 11 11 82,900 12 12 37,472 13 Program services (from line 44, column (B)) 13 x pense Management and general (from line 44, column (C)) 1,190 14 14 Fundraising (from line 44, column (D)) 15 Payments to affiliates (attach schedule) 16 16 Total expenses (add lines 16 and 44, column (A)) ... 38,662 17 Excess or (deficit) for the year (subtract line 17 from line 12) 18 18 44,238 Net assets or fund balances at beginning of year (from line 73, column (A)) 181,091 19 19 Other changes in net assets or fund balances (attach explanation) 20 225,329 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations Functional Expenses and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general Grants and allocations (attach schedule) cash \$ (cash \$ 22 23 Specific assistance to individuals 818 818 23 Benefits paid to or for members 24 Compensation of officers, directors, etc. 25 Other salaries and wages 26 27 Pension plan contributions 27 Other employee benefits 28 29 29 Payroll taxes Professional fundraising fees 1,190 1,190 31 Accounting fees Legal fees 32 32 2,649 2,649 33 Supplies 33 34 34 Telephone Postage and shipping 35 36 36 Occupancy Equipment rental and maintenance 37 Printing and publications 38 39 Conferences, conventions, and meetings 40 Interest Depreciation, depletion, etc. (attach schedule) 42 Other expenses not covered above (itemize): a 43a 34,005 34,005 b See Statement 2 43b 43c 43d 43e 44 Total functional expenses (add lines 22 - 43). Organizations 37,472 38,662 1,190 completing columns (B)-(D), carry these totals to lines 13-15 **Joint Costs.** Check ▶ | if you are following SOP 98-2. If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments (See page 25 of the instructions.) **Program Service** What is the organization's primary exempt purpose? Expenses ▶ Charitable and educational (Required for 501(c)(3) & All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (4) orgs., & 4947(a)(1) trusts; but optional for of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) others.) (Grants and allocations (Grants and allocations \$ (Grants and allocations See Stmt 3 37,472 Other program services (attach schedule) (Grants and allocations 37,472 Total of Program Service Expenses (should equal line 44, column (B), Program services)

Part IV Balance Sheets (See page 25 of the instructions.)

	Note:	Where required, attached schedules and amounts within	n the desc	ription	(A)		(B)
	1	column should be for end-of-year amounts only.	Beginning of year		End of year		
	45	Cash-non-interest-bearing			2,588		5,418
	46	Savings and temporary cash investments			168,185	46	214,462
	47a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable					
						48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key e		1			
Α	F4 -	(attach schedule)		50			
S	51a	Other notes and loans receivable (attach	Fa.	1,845			
S		schedule) See Worksheet			7,818	F4 -	1,845
e		Less: allowance for doubtful accounts			/,010		1,845
τ	52	Inventories for sale or use				52	1,600
S	53	Prepaid expenses and deferred charges		Cost FMV	2,500	53	2,500
	54	Investments-securities See Stmt	 . •	L Cost L FIVIV	2,500	54	2,500
	55a	Investments-land, buildings, and	55a				
	_	equipment: basis	ээа				
	В	Less: accumulated depreciation (attach	 			EE 0	
	EC	schedule)	55b	See Stmt 5		55c 56	1
	56 570	Investments-other (attach schedule)				36	
	57a	Land, buildings, and equipment: basis	57a				
	b	• •	57b			57c	
	58	schedule) Other assets (describe ▶	7			58	
	30	Other assets (describe	,	-		30	
	59	Total assets (add lines 45 through 58) (must equal line	74)		181,091	59	226,026
_	60	Accounts payable and accrued expenses				60	697
L	61	Grants payable				61	
ı a	62	Deferred revenue				62	
b	63	Loans from officers, directors, trustees, and key employ					
į		schedule)				63	
i i	64a	Tax-exempt bond liabilities (attach schedule)				64a	
t		Mortgages and other notes payable (attach schedule)				64b	
i e	65	Other liabilities (describe)			65	
S		,	· ′				
	66	Total liabilities (add lines 60 through 65)			0	66	697
	Orga	anizations that follow SFAS 117, check here 🕨 🗓 a	and comple	te lines			
		67 through 69 and lines 73 and 74.					
ΝF	67	Unrestricted			57,610	67	66,109
e u	68	Temporarily restricted				68	
t n	69	Permanently restricted		123,481	69	159,220	
Α	Orga	anizations that do not follow SFAS 117, check here	▶ 📗 and	t l			
s B		complete lines 70 through 74.					
s a	70	Capital stock, trust principal, or current funds		70			
e I ta	71	Paid-in or capital surplus, or land, building, and equipme				71	
s n	72	Retained earnings, endowment, accumulated income, or				72	
С	73	Total net assets or fund balances (add lines 67 through	nes				
о _е r _s		70 through 72;					
. 5		column (A) must equal line 19; column (B) must equal		181,091	73	225,329	
	74	Total liabilities and net assets / fund balances (add l	lines 66 an	d 73)	181,091	74	226,026

