

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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)

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

| A Fo | r the | 2009 calend | ar year, o | or tax year begin | nning | 05 | - 01 , 2009, and e | ending | | 04- | 30 ,20 10 | |
|------------------------|-----------|--------------------------------|---------------------|---------------------------|--|-------------------------|-----------------------------|---------------|--------------------------|-------------|--------------------------------|--------------|
| B Ch | eck if ap | plicable | Please | C Name of organiza | tion BLACK RIVER | AREA DEVEL | OPMENT CORP. | | | ╗ | Employer identificat | ion no. |
| Ad | dress ch | ange | use IRS label or | Doing Business A | s | | | | | 按. | 71-0387337 | |
| □ Na | me char | ige | print or | | et (or P O box if mail is not d | elivered to street addr | pes) | Room | /suite | | Telephone number | |
| Ξ | ual retur | - | type. See | 1 | ITAL DRIVE | circles to street addi | 533) | 1100 | 730NE | | (870)892-45 | 47 |
| \equiv | minated | | Specific | | or country, and ZIP + 4 | | | | | | | |
| \equiv | | | Instruc- tions. | 1 | • | | | | | ١ | Gross receipts | |
| $\overline{}$ | nended (| | | | s, AR 72455 | | | | | | s 7,826 | 6,436 |
| L Ap | plication | pending | F Name | and address of princip | oal officer | | | H(a) | Is this a or | oup retui | m for | 678 |
| | | | | | | - | | | Is this a greatfiliates? | | Yes | ⊠ No |
| l Ta | x-exemp | t status | X 501(c) (| 3) ◀ (insert no |) 4947(a)(1) or | 527 | | H(p) | Are all affili | ates inc | duded? | ∐ No |
| J W | ebsite: | ► N/A | | | | | | H(c) | Group exe | mption n | umber • | |
| K Fo | rm of or | janization X | Corporation | Trust 🗌 Asse | ociation Other ► | | L Year of formation | 1966 | M State | of legal | domicile AR | |
| Par | 11 | Summar | у | | | | | | | | | |
| | 1 | Briefly desc | ribe the or | rganization's miss | sion or most significar | nt activities | See audited | financ | ial st | aten | nents. | |
| | | | | | • | | | | | | | |
| A C G | ļ | | | | | | | | | | | |
| 1 0 | | | | | | | | | | | | |
| l v V e | 2 | Check this h | 20Y D | if the organization | n discontinued its ope | rations or dispos | ad of more than 25 | 9/ of ite r | ot accot | | | |
| i r | | | | | erning body (Part VI, I | | | | | 3 | | 10 |
| t n I a | | | | | | | | | | - | | 15 |
| e n S c | | | | | ers of the governing b | | | | | 4 | | 15 |
| e | 1 | | / 1/2 | | e 2a) | | | | | 5 | | 170 |
| ā. | | | | | necessary) | | | | | 6 | | |
| | | | | | ie from Part VIII, colui | | | | | 7a | | 0 |
| | Ь | Net unrelate | 0.00 | | e from Form 990-T, lir | ne 34 | | <u></u> | • • • • | 7b | | 0 |
| R | | Ü | NY G | 2010 | | | | P | nor Year | | Current Year | |
| e | 8 | Contribution | s and gra | ints (Part VIII-line | 1h(O) | | [| | 5,834 | ,721 | 7,59 | 1,428 |
| v e | | | | | ē&gj / | | | | 76 | ,259 | 7 | 5,068 |
| n | 10 | Investment | income (F | art VIII, column (| (A), lines 3, 4, and 7d |) <i></i> . | | | 17 | ,218 | 1 | 1,872 |
| u e | | | | | nes 5, 6d, 8c, 9c, 10d | | | | | ,564 | | 8,068 |
| • | | | | | (must equal Part VIII | | | | 6,079 | | | 6,436 |
| | | | | | IX, column (A), lines | | | | | , 635 | | 8,868 |
| | | | | | X, column (A), line 4) | | | | 700 | , 033 | 1,22 | 0,000 |
| E x | 1 | | | | ee benefits (Part IX, c | | | | 2 407 | 177 | 4 00 | <u> </u> |
| P | 1 | | | | | | - | | 3,487 | , 1 / / | 4,00 | 5,076 |
| e n | 1 | | | = : | column (A), line 11e) | | _ | | | | <u> </u> | , |
| S | 1 | | - | | olumn (D), line 25≯ | | | | | | ļ | |
| e s | 1 | • | • | , , , | ines 11a-11d, 11f-24f | , | | | 1,696 | | | 6,362 |
| | 1 | | | | st equal Part IX, colun | | | | 5,972 | | | 0,306 |
| | 19 | Revenue le | ss expens | ses. Subtract line | 18 from line 12 | • • • • • • • • | | | 107 | ,382 | 62 | 6,130 |
| Net | Ì | | | | | | · | Beginning | of Current ' | ear_ | End of Year | |
| Assets or | 20 | Total assets | s (Part X, I | line 16) | • • • • • • • • • • • | • • • • • • • • | | | 3,317 | ,314 | 4,07 | 4,647 |
| Fund Bal- | 21 | Total liabılıtı | es (Part X | (, line 26) | | | | | 631 | ,044 | 76 | 2,247 |
| ances | 22 | Net assets | or fund ba | lances Subtract | t line 21 from line 20 - | | | | 2,686 | ,270 | 3,31 | 2,400 |
| Par | 1 11 | Signatu | ire Bloc | :k | ·· · · · · · · · · · · · · · · · · · · | | | | | | - | |
| . | | Under penalt | es of penury | , I declare that I have o | examined this return, including | ng accompanying sch | dules and statements, ar | nd to the bes | st of my kno | wledge | | |
| <u> </u> | | and belief, it | is true, correc | and complete Deci | aration of preparer (other tha | in officer) is based on | all information of which pr | eparer has | any knowled | lge | 1 1 | |
| Sigr | 1 | | | Xm | James | | | | | | 9/15/10 | |
| ை _ஜ Here | <u> </u> | Signatu | re of officer | | | | | | | Dat | e // ' ' // · · · · | |
| | | | | Tig | TANSed | Execut | ive DiRe | . / | | | | |
| <u>ਜ</u> | | Type o | r print name a | and title | 444704 | Proces | ive DIRE | C-JOE | | | | |
| ゔ | | , ,, | | | | Date | 1 / Char | als of | Prena | er's idei | ntifying number | |
| <u></u> | | Preparer's | 0 | | 1 | 0 | Chec self- | _ | - (see o | nstruction | | |
| 🗓 Paid | | signature | | Ma d | MIAN | 19 | /9//0 $ $ emp $ $ | ioyed ▶ L | [」] | n . G | 10 21.78 | |
| S Prepa | arer's | l —— | 00 | 100 | | | | | | | 10,2478 | |
| ∯ Use (| | Firm's name | | FREEMAN | AND COMPANY C | PAs INC | | EIN | P 2 A | - A | 295165 | |
| Paid Prepa Use (| • | if self-employ address, and | /ed), | 3712 E. | HIGHLAND DR. | | | | | | | |
| カ | | auuress, dill | | JONESBOR | RO, AR 72401 | | | Phone r | no ▶870 | 932 | 2-4514 | |
| May 1 | he IRS | discuss thi | s return w | ith the preparer s | shown above? (see in | istructions) | | | | | 🛚 Yes | ☐ No |

Form 990 (2009)

| | 990 (2009) BLACK RIVER AREA DEVELOPMENT CORP. | 71-0387337 | Page 2 |
|----|--|-------------|---------------------------------------|
| | t III Statement of Program Service Accomplishments | | |
| 1 | Briefly describe the organization's mission. | | |
| | See audited financial statements. | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any againment are proposed with the unasymbol under the design of the | | |
| _ | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | □ vos | ₩. |
| | If "Yes," describe these new services on Schedule O. | 📋 res | <u>K</u>] NO |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | | |
| • | services? | □ Yes | ⊠ No |
| | If "Yes," describe these changes on Schedule O. | 🗀 | <u>E</u> |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expense | es | |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran | | |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported | | |
| | | | |
| 4a | (Code:) (Expenses \$6,961,907 including grants of \$1,228,868) (Revenue | \$ |) |
| | See audited financial statements. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ |) |
| | | | · · |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | \$ | · · · · · · · · · · · · · · · · · · · |
| | | <u> </u> | ′ |
| | | | |
| | | | |
| | | | = : |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services. (Describe in Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ▶ 6,961,907 | | |

Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 2 X 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Х 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) N/A 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part 9 X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." Х 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 Χ 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 Х Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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? If "Yes," complete Schedule D, Part X. 12 Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes." complete X 12 12A Was the organization included in a consolidated, independent audited financial statement for the tax year? 13 13 Х 14a 14a Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any Х 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Х

| | | | Yes | No |
|------------|--|---------------|----------|--|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | | | |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | <u>X</u> |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | { | | |
| | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | <u>X</u> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | | |
| | 24b through 24d and complete Schedule K. If "No," go to question 25 | 24a | _ | X |
| Ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | N/A |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | NT /N |
| | to defease any tax-exempt bonds? | 24c | | N/A |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | N/A |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| ь | 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 | | | ٠,, |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | ٠, |
| ~7 | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor, or a grant selection committee member, or to a person related to such an individual? | | | 3,7 |
| 20 | If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties, directly or indirectly | | | |
| | (see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds, | | | |
| _ | conditions, and exceptions) | 20- | • | v |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| Ь | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 206 | | - T |
| _ | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a | 28b | | X |
| С | family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | | 29 | - | X |
| 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 23 | | <u> </u> |
| 30 | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | 30 | | <u> </u> |
| J 1 | Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | <u> </u> | <u> </u> | - |
| 72 | Schedule N, Part II | 32 | i | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | ļ | 1 |
| - | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, | - | | |
| | III, IV, and V, line 1 · · · · · · · · · · · · · · · · · · | 34 | x | İ |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | | - | 1 |
| - | Schedule R, Part V, line 2 | 35 |] | x |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | <u> </u> | | † |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 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 | | x |
| 38 | Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19? | | Х | <u> </u> |

| Form | 990 (2009) BLACK RIVER AREA DEVELOPMENT CORP. 71-03873 | 37 | F | Page 5 |
|--------|--|----------------|--|----------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | |
| | U.S. Information Returns. Enter -0- if not applicable | | | |
| Ь | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | I | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | | • | |
| Ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | <u> </u> |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | | |
| | instructions) | | l | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | | ŧ | |
| | this return? | 3a | | X |
| Ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | N/A |
| 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 in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | ļ., <u>,</u> | X |
| Ь | If "Yes," enter the name of the foreign country. N/A | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | | Ī | |
| | and Financial Accounts | | 1 | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity | | | |
| _ | Regarding Prohibited Tax Shelter Transaction? | 5c | | N/A |
| 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? | 6a | ļ | <u> </u> |
| ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | l | ,- |
| _ | gifts were not tax deductible? | 6b | ļ | N/A |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | ŧ | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | l _ | 1 | ,, |
| | and services provided to the payor? | 7a | ├ | X |
| b c | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | N/A |
| · | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7. | | • |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7c | | X |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | 1 | 1 | |
| · | benefit contract? | 7e | 1 | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | - | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | _ | - | N/A |
| b h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | / y | | I W/A |
| | required? | 7h | | N/A |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | ļ | 1175 |
| - | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | Ī | |
| | organization, have excess business holdings at any time during the year? | 8 | Ī | N/A |
| 9 | Sponsoring organizations maintaining donor advised funds. | <u> </u> | - | 11/12 |
| a | Did the organization make any taxable distributions under section 4966? | 9a | İ | N/A |
| ь | Did the organization make a distribution to a donor, donor advisor, or related person? | | | N/A |
| 10 | Section 501(c)(7) organizations. Enter: | | ļ | 1,77 |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | 1 |
| Ь | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A | 1 | 1 | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | 1 | |
| а | Gross income from members or shareholders | | 1 | |
| ь | Gross income from other sources (Do not net amounts due or paid to other sources against | 1 | I | |
| | amounts due or received from them.) | | 1 | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | Ť | N/A |
| ь | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | <u> </u> | + |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in

| 20-4 | Schedule O See instructions | | | |
|----------|---|-------------|-------------|--|
| SECT | tion A. Governing Body and Management | | | |
| 1- | Enter the number of voting members of the gave-rise hadi. | | Yes | No |
| 1a b | Enter the number of voting members of the governing body | ŧ | 1 | |
| 2 | Enter the number of voting members that are independent | ŧ | 1 | |
| - | any other officer, director, trustee, or key employee? | 2 | 1 | X |
| 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 | | Х |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | |
| | of the governing body? | 7a | | Х |
| Ь | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following | | | |
| a | The governing body? | 8a | X | |
| Ь | Each committee with authority to act on behalf of the governing body? | 8b | Х | L |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | X | |
| | tion B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Reve | enue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| ь | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | NT/2 |
| 44 | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | N/A |
| 11 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations | | v | 1 |
| 124 | must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 11 | X | |
| 12a b | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | ├^ | |
| D | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | 1 |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 120 | <u> </u> | |
| · | describe in Schedule O how this is done | 12c | x | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | <u> </u> | | 1 |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. | | I | |
| a | The organization's CEO, Executive Director, or top management official? | 15a | X | |
| b | Other officers or key employees of the organization? | 15b | X | 1 |
| | Describe the process in Schedule O. (see instructions) | | <u> </u> | 1- |
| 16a | | | ļ | |
| | with a taxable entity during the year? | 16a | L_ | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | 1 | |
| | the organization's exempt status with respect to such arrangements? | 16b | <u> </u> | N/A |
| Se | ction C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) | | | |
| | available for public inspection. Indicate how you make these available. Check all that apply | | | |
| | Own website Another's website 🔯 Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest | | | |
| _ | policy, and financial statements available to the public | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | | | |
| | organization ▶ Black River Area Development Corp (870)892-4547 | | | |
| | 1403 Hospital Drive Pocahontas, AR 72455 | | | |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) | (B) | | | | C) | | | (0) | (E) | (F) |
|-------------------|------------------------------|---|---------------------------------|-------------|-----------------------|--|-------------|---|--|--|
| Name and Title | Average hours per week | Positive during the second of | l t n r s s t s t e | O 1 1 - c e | K e y e m | at apply) H c e m g mp h p e o s n y t s e t e d | F o r m e r | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| Darlene Tanner | | х | | | | | | 0 | 0 | 0 |
| Steve Weston | | Х | | | | | | 0 | 0 | 0 |
| Brigitte McDonald | | Х | | | | | | 0 | 0 | 0 |
| Judy Phelan | | X | | | | | | 0 | 0 | 0 |
| Ronald Sellers | | X | | | | | | 0 | | 0 |
| Janice Shanks | | X | | | | | | 0 | | 0 |
| Suzanne Allen | | X | | | | | | 0 | | 0 |
| Cherie Ebeland | | X | | | | | | 0 | | 0 |
| Lewis Slaughter | | X | | | | | | 0 | | 0 |
| Glenn Murphy | | X | | | | | | 0 | | 0 |
| Stan Little | | X | - | | - | | | | | |
| Betty Getson | | X | | | - | | | 0 | | 0 |
| Karen Burris | - | | - | | - | - | | 0 | | 0 |
| Geneva Alphin | | X | - | | - | | - | 0 | | 0 |
| Omar Lee Rogers | + | X | - | | \vdash | | | 0 | | 0 |
| | | X | | - | - | | | 0 | 0 | 0 |

Page 8

| Pa | t VII Section A. Officers, Directors, Trustees, | Key Emplo | yees, | and | Hig | hest | Com | pens | sated Employees | (continued) | | | |
|---------|--|---|-----------------|----------|----------|-------------|---------------------|--|-------------------|-------------------------------|------------------------|-------------------------|----------|
| | (A) | (B) | | _ | ((| | | | (D) | (E) | | (F) | |
| | Name and Title | Average | Posit | on (c | heck | all tha | at apply) | | Reportable | Reportable | Es | tımated | j |
| | | hours per | | l t | P | | Нсе | F | compensation | compensation | an | nount of | |
| | • | week | d n t | s u | l i | e y | ı om gmp hp l | 0 | from the | from related organizations | com | other pensation | on |
| | | | ıse | ı t | C | e m | e e o | m e | organization | (W-2/1099-MISC) | | rom the | |
| | • | | i e t de o | | | p | s n y | ' | (W-2/1099-MISC) | | _ | anizatio | |
| | | | u r ao | 1 | | 0 | a e l | | | | | id related anization | |
| | | | l r | 0 | | y e | e d | | | | J | | |
| | | | l | a | | e | | | | | | | |
| | | | \vdash | - | ╁ | - | | | | | | | |
| | | İ | ļ | | ļ | | | | | | | | |
| - | | <u> </u> | | - | ├ | | - | - | | | | | |
| | | | | | İ | 1 | | | | | | | |
| | | | | - | ├ | - | | - | | | | | |
| | | | | | | | | | | | | | |
| | | | <u> </u> | <u> </u> | ⊢ | ├ | ļ | - | | | | | |
| | | | | | | | | | | | ļ | | |
| | | | | | ļ_ | ļ | ļ | | | | | | |
| | | | | | | | | | | | | | |
| | | ļ | | | ļ | _ | | | | | | | |
| | | 1 | | | | 1 | 1 | | | | | | |
| | | | <u> </u> | <u> </u> | 1 | | <u> </u> | | | | ļ | | |
| | | | | | | | | | | İ | 1 | | |
| | | <u></u> | <u></u> | | | <u> </u> | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | ļ | | | | | |] | | | |
| | | | | | T | | | | | | | | |
| | | | 1 | | | | | | | | | | |
| | | | † - | | _ | | | | | | | | |
| | | | | İ | | | | | | | | | |
| | | | | ┢ | \vdash | - | | | | | ļ | | |
| | | | ļ | ļ | Į. | | \ | ļ | | \ | ļ | | |
| | | | | | +- | - | | | | | _ | | |
| | | | | | İ | | | | | | 1 | | |
| | | ļ | - | ╁╌ | ┼ | ┼ | - | - | | | | _ | |
| | | 1 | | | | | | ļ | | | | | |
| 41 | T.A.I | <u> </u> | | | L | | L | <u> </u> | | | | _ | |
| | Total | | | • • | | - | | <u> </u> | C | | l | | 0 |
| 2 | Total number of individuals (including but not limited | to those liste | d abo | ve) v | who | rece | eived n | nore | than \$100,000 in | | | | |
| | reportable compensation from the organization ▶ | | | | | | | | | | | | |
| | | | | | | | | | | | ,,,,,,,,,,, | Yes | No |
| 3 | Did the organization list any former officer, director of | | | | | | | | | | | ŧ | |
| | employee on line 1a? If "Yes," complete Schedule J | | | | | | | | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the sum of repo | ortable comp | ensatı | on a | ınd d | othe | r comp | ens | ation from | | | ŧ | |
| | the organization and related organizations greater th | | | | | • | | | | | | Į | |
| | ındıvıdual | | | | | | | | | | 4 | | X |
| 5 | Did any person listed on line 1a receive or accrue co | mpensation | from a | ny ι | ınre | lated | l orgai | nızat | on for | | | | |
| | services rendered to the organization? If "Yes," com | | | | | | | | | | 5 | 1 | X |
| Se | ction B. Independent Contractors | | | | • | | | | | | | <u> </u> | |
| 1 | Complete this table for your five highest compensate | ed independe | nt cor | trac | tors | that | receiv | ved r | nore than \$100.0 | 00 of | _ | | |
| | compensation from the organization | , | | | | | | | | | | | |
| | (A) | | | | | | | | (B) | | | (C) | |
| | Name and business address | , | | | | | | | · 1 | -004000 | Como | | |
| | realite and outsitess adultess | <u>, </u> | | | | | | | Description of s | DE141063 | Comp | ensation | <u> </u> |
| <u></u> | ark Construction , | | | | | | | | · · · | | | 400 | - 000 |
| CT | ark Construction , | | <u> </u> | | | | | _ | Construct | 101 | | 406 | ,000 |
| | | · | | _ | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Tatal annual and the state of t | | | | | | | | | | | | ~ |
| 2 | Total number of independent contractors (including | | o to the | ose | uste | d ab | ove) v | vno i | received | | | | |
| | more than \$100,000 in compensation from the organ | nization ▶ | | | | | | | | 1 | | | |