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form	990 (2003)	Black River Te	<u>echnical Colle</u>	ege_	71-0	709563		Page 4
Pa	rt IV-A	Reconciliation of Rev	enue per Audited	I	Part IV-B	Reconciliation of	Expenses p	er Audited
		Financial Statements	with Revenue per		F	inancial Stateme	ents with Ex	penses per
_N/	'A	Return (See page 27	of the instructions.)	1	N/A R	leturn		
а	Total revenue	e, gains, and other support		а	Total expenses	and losses per		
	per audited fi	inancial statements	а		audited financial	statements	▶ a	
b	Amounts inclu	uded on line a but not on		b	Amounts include	ed on line a but not		
	line 12, Form	990:			on line 17, Form	990:		
(1)	Net unrealize	d gains on		((1) Donated service	s and use		
	investments	\$	_		of facilities \$			
(2)	Donated serv	rices and use		((2) Prior year adjus	tments		
	of facilities	\$	_		reported on line	20,		
(3)	Recoveries of	f prior			Form 990 <u>\$</u>			
	year grants	\$	-	((3) Losses reported	on line 20,		
(4)	Other (specify	y):			Form 990 <u>\$</u>			
				((4) Other (specify):			
		\$						
	Add amounts	on lines (1) through (4)	b		<u>\$</u>			
						lines (1) through (4)		
С	Line a minus		С	c		e b	P c	
d		uded on line 12,		d		•		
		t not on line a:			Form 990 but no			
(1)	Investment e	•		((1) Investment expe			
	not included				not included on			
(0)	6b, Form 990		-		6b, Form 990 <u>\$</u>			
(2)	Other (specif	у):		١ ((2) Other (specify):			
		¢						
	Add amounts	s on lines (1) and (2)	- 4		Λdd amounts on	lines (1) and (2)	▶ d	
е		e per line 12, Form 990	d	e		per line 17, Form 990	·	
Е		ne d)				de iiile 17, Foilli 990 d)		
Pa		st of Officers, Directors	s. Trustees, and Key	/ Emp				ne 27 of
		e instructions.)	o, Tradiddo, and Tio,	, _ p	neyees (List cash	one even ii not comp	criodica, occ pa	JC 27 OI
	410	inou double.)		(B)	Title and average	(C) Compensation	(D) Contrib. to	(E) Expense
		(A) Name and address		hours	Title and average per week devoted to position	(If not paid, enter -0)	(D) Contrib. to employee benefit plans & deferred compensation	account and other allowances
					,		Compendation	
Se	ee State	ement 6		1				
				-				
	D:1	Product Control	.1	<u> </u>		100,000 (<u> </u>	
75		er, director, trustee, or key emp						
		and all related organizations, or		was pro	ovided by the related	u organizations?		Yes X No
	ıı "Yes," attac	ch schedule-see page 28 of the	e instructions.					