Page 9

| | dri | VIII] | Statement of Revenue | | | | | |
|------------|------------|----------|--|---|----------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| C g | o a | 1a | Federated campaigns 1a | 1 | | | | |
| 0 1 | t m | ь | Membership dues | | -[| | | |
| | e u r n | c | Fundraising events 10 | | | | 1 | |
| i bg | t s s | d | Related organizations 10 | | | | Ī. | |
| u ř t a | | e | Government grants (contributions) 1e | 7,591,428 | 1 | | 1 | |
| 1 N | | ١, | | 7,732,7120 | - | | • | |
| n s s, | a r | 1 ' | All other contributions, gifts, grants, and similar amounts not included above 1f | | | | ‡ | |
| a | | a | Noncash contributions included in lines 1a-1f. | | † | | | |
| d | | h | | | 7,591,428 | | | |
| _ | | <u> </u> | The state of the s | Business Code | 7,331,420 | | | |
| | | 2a | PROGRAM FEES | 900099 | 75,068 | | † | 75.060 |
| | S R e e | ь | | 300033 | 75,000 | | | 75,068 |
| | e e | c | | | | | | |
| | v e i n | d | | | | | | |
| а | c u | | | | | | | |
| m | e e | f | All other program service revenue | | | | | |
| | | | | | 75.060 | | <u> </u> | <u> </u> |
| _ | | 3 | | | 75,068 | | | |
| | | " | Investment income (including dividends, intere other similar amounts) | | 11 070 | | | 11 070 |
| | | 4 | Income from investment of tax-exempt bond pa | | 11,872 | | | 11,872 |
| | | 5 | Royalties | | | | | |
| | | | (i) Real | | | | <u> </u> | |
| | | 6a | Gross Rents | (ii) Personal | - | | Ŧ | |
| | | 1 | Less: rental expenses | | -[| | - | |
| | | | Rental income or (loss) | | - | | ŧ | |
| | | | Net rental income or (loss) | | 1 | | † | |
| | | | Gross amount from sales of (i) Secunties | (II) Other | - | | | |
| | | b | assets other than inventory Less: cost or other basis | | | | # # # # # | |
| (|) | | and sales expenses | | | | 1 | |
| t | | | Gain or (loss) | | | | ‡ { | |
| h e | | | Net gain or (loss) | · <u>- · · · · · • </u> | | | | |
| r | | οa | Gross income from fundraising | | | | <u> </u> | |
| F | ₹ | | events (not including \$ | | | | [| |
| e | | | of contributions reported on line 1c). | | | | <u> </u> | |
| v e | | ١. | See Part IV, line 18 a | | | | • | |
| 'n | | | Less: direct expenses b | | | | Į. | |
| u e | | | Net income or (loss) from fundraising events | · <u>· · · · · · · · · · · · · · · · · · </u> | | | · · · · · · · · · · · · · · · · · · · | (Teriory 11 11 11 11 11 11 11 |
| ٠ | • | ya. | Gross income from gaming activities | | | | Ī | |
| | | L | See Part IV, line 19 | | . 1 | | ‡ | |
| | | | Less. direct expenses | | | ······································ | | |
| | | | Net income or (loss) from gaming activities . | · <u>· · · · · · · · · · · · · · · · · · </u> | | · | | |
| | | i | Gross sales of inventory, less returns and allowances a | | | | | |
| | | b | Less: cost of goods sold b | | | | | |
| | | С | Net income or (loss) from sales of inventory - | | | | | |
| | | | Miscellaneous Revenue | Business Code | | | | |
| | | 11a | OTHER | 900099 | 148,068 | | | 148,068 |
| | | Ь | | | | | | |
| | | C | | | | | | |
| | | | All other revenue | | | | | |
| | | e | Total. Add lines 11a-11d | · · · · · · · · · · · · · · · · · · · | 148,068 | | | |
| | | 12 | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7 | d, 8c, | | | | |
| | | <u> </u> | 9c, 10c, and 11e | <u></u> ▶ | 7,826,436 | 0 | o | 235,008 |

71-0387337

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) (D) **(B)** (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22. 1,228,868 1,228,868 3 Grants and other assistance to governments, organizations, and individuals outside the Compensation of current officers, directors, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 3,309,843 3,171,831 138,012 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 22,378 9 695,233 672,855 10 11 Fees for services (non-employees): Lobbying Professional fundraising services See Part IV, line 17. f g 12 6,851 13 798,725 791,874 14 15 16 272,650 272,650 17 129,625 129,625 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 10,177 10,177 21 22 Depreciation, depletion, and amortization 194,228 170,905 23,323 23 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 7,453 OTHER 250,104 242,651 PURCHASED SERVICES 310,099 279,894 30,205 LOSS ON DISP. OF ASSETS C 754 754 d Total functional expenses. Add lines 1 through 24f. . 7,200,306 6,961,907 238,399 0 Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

| an | X | Balance Sheet | | 1-0387 | 337 Page |
|-------------|-----|--|---|-------------------|---------------------------------------|
| | | | (A) | T | (B) |
| | | | Beginning of year | | End of year |
| $\neg \top$ | 1 | Cash - non-interest-bearing | 119,114 | 1 | 78,723 |
| | 2 | Savings and temporary cash investments | 1,149,126 | 2 | 1,141,39 |
| | 3 | Pledges and grants receivable, net | 290,356 | 3 | 400,50 |
| | 4 | Accounts receivable, net | 111,227 | 4 | 166,54 |
| | 5 | Receivables from current and former officers, directors, trustees, key | 111,221 | | 100,34 |
| | | employees, and highest compensated employees. Complete Part II of | | | |
| l | | Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section | ······································ | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete | | | |
| A | | Part II of Schedule L | | 6 | |
| 5 | 7 | Notes and loans receivable, net | | 7 | |
| e | 8 | Inventories for sale or use | | 8 | · · · · · · · · · · · · · · · · · · · |
| S | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or | | 1.3 | |
| | | other basis. Complete Part VI of Schedule D 10a 4,152,587 | | | |
| | ь | Less. accumulated depreciation | 1,647,491 | 10c | 2,287,47 |
| ļ | 11 | Investments - publicly traded securities | 1/01//101 | 11 | 2,201,41 |
| | 12 | Investments - other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 3,317,314 | 16 | 4,074,64 |
| | 17 | Accounts payable and accrued expenses | 631,044 | 17 | 762,24 |
| | 18 | Grants payable | | 18 | .02,21 |
| L | 19 | Deferred revenue | | 19 | |
| i | 20 | Tax-exempt bond liabilities | | 20 | |
| Б | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| i | 22 | Payables to current and former officers, directors, trustees, key | - · · · · · · · · · · · · · · · · · · · | - - - | |
| ¦ | | employees, highest compensated employees, and disqualified | | | |
| ! | | persons Complete Part II of Schedule L | | 22 | |
| e | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| s | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | ···· |
| | 25 | Other liabilities Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 631,044 | 26 | 762,24 |
| | | Organizations that follow SFAS 117, check here ▶ | main v | 1 | |
| F | | complete lines 27 through 29, and lines 33 and 34. | | 1 1 | |
| u | 27 | Unrestricted net assets | 685,424 | 27 | 676,18 |
| n d | 28 | Temporarily restricted net assets | 2,000,846 | 28 | 2,636,21 |
| _ | 29 | Permanently restricted net assets | | 29 | |
| Ba | | Organizations that do not follow SFAS 117, check here ▶ □ | | l | |
| 1 | | and complete lines 30 through 34. | | | |
| a n | 30 | Capital stock or trust principal, or current funds | | 30 | |
| c | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| e | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| S | 33 | Total net assets or fund balances | 2,686,270 | 33 | 3,312,40 |
| - 1 | | Total liabilities and net assets/fund balances | | | |