Form	990 (2003) Black River Technical College 71-0709563		F	Page 5
Pa	Int VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of			
	each activity	76		х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Х
	If "Yes," attach a conformed copy of the changes.			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a			
	statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		Х
b	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions			
b	Did the organization file Form 1120-POL for this year?	81b		Х
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as			
	revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its			
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
	year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs. Enter: a 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.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		X
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed None			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)			0
91	The books are in care of ▶ Thomas, Speight & Noble Telephone no. ▶ 870	-892	-25	75
	Located at ▶ 1704 Hwy 67N,PO Box 700, Pocahontas, AR ZIP+4 ▶ 72455			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year > 92			
·		Form	990	(2003)

Part VII	qross amounts unless otherwise	Daucing Activities (000 512 F12 or 51	1 /5
	gross amounts unless otherwise			d business incon			sec. 512, 513, or 514	(E) Related or
indicated.		Busi	(A) iness code	(B) Amount		sion	(D) Amount	exempt function
93 Progran	n service revenue:				cod	e		income
						_		
b								
d								
е								
	re/Medicaid payments							
	nd contracts from government agen							
94 Member	rship dues and assessments \dots							
95 Interest	on savings and temporary cash inv	estments						2,974
96 Dividend	ds and interest from securities							
	tal income or (loss) from real estate							
a debt-fina	anced property							
b not deb	t-financed property							
98 Net ren	tal income or (loss) from personal p	roperty						
	nvestment income							
100 Gain or	(loss) from sales of assets other th	an inventory						
	ome or (loss) from special events				2	2	17,974	<u> </u>
102 Gross p	profit or (loss) from sales of inventor	у						
	evenue: a							
e								
	I (add columns (B), (D), and (E))				0		17,974	2,974
105 Total (a	add line 104, columns (B), (D), and (20,948
Note: Line 10	5 plus line 1d, Part I, should equal to	he amount on line 12. Part					······ –	
Part VIII	Relationship of Activiti			of Exempt	Purposes	(See	page 34 of the	ne instructions)
Line No.	Explain how each activity for whi							
•	of the organization's exempt purp	•			•	tarity to	o tric docomplionii	ion.
95	Interest earned					cho	larships	
	to Black River					<u> </u>		
	00 220011 112102							
Part IX	Information Regarding 1		nd D	isrogardod	Entitios (Saa n	ane 31 of the	instructions \
	(A)	(B)	and D	(C)	Littles	эсс р	(D)	(E)
Name, ad	dress, and ÉIN of corporation,	Percentage of	N	lature of activit	ties	To	otal income	End-of-year
	rship, or disregarded entity	ownership interest						assets
	N/A	%			+			
-		%						
		%						
Dest W	L.C	<u> %</u>	1 '41 F	I D		44.		
Part X	Information Regarding T							
	the organization, during the year, re						enefit contract?	Yes X No
	the organization, during the year, p		directly, or	n a personal be	enefit contract	?		Yes X No
Note: If "	Yes" to (b), file Form 8870 and Form	n 4720 (see instructions).						
	Under penalties of perjury, I declare the							
Please	and belief, it is true, correct, and comp	olete. Declaration of preparer (other than of	fficer) is based o	n all information	of which	h preparer has any k	nowledge.
Sign								
Here	Signature of officer						Date	
i ici c								
	Type or print name and title.							
	Preparer's		Da	ite	Check if		Preparer's SSN o	r PTIN (See Gen. Instr. W)
					ا ممالا			1 1114 (000 0011. 111011. 117)
Paid	signature			5/18/04	self- employed		499-60-5	,
	signature	mas, Speight				<u> </u>	499-60-5	,
Preparer's	signature Firm's name (or yours Tho	omas, Speight Box 700				<u> </u>	499-60-5	5170
	signature Firm's name (or yours if self-employed), Tho		& No			<u> </u>	499-60-5 EIN Phone	5170

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2003

Employer identification number

Black River Technical College Foundation, Inc.			71-0709563	3
Part I Compensation of the Five Highest Paid	d Employees Other Th	an Officers, Dire		
(See page 1 of the instructions. List each			,	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben. plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000				
Part II Compensation of the Five Highest Paid (See page 2 of the instructions. List each				nter "None.")
(a) Name and address of each independent contractor paid	more than \$ 50,000	(b) Type	of service	(c) Compensation
NONE				
Total number of others receiving over \$50,000 for professional services				