| | 990 (2009) BLACK RIVER AREA DEVELOPMENT CORP. 71-038733 | 7 | P | age 1 |
|----|--|----|-----|-------|
| Pa | rt XI Financial Statements and Reporting | | | |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990. Cash Cash Constant | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | Ī | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Х | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Х | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | |
| | issued on a consolidated basis, separate basis, or both: | 2d | | |
| | x separate basis consolidated basis both consolidated and separate basis | | - | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | İ |
| | the Single Audit Act and OMB Circular A-133? | 3a | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? | 3ь | Х | 1 |

EEA

Form 990 (2009)

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. Internal Revenue Service

▶ See separate instructions. Name of the organization Employer identification number BLACK RIVER AREA DEVELOPMENT CORP. 71-0387337 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** ∐ Type II c Type III-Functionally integrated e \(\Pi\) By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) 11g(ii) 11g(iii) Provide the following information about the organizations the organization supports. (iii) Type of organization (N) Is the organization (N) Did you notify Name of supported

| organization | (a) EIN | (described on lines 1-9 above or IRC section (see instructions) | in col (i) lis governing d | ted in your | (v) Did yo the organi col (i) supp | zation in | (vi) is the organization in col (i) organized in the US? | | (VII) Amount of support | |
|--------------|---------|---|-------------------------------|-------------|---|-----------|--|----|-------------------------|--|
| | | | Yes | No | Yes | No | Yes | No | | |
| | | | | | : | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | - | | | | |
| Total | | | | | | | | | | |

| Schedule A (Form 99 | OO or 990-EZ) 2009 BLACK RIVER AREA DEVELOPMENT CORP. | 71-0387337 | Page |
|---------------------|---|----------------------|------|
| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) | and 170(b)(1)(A)(vi) | |
| (| (Complete only if you checked the box on line 5, 7, or 8 of Part I) | | |
| Section A. F | Public Support | | |

| | (Complete only if you checked to | ne box on line 5, 7, | or 8 of Part 1) | | | | |
|------|--|-----------------------|-------------------|-----------------------|---|----------------|---------------|
| | ction A. Public Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 5,101,369 | 5,248,910 | 5,433,985 | 5,834,721 | 7,591,428 | 29,210,413 |
| 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 | 5,101,369 | 5,248,910 | 5,433,985 | 5,834,721 | 7,591,428 | 29,210,413 |
| 5 | The portion of total contributions by each | | | | | | |
| | person (other than a governmental unit or | | - | 1 | | | |
| | publicly supported organization) included | | | 1 | | | |
| | on line 1 that exceeds 2% of the amount | | | 1 | | | |
| | shown on line 11, column (f) | | | I | | | |
| | Public support. Subtract line 5 from In 4 | | | | *************************************** | | 29,210,413 |
| | ction B. Total Support | | | | | | - |
| Cal | endar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | Amounts from line 4 | 5,101,369 | 5,248,910 | 5,433,985 | 5,834,721 | 7,591,428 | 29,210,413 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 15,441 | 19,946 | 20,603 | 17,218 | 11,872 | 85,080 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 394,227 | 231,920 | 211,958 | 227,823 | 223,136 | 1,289,064 |
| 11 | Total support. Add lines 7 through 10 . | | | | | | 30,584,557 |
| 12 | Gross receipts from related activities, etc. (| see instructions) . | | | | 12 | |
| | First five years. If the Form 990 is for the organization, check this box and stop here | | | th, or fifth tax year | as a section 501 | (c)(3) | ▶ 🗆 |
| | ction C. Computation of Public S | | | | | | . |
| | Public support percentage for 2009 (line 6, | | | | | | 95.51 % |
| 15 | Public support percentage from 2008 Sche | dule A, Part II, line | 14 | • • • • • • • • • | • • • • • • • • | 15 | 94.78 % |
| 16a | 33 1/3% support test - 2009. If the organiz | | | | | | _ |
| | and stop here. The organization qualifies a | | | | | | ▶ 🛚 |
| | 33 1/3% support test - 2008. If the organiz | | | | | | _ |
| | box and stop here. The organization qualif | | | | | | ▶ 📋 |
| 17a | 10%-facts-and-circumstances test - 200 | | | | | | |
| | more, and if the organization meets the "fac | | | | | | |
| | organization meets the "facts-and-circumst | | | | | | |
| E | o 10%-facts-and-circumstances test - 200 | | | | | | r |
| | more, and if the organization meets the "fac | | | | | | |
| | organization meets the "facts-and-circumst | | | | | | |
| 18 | Private foundation. If the organization did | not check a box on | line 13, 16a, 16b | , 17a, or 17b, chec | k this box and se | e instructions | ▶ 🔲 |

| | ule A (Form 990 or 990-EZ) 2009 BLACK | | A DEVELOPMEN | | (3) | 71-038733 | 7 Page 3 |
|----------|---|--|--|---|--|------------------------------|-----------------|
| ra | ······································ | | | ection 505(a)(| (2) | | |
| 500 | (Complete only if you checked the tion A. Public Support | box on line 9 of | Рап і) | | | | |
| | ndar year (or fiscal year beginning in) > | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | N/A (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership tees received. (Do not include any "unusual grants.") | (4) 2003 | (6) 2000 | (0) 2007 | (4) 2000 | (8) 2009 | (I) Total |
| 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 bus. under sec 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | - | |
| 6 | Total. Add lines 1 through 5 | | | | - | - | |
| 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 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | · · | | | | | |
| _ | ction B. Total Support | | | | | N/A | |
| | endar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 10a | Amounts from line 6 | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 11 | Add lines 10a and 10b | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 | organization, check this box and stop here. | <u> </u> | <u> </u> | ırth, or fifth tax yea | ar as a section 50 | <u> </u> | • 📋 |
| | ction C. Computation of Public Su | | | | | N/A | |
| 15 | Public support percentage for 2009 (line 8, o | | | | | | |
| 16 Se | Public support percentage from 2008 Sched ction D. Computation of Investme | | | | <u> </u> | N/A | |
| 17 | Investment income percentage for 2009 (line | | | . column (f)\ | | | <u></u> |
| 18 | Investment income percentage from 2008 S | | • | | | | 9 |
| 19a | 33 1/3% support tests - 2009. If the organi 17 is not more than 33 1/3%, check this box | zation did not ch and stop here. | eck the box on line The organization of | e 14, and line 15 is qualifies as a publ | s more than 33 1/3 | %, and line anization | ▶ 🛚 |
| b | 33 1/3% support tests ~ 2008. If the organiline 18 is not more than 33 1/3%, check this | zation did not ch box and stop h | eck a box on line 1 ere. The organizat | 4 or line 19a, and ion qualifies as a j | I line 16 is more th publicly supported | an 33 1/3%, and organization | ▶ 📮 |

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2009

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Inspection

| reame o | vine organization · | Employer identification number |
|---------|---|--------------------------------|
| BLA | CK RIVER AREA DEVELOPMENT CORP. | 71-0387337 |
| Par | Organizations Maintaining Donor Advised Funds or Other Similar Funds or | Accounts. Complete if |
| | the organization answered "Yes" to Form 990, Part IV, line 6 | N/A |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised | |
| | funds are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be | |
| | used only for charitable purposes and not for the benefit of the donor or donor advisor or other | |
| | impermissible private benefit? | |
| Par | | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historicall | v important land area |
| | Protection of natural habitat | |
| | Preservation of open space | |
| 2 | Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conserva | tion easement |
| | on the last day of the tax year. | |
| | | Held at the End of the Year |
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| С | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization | anization during |
| | the taxable year▶ | |
| 4 | Number of states where property subject to conservation easement is located ▶ | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of | |
| | violations, and enforcement of the conservation easements it holds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year | |
| | > | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year | |
| | ▶ \$ | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section | |
| | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIV, describe how the organization reports conservation easements in its revenue and expense state | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the | |
| | the organization's accounting for conservation easements. | |
| Pai | t III Organizations Maintaining Collections of Art, Historical Treasures, or Oth | er Similar Assets. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 8 | N/A |
| 1a | If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance | e sheet works of |
| | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran | |
| | provide, in Part XIV, the text of the footnote to its financial statements that describes these items. | |
| ь | If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sh | neet works of art. |
| - | historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of | |
| | provide the following amounts relating to these items | , pablic 60, 1766, |
| | (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain | |
| _ | following amounts required to be reported under SFAS 116 relating to these items | i, provide die |
| а | Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · · | ▶ ¢ |
| a L | | |
| D | Assets included in Form 990, Part X | · · · · · · > \$ |

| | le D (Form 990) 2009 BLACK RIVER ARE | | | | | 71-03 | | Page 2 |
|------|--|------------------------|---------------------------------------|--------------|---|---|---------------|---------------|
| Par | t III Organizations Maintaining (| Collections of A | <u>Art, Histo</u> | orical Tr | easures, or | Other Similar | Assets (con | tinued) |
| 3 | Using the organization's accession and other re | cords, check any o | f the followi | ng that ar | e a significant u | se of its collection | | |
| | items (check all that apply). | | | | | | | |
| а | Public exhibition | d 🗌 Loar | n or exchar | ige progra | ms | | | |
| ь | Scholarly research | e 🗌 Othe | er | | | | | |
| c | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's collection | ctions and explain h | now they fu | rther the o | rganization's ex | empt purpose in | | |
| | Part XIV. | | | | | | | |
| 5 | During the year, did the organization solicit or re- | ceive donations of | art, historic | al treasure | es, or other simi | lar | | |
| | assets to be sold to raise funds rather than to b | e maintained as par | rt of the org | anızatıon' | s collection? | | 🗌 Ye | s 🗌 No |
| Par | t IV Trust, Escrow and Custodia | al Arrangement | S. Comple | ete if orgai | nization answer | ed "Yes" to Form 99 | 0, | |
| | Part IV, line 9, or reported an amoun | | | | | N/A | | |
| 1a | Is the organization an agent, trustee, custodian | or other intermedia | ry for contri | butions or | other assets no | ot | | |
| | included on Form 990, Part X? | | | | | | 🗌 Ye | s 🗌 No |
| ь | If "Yes," explain the arrangement in Part XIV an | d complete the follo | wing table | | | | | |
| | | | | | | , p | mount | |
| c | Beginning balance | | | | | 1c | | |
| d | Additions during the year | | | | | 1d | | |
| e | Distributions during the year | | | | | 1e | | |
| f | Ending balance | | | | | 1f | | |
| 2a | Did the organization include an amount on Form | n 990, Part X, line 2 | 1? | | | | 🗌 Ye | s No |
| | If "Yes," explain the arrangement in Part XIV. | | | | | | | |
| Par | t V Endowment Funds. Complete | f organization answ | ered "Yes" | to Form 9 | 90, Part IV, line | 10. N/A | | |
| | | (a) Current Year | (b) Pnor | | (c) Two Years Bac | | ck (e) Four Y | ears Back |
| 1a | Beginning of year balance | | | ···· | | | | |
| b | Contributions | | | | | | | |
| C | Investment earnings or losses | | | | - andma that to according | | ******* | |
| d | Grants or scholarships | | | | *************************************** | | | |
| e | Other expenditures for facilities | | 171-11-1 | 1 | This Programme | | | ' |
| | and programs | | | 1 | | 1 | 1 | |
| f | Administrative expenses | | | | | · • · · · · · · · · · · · · · · · · · · | | , |
| g | End of year balance | | | Ī | *************************************** | | <u>-</u> | ••••• |
| 2 | Provide the estimated percentage of the year el | nd balance held as | · · · · · · · · · · · · · · · · · · · | | | Т | <u> </u> | |
| а | Board designated or quasi-endowment ▶ | % | | | | | | |
| Ь | Permanent endowment ▶ % | | | | | | | |
| С | Term endowment ▶ % | | | | | | | |
| 3a | Are there endowment funds not in the possessi | on of the organization | on that are | held and a | administered for | r the | | |
| | organization by. | - | | | | | ſ | Yes No |
| | (i) unrelated organizations | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organizations list | sted as required on | Schedule F | 3? | | | | |
| 4 | Describe in Part XIV the intended uses of the or | | | | | | l | |
| Pa | t VI Investments - Land, Buildin | | | | 90, Part X, line | 10 | | |
| | Description of investment | (a) Cost or other | T | (b) Cost | | (c) Depreciation | (d) Book | value |
| | | (investme | | basis (| | * * = -b.common | (4) 500% | - 2000 |
| 1a | Land | | 74,824 | | | | | 74,824 |
| b | Buildings | 2,2 | 91,400 | | | 574,700 | 1, | 716,700 |
| c | Leasehold improvements | | | | | | | |
| d | Equipment | | 86,363 | | <u> </u> | 1,290,410 | | 495,953 |
| е | Other | | | | | | | |
| Tota | - Add lines 1a-1e (Column (d) should equal For | | mn (B), line | 10(c)) . | | | 2.5 | 287.477 |

| Daw VIII | 90) 2009 BL | ACK RIVER AREA | DEVELOPMENT CORP. | 71-038 | 7337 Page 3 |
|-------------------------|--|---|---------------------------|---|---------------------------------------|
| Part VII | Investments - Othe | | Form 990, Part X, line 12 | N/A | |
| - - | (a) Description of security or categor (including name of security) | У | (b) Book value | (c) Method of valuation Cost or end-of-year market v | |
| | atives and other financial pro | | | | |
| Closely-held ed | quity interests | | | | |
| Other | ···· | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| | | | | | |
| | | | | ······································ | |
| | should equal Form 990, Part X, col (| | | · · · · · · · · · · · · · · · · · · · | |
| Part VIII | investments - Prog | ram Related. See | Form 990, Part X, line 13 | N/A | · · · · · · · · · · · · · · · · · · · |
| | (a) Description of investment type | | (b) Book value | (c) Method of valuation Cost or end-of-year market v | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| | ···· | | | | _ . |
| | | | | | · · · · · · · · · · · · · · · · · · · |
| | <u> </u> | | | | |
| | | | | | |
| | | | | | |
| | | | | - - | |
| | | | | | |
| Total (Caluma (b) | Sebestian III. and B. W. Co | | | | |
| Part IX | other Assets. See Fo | | | N1/A | |
| <u> </u> | VIII AUGUST See 10 | | | N/A | A) Deal of a |
| | | (a) Des | прион | | (b) Book value |
| | | | | | ·· ·· · · · · · · · · · · · · · · · · |
| | | | | | |
| | | | | | |
| | | | · | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. (Column | ı (b) should equal Form 990, | Part X, col (B) line 15 | 5.) | | |
| Total. (Column | (b) should equal Form 990, Other Liabilities. See | Part X, col (B) line 15 Form 990, Part X, line | j.) | | |
| Part X | (a) Description of liability | Part X, col (B) line 15 Form 990, Part X, line | 5.) | | |
| Total. (Column Part X 1 | (a) Description of liability | Part X, col (B) line 15 Form 990, Part X, line | 25 | | |
| Part X | (a) Description of liability | Part X, col (B) line 15 Form 990, Part X, line | 25 | N/A | |
| Part X | (a) Description of liability | Part X, col (B) line 15 Form 990, Part X, line | 25 | | |
| Part X | (a) Description of liability | Part X, col (B) line 15 Form 990, Part X, line | 25 | N/A | |
| Part X | (a) Description of liability | Part X, col (B) line 15 Form 990, Part X, line | 25 | | |
| Part X | (a) Description of liability | Part X, col (B) line 15 Form 990, Part X, line | 25 | N/A | |
| Part X | (a) Description of liability | Part X, col (B) line 15 Form 990, Part X, line | 25 | | |
| Part X | (a) Description of liability | Part X, col (B) line 15 Form 990, Part X, line | 25 | N/A | |
| Part X | (a) Description of liability | Part X, col (B) line 18 Form 990, Part X, line | 25 | N/A | |
| Part X | (a) Description of liability | Part X, col (B) line 15 Form 990, Part X, line | 25 | N/A | |
| Part X | (a) Description of liability | Form 990, Part X, line | 25 | N/A | |