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

Schedule A (Form 990 or 990-EZ) 2003

Sche	dule	A (Form 990 or 990-EZ) 2003 Black River Technical College /1-0/09563		<u> </u>	age 2
Pa	art I	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atte	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities \$ (Must equal amounts on line 38,			
		t VI-A, or line i of Part VI-B.)	. 1		X
	-	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	_	anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			
2		lobbying activities.			
2		ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or			
		n any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			
		ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			
		nsactions.)			
а		e, exchange, or leasing of property?	2a		x
b	Ler	nding of money or other extension of credit?	2b		X
С	Fur	nishing of goods, services, or facilities?	2c		X
d	Pay	yment of compensation (or payment or reimbursement of expiration if more than \$1,000)?	. 2d		X
	_				٠.
e		insfer of any part of its income or assets?	<u>2e</u>		X
3a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	20	x	
3b	Dο	you have a section 403(b) annuity plan for your employees?	3a 3b	21	X
4		you maintain any separate account for participating donors where donors have the right to provide advice	55		
		the use or distribution of funds?	. 4		x
D	art l'		•	•	
	21 L I	V Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
	orgar	nization is not a private foundation because it is: (Please check only ONE applicable box.)			
5	Н	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	Н	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	Н	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	Н	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	Ш	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city	,		
40		and state •			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)((Also complete the Support Schedule in Part IV-A.)	IV).		
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b	Ц	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	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 charitable, etc., 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			
40		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13	Ш	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See			
		section 509(a)(3).) Provide the following information about the supported organizations. (See page 5 of the instructions.)			
		(a) Name(s) of supported organization(s)	(b) Line	numbe	er
		(-)amo(a) or outported organization(a)	from a	above	
		<u> </u>			
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			

_		
Рa	ae	:

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. (d) 1999 (e) Total Calendar year (or fiscal year beginning in) (a) 2002 **(b)** 2001 Gifts, grants, and contributions received. (Do not include unusual 59,099 275,880 39,756 28,744 148,281 grants. See line 28.) 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 20,708 18,607 13,373 31,678 84,366 organization's charitable, etc., purpose 18 Gross income from interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired 3,478 7,215 6,510 4,039 21,242 by the organization after June 30, 1975 . 19 Net income from unrelated business 0 activities not included in line 18 20 Tax revenues levied for the organization's benefits and either paid to it or expended on 0 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 0 public without charge. Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 0 63,942 186,469 76,511 54,566 381,488 Total of lines 15 through 22 23 43,234 154,791 35,959 63,138 297,122 24 Line 23 minus line 17 1,865 765 639 546 25 Enter 1% of line 23 0 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b c Total support for section 509(a)(1) test: Enter line 24, column (e) 26c **d** Add: Amounts from column (e) for lines: 26b 26d e Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2000) 120,100 49,139 10,348 (2001) 7,655 b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: 15 **275,880** 16 Add: Amounts from column (e) for lines: 17 **84,366** 20 360,246 27c 187,242 and line 27b total 187,242 27d **d** Add: Line 27a total 173,004 Public support (line 27c total minus line 27d total) ▶ | _{27f} | 381,488 Total support for section 509(a)(2) test: Enter amount on line 23, column (e) Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 45.3498% 27g 5.5682% h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 Yes Nο other governing instrument, or in a resolution of its governing body? 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? 33d Educational policies? Use of facilities? 33f Athletic programs? 33g h Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization receive any financial aid or assistance from a governmental agency? 34a **b** Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05