Page 3

| | ule D (Form 990) 2009 BLACK RIVER AREA DEVELOPMENT CORP. | 71-0387337 | Page 4 |
|-------|---|---|---------------|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement | s | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 7,826,436 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 7,200,306 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 626,130 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4-8 | 9 | |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | 626,130 |
| Pa | rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | er Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 9,045,498 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | 7 | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | 2 | |
| е | Add lines 2a through 2d | 2e | 1,219,062 |
| 3 | Subtract line 2e from line 1 | | 7,826,436 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIV) | \dashv \parallel | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | | 7,826,436 |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial Statements With Expense | | |
| 1 | Total expenses and losses per audited financial statements | _ , , | 8,419,368 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25. | | 0,125,000 |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Losses reported on Form 990, Part IX, line 25 | | |
| ď | Other (Describe in Part XIV) | , | |
| e | Add lines 2a through 2d | | 1,219,062 |
| 3 | Subtract line 2e from line 1 | | 7,200,306 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | 1,200,306 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| ъ | Other (Describe in Part XIV) | | |
| - | Add lines 4a and 4b | <u>, </u> | |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18). | 4c | |
| | rt XIV Supplemental Information | 5 | 7,200,306 |
| | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this p | | |
| | | ·aπ | |
| to pr | ovide any additional information. | | |
| O+1 | her revenues non included on Form 000 (Deat WIT line 04) | | |
| 001 | her revenues non included on Form 990 (Part XII, line 2d) | | |
| | hird contribution of one CIF | | |
| In- | kind contributions \$1,094,615 | | |
| Tmd | imagh goat 104 447 | | |
| Ind | irect cost 124,447 | | - |
| T∽+ | al ¢1 210 062 | | |
| Tot | al \$1,219,062 | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Schedul | e D (For | m 990) 2 | 009 BLACK RI | VER AR | EA DEVELOPM | ENT | CORP. | | | | | 71-0387337 | Page 5 |
|----------|------------|-------------|--------------|-------------|-------------------|-----|-------------|------------|---------------------------------------|----------------|--------------|-------------|--------------|
| Part | XIV | 1 : | Supplemental | Inform | nation (continued | d) | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | - | | | | |
| 02. | Ot: | her | expenses | not | included | on | Form | 990 | (Part | XIII, | line | 2d) | |
| Tn-k | ind | cont | ributions | ¢1 | ,094,615 | | | | | | | | |
| <u> </u> | <u>Ind</u> | COHE | IIDUCIONS | 7- | ,094,013 | | | | | | | | |
| Indi | rect | cos | t | | 124,447 | | | | | | | | |
| Tota | 1 | | | ė i | ,219,062 | | | | | | | | |
| TOLA | | | | 31 | ,219,002 | | | <u>-</u> - | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | | · | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | - | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | _ | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | - | - | | | - |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | _ | | | | | | _ | | | |
| | | | | | · | | | | | | | ·········· | |
| | | | | _ | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | ···- | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | _ | | | | |
| | | | | | | | | | | | | | |
| | _ | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | |
| | | | | | | | | | | ·· | | | |
| | | | | | | | | | | | | | |

| SCHEDULE I (Form 990) | ָרָט פֿיני אַסטי | Grants and Othe Governments, and | r Assistance Individuals i | and Other Assistance to Organizations, ents, and Individuals in the United States | າs, tates | OMB NO | 2009 |
|---|---|---|--|---|---|---|------------------------------------|
| Department of the Treasury Internal Revenue Service | ► Complete if | Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990. | n answered "Yes," on Forr ► Attach to Form 990. | n 990, Part IV, lines 21 | or 22. | ŏ | Open to Public Inspection |
| Name of the organization BLACK RIVER AREA DEVELOPMENT C | CORP. | | | | | Employer identification namber 71 - 0387337 | nomber |
| | rants and Assist | ance | | | | | |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | to substantiate the am | ount of the grants or as | ssistance, the grantee | is' eligibility for the gran | ts or assistance, and | | |
| the selection criteria used to award the grants of assistance? | grants or assistance? ocedures for monitorin | g the use of grant funds | s in the United States | e of grant funds in the United States. | | | S 3 |
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990 Part IV line 21 for any recipient that received more than \$5,000. Use | ince to Governme | ents and Organize | ations in the Uni | ted States. Comple | te if the organization ans | swered "Yes" on N/A | Ą |
| Part IV and Schedule I-1 (Form 990) if additional space is needed. | 90) if additional space is | s needed | | | | | □ ▲ · · · · · · |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | _ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 1 | Ind government organi | zations | | | | | |
| 3 Enter total number of other organizations | | | | | | • | |
| For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | Act Notice, see the Ins | structions for Form 99 | Ö | EEA | | 38 | Schedule I (Form 990) 2009 |

Various procedures are in place to accurately monitor grant activity. An annual single audit is performed as well as various reporting Schedule I (Form 990) 2009 (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of EEA 350,973 146,218 731,677 (c) Amount of cash grant (b) Number of recipients Use Schedule I-1 (Form 990) if additional space is needed 01. Monitoring procedures (Part I, line 2) Home Energy Assistance Program (a) Type of grant or assistance requirements for grantors. Public Housing Weatherization

Page 2

71-0387337

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes' on Form 990, Part IV, line 22

BLACK RIVER AREA DEVELOPMENT CORP.

Schedule I (Form 990) 2009

Part III

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization • ▶ Attach to Form 990.

Open to Public Inspection

Employer identification number

| BLACK RIVER AREA DEVELOPMENT CORP. | 71-0387337 |
|--|-----------------|
| 01. Form 990 governing body review (Part VI, line 11) | |
| The information on Form 990 is pulled from the Auditor's Report. A copy of | the Auditor's |
| Report and the Form 990 are given to the Board of Directors and approved b | pefore Form 990 |
| is filed. | |
| | |
| 02. Officer, director, etc mailing address (Part VI, line 9) | |
| | |
| Darlene Tanner-P.O. Box 189, Piggott, AR 72454 | |
| Steve Weston-1504 Lockwood Drive, Corning, AR 72422 | |
| Brigitte McDonald-P.O. Box 83, Corning, AR 72422 | |
| Judy Phelan-1215 W Elm Street, Corning, AR 72422 | |
| Ronald Sellers-161 S 10th Avenue, Piggott, AR 72454 | |
| Barbara White-424 Cleveland Trail, Ravenden, AR 72459 | |
| Suzanne Allen-210 Highland Drive, Walnut Ridge, AR 72476 | |
| Cherie Eveland-P.O. Box 478, Imboden, AR 72434 | |
| Lewis Slaughter-P.O. Box 343, Black Rock, AR 72415 | |
| Glenn Murphy-506 Ridgecrest, Walnut Ridge, AR 72476 | |
| | |
| Stan Little-P.O. Box 71, Pocahontas, AR 72455 | |
| Betty Getson-2063 Harmony Road, Pocahontas, AR 72455 | |
| Karen Burris-2306 Pine Valley Circle, Pocahontas, AR 72455 | |
| Geneva Alphin-711 Shannon Street, Pocahontas, AR 72455 | |
| Omar Lee Rogers-2855 Thomasville, Pocahontas, AR 72455 | |
| | |

| Schedule O (Form 990) 2009 | Page 2 |
|--|---|
| Name of the organization BLACK RIVER AREA DEVELOPMENT CORP. | Employer identification number 71 - 0387337 |
| | 1.2 030,337 |
| | |
| | |
| | |
| 03. Conflict of interest policy compliance (Part VI, line 12c) | |
| Employees and Board Members are required to sign a conflict of interest s | tatement that |
| states they will immediately report any conflict of interest that may ari | se. Failure to |
| report disciplinary action may result in termination of employment or Boa | rd dismissal. The |
| | |
| Executive Director and Board of Directors will follow up on all determina | tions of conflict |
| of interest. | |
| | |
| | |
| 04. CEO, executive director, top management comp (Part VI, line 15a) | |
| Wage compensation studies are performed to determine pay scale and positi | on chart |
| recommendations. These recommendations are presented to the Board of Dire | ctors for |
| approval. Program directors recommend pay increases. These are brought to | the Divertor for |
| approvat. Flogram directors recommend pay increases. These are brought to | the birector for |
| approval. | |
| | |
| 05. Other officer or key employee compensation (Part VI, line 15b | |
| | |
| Wage compensation studies are performed to determine pay scale and positi | on chart |
| recommendations. These recommendations are presented to the Board of Direction | ectors for |
| approval. Program directors recommend pay increases. These are brought to | the Director for |
| | |
| approval. | <u>-</u> |
| | |
| 06. Governing documents, etc, available to public (Part VI, line 19) | |
| | |
| Governing documents, conflict of interest policy, and financial statement | s are made |
| available to the public upon request. | |
| | |
| | |
| | |
| | |
| | |

| ٨. | Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. | ete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 ▶ Attach to Form 990. ▶ See separate instructions. | 34, 35, 36, or 37. | | ZOO9 Open to Public |
|---|--|--|-------------------------|--|------------------------------|
| Name of the organization BLACK RIVER AREA DEVELOPMENT CORP. | | | | Employer identification rlumber 71 - 0387337 | on ritmber |
| Entities | (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) | Form 990, Part IV, | line 33.) | Z | N/A . |
| (a) | (q) | (9) | (P) | (e) | (J) |
| Name, address, and EIN of disregarded entity | Pnmary activity | Legal domicile (state or foreign country) | Total income | End-of-year assets | Direct controlling entity |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-evernt organizations during the tax year.) | ons (Complete if the organization | answered "Yes" on | Form 990, Part IV, line | 34 because it | |
| (a) | (p) | (c) | (Q) | (0) | (£) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public chanty status (if section 501(c)(3)) | Direct controlling entity |
| Piggott Housing Development 58-1736420 | Low Income Housing | Q. 41 | 501 (2) (3) | , | N/A |
| BRAD Corp. for Lawrence County 71-0586047 | Low Income Housing | | | | N/A |
| BRAD Corp. for Clay County 71-0586053 | Low Income Housing | ¥. | (5) (5) 705 | | N/A |
| 1403 Hospital Drive, 72455 | | AR | 501 (c) (3) | 7 | |
| BRAD Hoxie Area Housing 58-1736418 1403 Hospital Drive, 72455 | Low Income Housing | AR | 501 (c) (3) | 7 | N/A |
| Black Rock Area Development 58-1736417 1403 Hospital Drive, 72455 | Low Income Housing | AR | 501 (c) (3) | 7 | N/A |
| BRAD Group Home, Inc. 58-1736420 1403 Hospital Drive, 72455 | Low Income Housing | AR | 501 (c) (3) | 7 | N/A |
| Corning Independent Living 30-0229364 | Low Income Housing | | | | N/A |

Page 2

71-0387337

Schedule R (Form 990) 2009

BLACK RIVER AREA DEVELOPMENT COKK.

Schedule R (Form 990) 2009

BLACK RIVER AREA DEVELOPMENT COKK.

BLACK RIVER AREA DEVELOPMENT COKK. BLACK RIVER AREA DEVELOPMENT CORP.

managing partner? Yes No General or Percentage Schedule R (Form 990) 2009 ownership 9 Ξ Code V-UBI amount it box 20 of Schedule K-1 (Form 1065) end-of-year assets Ξ Share of Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part N/A **6** Disproportionate å allocations? Œ Yes Share of total income Share of end-of-year assets <u></u> Type of entity (C corp. S corp. or trust) Share of total income IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) EEA Direct controlling **T** because it had one or more related organizations treated as a partnership during the tax year Predominant income (related, unrelated, excluded from tax under Legal domicrie (state or foreign country) sections 512-614) છ Direct controlling entity Primary activity <u>@</u> ভ Legal domicite (state or foreign country) છ Pnmary activity Name, address, and EIN of related organization <u>@</u> Name, address, and EIN of retated organization Part III Part IV

71-0387337

Schedule R (Form 990) 2009

| Part V Transactions with Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.) | | | | 1 |
|--|------------------------|-----------------|----------|----------|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV. | | ۶ | Yes | 2 |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | | 1 |
| a Becent of (i) Interest (ii) annuties (iii) royalties (iv) rent from a controlled entity | | 1a | ^ | ایر |
| | | ₽ | ~ | × |
| Giff grant or capital contribution from other organization(s) | | 10 | ~ | × |
| d Long or long augmentage to a for other organization(e) | • | 무 | ~ | × |
| | | 1 | _ | × |
| e Loans or loan guarantees by other organization(s) | | | - | |
| Colo of accept to other arrantation(e) | | # | <u>~</u> | × |
| | • | 1 p | ~ | يرا |
| g ruicilase of assets from ourd organization(s) | • | £ | ~ | × |
| | | = | ~ | یرا |
| Lease of facilities, equipment, of other assets to other organization(s). | | | _ | |
| 1 seed of the state of the stat | | = | | 54 |
| Lease of facilities, equipment, or other assets from ourier organization (s). | | * | | × |
| R Performance of services of membership of furturalising solicitation of the contraction | | = | | ر حال |
| Performance of services or membership or fundralising solicitation by other organization (s) | | : ! | | دای |
| m Sharing of facilities, equipment, mailing lists, or other assets | | E | 1 | ا ا |
| n Sharing of paid employees | | ٠ | ~ | ایر |
| | | | | , |
| o Reimbursement paid to other organization for expenses | | ٥ | ~ | × |
| p Rembursement paid by other organization for expenses | | - | ~ | ايد |
| | | | | |
| q Other transfer of cash or property to other organization(s). | | - | | × |
| | | 1 | ^ | × |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | tction thresholds. N/A | | | |
| (a) | (q) | (၁) | | |
| Name of other organization | Transaction type (a-t) | Amount involved | ved | |
| (1) | | | | |
| (2) | | : | | |
| (3) | | | | 1 |
| (4) | | | | |
| (5) | | | |] |
| (9) | | | | |

Schedule R (Form 990) 2009

EEA

N/A

Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of it activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| | Ē | neral or | managing partner? | | 2 | | _ | | | | | | | |) 2003 |
|--|--------------|----------------------------------|-------------------------------------|-------------|--------|------|---|--|--|--|------|---|-------|------|----------------------------|
| ļ | | Š | <u> </u> | | Yes | | | | | | | | - | | 044 mo |
| | (б) | Code V-UBI | amount in box 20 of Schedule K-1 | (Form 1065) | | | | | | | | | | | Schedule R (Form 990) 2009 |
| | Ξ | Disproportionate | ations? | | S S | | | | | | | - | | | |
| | | Disprop | 8 | | χes | | | | | | | | | | |
| | (| | end-of-year assets | | | | | | | | | | | | |
|]; | | tners | <u>c ଲି</u> | ons | ş | | | | | | | | | | |
| | ₹ | Are all partners | section 501(c)(3) | organizat | Yes No | | | | | | | | | | EEA |
| | | | | | | | | | | | | | | | |
| | ં | Legal domicile | (state or foreign country) | | | | | | | | | | | | |
| io iomovo filmingo i cilo | (| Primary activity | | | | | | | | | | | | | |
| gloss revelled, was the a related organization. See "instruction | (a) | Name, address, and EIN of entity | | | | | | | | | | | | | |

| 990 | Overflow Statement | | 2009 Page 1 |
|--|---|--------------|--------------------------------------|
| Name(s) as shown on return | | | FEIN |
| BLACK RIVER AREA | A DEVELOPMENT CORP. | | 71-0387337 |
| Description | Schedule A, Part II, Section | B, Other I | Amount |
| | management fees, rent | | \$ 269,761 |
| Medicaid revenue | | matal. | 124,466 |
| | | Total: | \$ 394,227 |
| Description Program income, Medicaid revenue | Schedule A, Part II, Section management fees, rent e Schedule A, Part II, Section | Total: | Amount \$ 126,374 105,546 \$ 231,920 |
| _Description | | I B, Other I | Amount |
| Program income, | management fees, rent | | \$ 112,376 |
| Medicaid revenue | e | | 99,582 |
| | | Total: | \$ 211,958 |
| Description | Schedule A, Part II, Section | B, Other I | Amount \$ 151,389 |
| Medicald levellue | | Total: | 76,434 \$ 227,823 |
| Description | Schedule A, Part II, Section management fees, rent | Total: | Amount \$ 148,068 75,068 |

BLACK RIVER AREA DEVELOPMENT CORPORATION

INDEPENDENT AUDITORS' REPORT AND COMBINED FINANCIAL STATEMENTS

Aprıl 30, 2010 and 2009

BLACK RIVER AREA DEVELOPMENT CORPORATION

Aprıl 30, 2010 and 2009

| CONTENTS | <u>Page</u> |
|---|-------------|
| INDEPENDENT AUDITORS' REPORT | 3 |
| COMBINED FINANCIAL STATEMENTS | |
| Combined Statements of Financial Position | 4 |
| Combined Statements of Activities | 5 - 6 |
| Combined Statements of Cash Flows | 7 |
| Notes to Combined Financial Statements | 8 - 14 |
| SUPPLEMENTARY INFORMATION | |
| Report on Compliance with Requirements Applicable to Each Major | |
| Program and on Internal Control over Compliance in Accordance with | |
| OMB Circular A-133 | 16 - 17 |
| Schedule of Expenditures of Federal Awards | 18 |
| Report on Internal Control over Financial Reporting and on Compliance | |
| and Other Matters Based on an Audit of Financial Statements | |
| performed in Accordance with Government Auditing Standards | 19 - 20 |

FREEMAN & COMPANY, INC.

3712 E Highland Drive, Jonesboro, Arkansas 72401 Phone 870-932-4514

INDEPENDENT AUDITORS' REPORT

Board of Directors Black River Area Development Corporation Pocahontas, Arkansas

We have audited the accompanying combined statements of financial position of Black River Area Development Corporation (a nonprofit organization), as of April 30, 2010 and 2009, and the related combined statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of Black River Area Development Corporation, as of April 30, 2010 and 2009, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued our report dated August 5, 2010 on our consideration of Black River Area Development Corporation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be considered in assessing the results of our audit.

FREEMAN & COMPANY, INC.