of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

	Part VI-A Lobbying Expend (To be completed	itures by Electing	g Public Charitie	s (See pa	ige 9	of the instr	uction N/A			Page 5
Ch	eck a if the organization belon							d contr	ol" provisions apply	,
<u> </u>		Lobbying Expen		<u> </u>	you one	(a) Affiliated gr			(b) To be complete for ALL electing organizations	
	, ,	res" means amounts p							organizations	
	Total lobbying expenditures to influence				36					
	Total lobbying expenditures to influence				37					
	Total lobbying expenditures (add lines 36	and 37)			38					
	Other exempt purpose expenditures				39					
	Total exempt purpose expenditures (add				40					
41	Lobbying nontaxable amount. Enter the a		=							
	If the amount on line 40 is-		ontaxable amount is-	7						
	Not over \$500,000		on line 40							
	Over \$500,000 but not over \$1,000,000	· ·		L	44					
	Over \$1,000,000 but not over \$1,500,000	•			41					
	Over \$1,500,000 but not over \$17,000,000	•	of the excess over \$1,500,							
42	Over \$17,000,000	\$1,000,000			42					
	Grassroots nontaxable amount (enter 25° Subtract line 42 from line 36. Enter -0- if		- 20		43					
	Subtract line 42 from line 38. Enter -0- if				44					
	Subtract line 41 from line 30. Enter -0- ii		e 30		77					
	Caution: If there is an amount on either	line 43 or line 44 you	must file Form 4720							
_	Catalon. If there is an amount on clarer		ging Period Unde	er Section	501(n)				
	(Some organizations t	hat made a section 50			•	•	mns be	low.		
	, ,	tructions for lines 45 th	` '	•						
			Lobbying Exp	enditures D	Ouring 4	l-Year Avera	ging Po	eriod		
	Calendar year (or	(a)	(b)	(c	;)		(d)		(e)	
	fiscal year beginning in) ▶	2003	2002	20	01		2000		Total	
<u>45</u>	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of									
	line 45(e))									
<u>47</u>	Total lobbying expenditures									
	Grassroots nontaxable amount									
49	Grassroots ceiling amount (150% of									
	line 48(e))									
50	Grassroots lobbying expenditures									
	Part VI-B Lobbying Activity	by Nonelecting	Public Charities	<u> </u>						
-	(For reporting only	•		olete Part	VI-A)	(See page	e 12 d	of the	instructions.)	N/A
Dui	ring the year, did the organization attempt					(GGG pag				
	empt to influence public opinion on a legisle	·	ŭ		,		Yes	No	Amount	
а	N/ 1 /		_							
b	=									
С	Maralia, and continuous and a									
d		public								
е		t statements								
f										
g										
h										
i	Total lobbying expenditures (Add lines									
	If "Yes" to any of the above, also attac	h a statement giving a								

Part VII	Information	Regarding	Transfers	To and	Transactions	and	Relationships	With N	loncharitable
					ne instructions.		•		

51				•		any other organization described in section						
_					organizations) or in section 527, rel	ating to political organizations?		Vaa	Na			
а					oncharitable exempt organization of:		E10(i)	Yes	No			
	.,	Cash					51a(i) a(ii)	X				
h	Other	transa	actions:				α(11)					
~				s with a none	charitable exempt organization		b(i)		x			
	(ii)	Purcha	ases of assets from a r	noncharitable	h a noncharitable exempt organization haritable exempt organization							
	(iii)	Rental	of facilities, equipment	or other as	other assets							
	(iv)	Reimb	oursement arrangement	ts			b(iii) b(iv)		х			
	(v)	Loans	or loan guarantees				b(v)		Х			
	(vi)	Perfor	mance of services or n	nembership (or fundraising solicitations		b(vi)		Х			
С	Sharir	ng of fa	acilities, equipment, mai	ling lists, oth	er assets, or paid employees		С		Х			
d	d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the											
	goods	s, other	assets, or services give	en by the re	porting organization. If the organization	on received less than fair market value in any						
	transa	action o	or sharing arrangement,	show in col	umn (d) the value of the goods, other	er assets, or services received:						
	(a)		(b)		(c)	(d)						
	Line no).	Amount involved	Name o	f noncharitable exempt organization	Description of transfers, transactions, and sharing	arrangem	ents				
				See S	Statement 8							
52a					with, or related to, one or more tax-e			-	a			
	descri	ibed in	section 501(c) of the C	ode (other th	nan section 501(c)(3)) or in section 5	27?	· [] Y	es X	No			
<u> </u>	If "Ye	s," com	plete the following sch	edule:	ı							
			(a)		(b)	(c)						
	AT / 7A	1	Name of organization		Type of organization	Description of relationship						
	N/A											

Form	990	Special Ev	vents Schedule	2003		
		For calendar year 2003, or tax year beginning	, and ending			
Name	Name Emp					
Blac	k River	Technical College				
Foundation, Inc. 71-070						

Total

25,105

25,105 25,105 7,131 17,974

		For calendar year 2	003, or tax year be	eginning	, and endi	ng
Name Black R Foundat:	iver	Technical	College			Employer Identif
			(A)	(B)	(C)	Others
Gross receipts Less contribu Gross revenue Less direct e Net income (los	xpenses		25,105 0 25,105 7,131 17,974	0 0 0 0 0	0 0 0 0 0	0 0 0 0
Description:	(A)	Tourname	ent		-	
	(B)				-	
	(C)				-	
	Others				-	
					- -	
					- -	
					- -	
					- -	
					- -	
					- -	
					- -	
					- -	
					- -	

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2003

Name of organization

Black River Technical College
Foundation, Inc.

Employer identification number

71-0709563

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
organization can check box(e	covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) es) for both the General Rule and a Special Rule-see instructions.)
General Rule-	
_ •	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or ne contributor. (Complete Parts I and II.)
Special Rules-	
under sections 509(a	(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
during the year, agg	(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, regate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and
during the year, som not aggregate to mo the year for an exclu applies to this organ	(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, ne contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did re than \$1,000. (If this box is checked, enter here the total contributions that were received during sively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule ization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more
· ·	are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, must check the box in the heading of their Form 990. Form 990-EZ, or on line 1 of their Form

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

990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2003)

Page 1 to 2 of Part I

Name of organization

Employer identification number

71-0709563 Black River Technical College Part I Contributors (See Specific Instructions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 1 AR Single Parent Scholarship Fund Person 614 E. Emma St., Suite 119 **Payroll** 5,469 Noncash (Complete Part II if there is AR 72764 Springdale a noncash contribution.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 2 Joe Martin Person 4023 Hwy 90 W Payroll \mathbf{x} \$ 35**,**486 Noncash (Complete Part II if there is Pocahontas AR 72455 a noncash contribution.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Wal-Mart 3 Person 702 S.W. 8th Street **Payroll** 2,000 Noncash (Complete Part II if there is AR 72716 Bentonville a noncash contribution.) (b) (c) (d) (a) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions S-B Power Tool Co. 4 Person 173 Lawrence 428 Payroll 5,000 Noncash (Complete Part II if there is Walnut Ridge AR 72476 a noncash contribution.) (b) (c) (a) (d) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution Bank of Pocahontas 5 X Person P.O. Box 467 Payroll \$ 1,314 Noncash (Complete Part II if there is AR 72455 Pocahontas a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Pinnacle, Magee, Impulse Company X 6 Person 2606 Hwy 67 S Pavroll \$ 1,725 Noncash (Complete Part II if there is Pocahontas AR 72455 a noncash contribution.)

Page 2 to 2 of Part I

Name of organization

Black River Technical College

Employer identification number

71-0709563

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Mr. & Mrs. Angus Rankin 1805 Springview Road Pocahontas AR 72455	\$ 1,750	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1 to 2 of Part

Name of organization

Black River Technical College

Employer identification number 71-0709563

Noncash Property (See Specific Instructions.) Part II (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) 2565 share of Pocahontas 2 Bancorp stock \$ 35,486 11/15/03 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) 1990 Hyundai Excel Hatchback 7 1,750 6/04/03 (a) No. (c) (b) FMV (or estimate) from Date received Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions)

Page 2 to 2 of Part II

Name of organization

Black River Technical College

Employer identification number 71-0709563

Part II	Noncash Property (See Specific Instructions.)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

71-0709563

Federal Statements

FYE: 12/31/2003

Statement 1 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

Description	Aı	<u>mount</u>
Student services voucher	\$	818
Total	\$	818

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Scholarships	5,668	5,668		
General taxes & licenses	103	103		
FCB scholarship	250	250		
Aviation department	1,459	1,459		
President's discretionary fd	3,075	3,075		
Wal-Mart scholarship	2,000	2,000		
E-fund grant expenditures	894	894		
S B Power Tools expenditures	2,462	2,462		
Library	542	542		
BRTC E-fund expenditures	597	597		
Bank of Pocahontas schol	1,314	1,314		
Dietary program	236	236		
MSSPS scholarship	9,150	9,150		
Pinnacle scholarship	1,725	1,725		
Endowment scholarship	1,980	1,980		
CCS achievement scholarship	500	500		
AHC grant expenditures	2,003	2,003		
Hyundai expenditures	47	47		
Total	\$ 34,005	\$ 34,005	\$ 0	\$ 0

Statement 3 - Form 990, Part III, Line e - Other Program Services

Assistance in development and enhancement of programs and facilities at Black River Technical College for broadening educational opportunities for and services to its student body.

9320 Black River Technical College

71-0709563

Federal Statements

FYE: 12/31/2003

Statement 4 - Form 990	. Part IV	. Line 54 - Inv	estments in Se	curities

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock Investments	2,500	2,500	
	2,500	2,500	

Statement 5 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year			nd of 'ear	Basis of Valuation
Rounding	\$		\$	1	
Total	\$	0	\$	1	

9320 Black River Technical College

71-0709563

FYE: 12/31/2003

Federal Statements

Statement 6 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

N	ame		Title	Average Hrs		
Comp	Benefits	Expenses		Address	City, State, Zip	
Scott Trammel			Chair .	25		
0	0	0 E	PO Box 1121		Pocahontas AR 72455	
Mike Miller			Vice-Chair .	25		
0	0	0 I	PO Box 467		Pocahontas AR 72455	
Brenda Wallis			_	25		
0	0	0 I	PO Box 1048		Pocahontas AR 72455	
Jeriel Summitt	_		Board member .	_		
0	0	0 1	1726 Country Cli		Pocahontas AR 72455	
Stephanie Sutton	0	0 -	Board member .	25	D 1 - 3D F04FF	
	0	0 1	PO Box 507	25	Pocahontas AR 72455	
Ruth Ann Ellis	0	0 (Board member .	25	Dogoboutor AD 704FF	
Donna Marrar	0	0 6	663 Amy Road Board member .	25	Pocahontas AR 72455	
Donna Meyer 0	0	0 ′	2007 Blisswood	23	Pocahontas AR 72455	
Debbie Golden	0	0 2	Board member .	25	rocanoneas Al 12455	
0	0	0 1	PO Box 427	2.5	Pocahontas AR 72455	
Steve Bell	· ·	0 1	Board member .	25	1 octationed The 72 100	
0	0	0 9	96 Edgewood Tra:		Pocahontas AR 72455	
Pink Baltz			Board member .			
0	0	0 I	PO Box 513		Pocahontas AR 72455	
John R. Jackson,	Jr.		Board member .	25		
0	0	0 1	1606 Martin Dri	ve	Pocahontas AR 72455	
Rebecca Edwards			Board member .	25		
0	0	0 I	PO Box 687		Walnut Ridge AR 72476	

9320 Black River Technical College 71-0709563

Federal Statements

FYE: 12/31/2003

Statement 7 - Schedule A, Part III, Line 4b - E	Explanation of Grant / Loan Qualifications
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Individuals receiving loans qualify based on financial need to continue their studies at BRTC.

9320 Black River Technical College

71-0709563

Federal Statements

FYE: 12/31/2003

Statement 8 - Schedule A, Part VII, Line 51d - Schedule Information

Line No.	Amount Involved	Name of Charitable Exempt Organization	Description of Transfers Transactions, Etc.
		Black River Tech Col	Scholarships and supplies for enhancement of education programs
		Black River Tech Coll	Equipment and supplies for enhancement of education programs