Freeman & Company, Jan

Jonesboro, Arkansas August 5, 2010

BLACK RIVER AREA DEVELOPMENT CORPORATION COMBINED STATEMENTS OF FINANCIAL POSITION April 30, 2010 and 2009

| | - | | TOTALS | | |
|------------------------------------|---------------------|---------------------|---------------------|--|--|
| | | TEMPORARILY | (MEMORANDUM | | |
| | <u>UNRESTRICTED</u> | <u>RESTRICTED</u> | ONLY) | | |
| ASSETS | | | | | |
| CURRENT ASSETS | | | | | |
| Cash and certificates | | | | | |
| of deposit (Note 3) | \$ 457,562 | \$ 762,562 | \$ 1,220,124 | | |
| Grant receivable | | 400,503 | 400,503 | | |
| Other receivables and prepaid expe | enses <u>87,596</u> | <u>78,947</u> | <u>166,543</u> | | |
| Total Current Assets | 545,158 | 1,242,012 | <u>1,787,170</u> | | |
| PROPERTY, PLANT AND | | | | | |
| EQUIPMENT, At Cost | | | | | |
| Land | 49,724 | 25,100 | 74,824 | | |
| Building | 457,457 | 1,833,943 | 2,291,400 | | |
| Machinery, equipment and furnitu | • | 1,748,333 | 1,786,363 | | |
| 3, 1 1 | 545,211 | 3,607,376 | 4,152,587 | | |
| Less accumulated depreciation | on <u>248,156</u> | 1,616,954 | 1,865,110 | | |
| | 297,055 | 1,990,422 | 2,287,477 | | |
| TOTAL ASSETS | \$ 842,213 | \$ <u>3,232,434</u> | \$ <u>4,074,647</u> | | |
| LIABILITIES AND NET ASSET | rs | | | | |
| | | | | | |
| CURRENT LIABILITIES | | | | | |
| Lease obligation (Note 4) | \$ 105,296 | | \$ 105,296 | | |
| Accounts payable | 60,730 | \$ 437,018 | 497,748 | | |
| Accrued expenses | | <u> 159,203</u> | <u> 159,203</u> | | |
| Total Current Liabilities | <u>166,026</u> | <u>596,221</u> | <u>762,247</u> | | |
| NET ASSETS | | | | | |
| Unrestricted | 676,187 | | 676,187 | | |
| Temporarily restricted | · | 2,636,213 | <u>2,636,213</u> | | |
| Total Net Assets | 676,187 | 2,636,213 | <u>3,312,400</u> | | |
| TOTAL LIABILITIES AND | | | | | |
| NET ASSETS | \$ <u>842,213</u> | \$ <u>3,232,434</u> | \$ <u>4,074,647</u> | | |

| | 2009 | | | | |
|--|------|--|---|--|--|
| UNRESTRICTED | | MPORARILY LESTRICTED | TOTALS (MEMORANDUI ONLY) | | |
| \$ 519,570 <u>53,441</u> <u>573,011</u> | \$ | 748,670 290,356 57,786 1,096,812 | \$ 1,268,240 290,356 111,227 1,669,823 | | |
| 49,724 457,457 38,680 545,861 225,483 320,378 \$ 893,389 | \$ | 25,100 1,294,478 1,588,395 2,907,973 1,580,860 1,327,113 2,423,925 | 74,824 1,751,935 <u>1,627,075</u> 3,453,834 <u>1,806,343</u> <u>1,647,491</u> \$ <u>3,317,314</u> | | |
| \$ 119,461 88,504 207,965 | \$ | 272,594 150,485 423,079 | \$ 119,461 361,098 150,485 631,044 | | |
| 685,424 685,424 | | 2,000,846 2,000,846 | 685,424 2,000,846 2,686,270 | | |
| \$ <u>893,389</u> | \$ | 2,423,925 | \$ _3,317,314 | | |

•

BLACK RIVER AREA DEVELOPMENT CORPORATION COMBINED STATEMENTS OF ACTIVITIES For the Years Ended April 30, 2010 and 2009

| | 2010 | | | | | |
|-----------------------------|-------------|----------|------------------|---------------|--|--|
| | | | | TOTALS | | |
| | | | TEMPORARILY | (MEMORANDUM | | |
| | <u>UNRE</u> | STRICTED | RESTRICTED | ONLY) | | |
| REVENUES | | | | | | |
| Grant revenue | | | \$ 6,023,537 | \$ 6,023,537 | | |
| ARRA grant revenue | | | 1,139,920 | 1,139,920 | | |
| USDA grant revenue | | | 268,116 | 268,116 | | |
| Interest income | \$ | 5,936 | 5,936 | 11,872 | | |
| In-kind contributions | | | 1,094,615 | 1,094,615 | | |
| Program income, | | | | | | |
| management fees, rent | | 198,884 | 75,068 | 273,952 | | |
| Medicaid revenue | | | 73,631 | 73,631 | | |
| State revenue | | | 58,728 | 58,728 | | |
| Local resource income | | | 101,127 | 101,127 | | |
| | | 204,820 | 8,840,678 | 9,045,498 | | |
| TRANSFERS | | 24,342 | | <u>24,342</u> | | |
| Total Revenues and Transfer | S | 229,162 | 8,840,678 | 9,069,840 | | |
| EXPENSES | | | | | | |
| Salaries | | 138,012 | 3,171,831 | 3,309,843 | | |
| Fringe benefits | | 22,378 | 672,855 | 695,233 | | |
| Travel and transportation | | | 129,625 | 129,625 | | |
| Office and food supplies | | 6,851 | 731,169 | 738,020 | | |
| Occupancy | | | 272,650 | 272,650 | | |
| Communication | | | 60,705 | 60,705 | | |
| Indirect cost | | | 124,447 | 124,447 | | |
| Purchased services | | 30,205 | 279,894 | 310,099 | | |
| Depreciation expense | | 23,323 | 170,905 | 194,228 | | |
| Loss on disposal of assets | | | 754 | 754 | | |
| In-kind expenses | | | 1,094,615 | 1,094,615 | | |
| Other | | 7,453 | 242,651 | 250,104 | | |
| Interest expense | | 10,177 | | 10,177 | | |
| Energy, housing, and | | | | | | |
| weatherizing assistance | | | 1,228,868 | 1,228,868 | | |
| - | | 238,399 | 8,180,969 | 8,419,368 | | |
| TRANSFERS | | | 24,342 | <u>24,342</u> | | |
| Total Expenses and Transfer | rs | 238,399 | <u>8,205,311</u> | 8,443,710 | | |

| | | 2010 | |
|--------------------------------------|-------------------|---------------------------|--------------------------------|
| | UNRESTRICTED | TEMPORARILY RESTRICTED | TOTALS (MEMORANDUM ONLY) |
| INCREASE (DECREASE) IN NET ASSETS | (9,237) | 635,367 | 626,130 |
| NET ASSETS, BEGINNING OF YEAR | 685,424 | 2,000,846 | 2,686,270 |
| NET ASSETS, END OF YEAR | \$ <u>676,187</u> | \$ <u>2,636,213</u> | \$ <u>3,312,400</u> |

. .

.

BLACK RIVER AREA DEVELOPMENT CORPORATION COMBINED STATEMENTS OF ACTIVITIES For the Years Ended April 30, 2010 and 2009

| | | 2009 | |
|-----------------------------|---------------------|------------------|------------------|
| | | | TOTALS |
| | | TEMPORARILY | (MEMORANDUM |
| | <u>UNRESTRICTED</u> | RESTRICTED | ONLY) |
| REVENUES | | | |
| Grant revenue | | \$ 5,505,386 | \$ 5,505,386 |
| USDA grant revenue | | 262,117 | 262,117 |
| Interest income | \$ 10,928 | 6,290 | 17,218 |
| In-kind contributions | | 1,035,582 | 1,035,582 |
| Program income, | | | |
| management fees, rent | 252,360 | 76,259 | 328,619 |
| Medicaid revenue | | 76,434 | 76,434 |
| State revenue | | 66,446 | 66,446 |
| Local resource income | | <u>772</u> | <u>772</u> |
| | 263,288 | 7,029,286 | 7,292,574 |
| TRANSFERS | <u>28,568</u> | <u>54,642</u> | <u>83,210</u> |
| Total Revenues and Transfer | s <u>291,856</u> | 7,083,928 | <u>7,375,784</u> |
| EXPENSES | | | |
| Salaries | 130,944 | 2,751,362 | 2,882,306 |
| Fringe benefits | 21,818 | 583,053 | 604,871 |
| Travel and transportation | | 126,104 | 126,104 |
| Office and food supplies | 12,354 | 588,446 | 600,800 |
| Occupancy | 436 | 254,861 | 255,297 |
| Communication | | 60,836 | 60,836 |
| Indirect cost | | 177,230 | 177,230 |
| Purchased services | 30,514 | 203,479 | 233,993 |
| Depreciation expense | 23,323 | 172,705 | 196,028 |
| Loss on disposal of assets | | 3,952 | 3,952 |
| In-kind expenses | | 1,035,582 | 1,035,582 |
| Other | 4,400 | 203,766 | 208,166 |
| Interest expense | 11,392 | | 11,392 |
| Energy, housing, and | | | |
| weatherizing assistance | | <u> 788,635</u> | <u> 788,635</u> |
| | 235,181 | 6,950,011 | 7,185,192 |
| TRANSFERS | <u>54,642</u> | <u>28,568</u> | <u>83,210</u> |
| Total Expenses and Transfer | s <u>289,823</u> | <u>6,978,579</u> | <u>7,268,402</u> |

| | | 2009 | |
|--------------------------------------|-------------------|---------------------------|--------------------------------|
| | UNRESTRICTED | TEMPORARILY RESTRICTED | TOTALS (MEMORANDUM ONLY) |
| INCREASE (DECREASE) IN NET ASSETS | 2,033 | 105,349 | 107,382 |
| NET ASSETS, BEGINNING OF YEAR | 683,391 | <u>1,895,497</u> | 2,578,888 |
| NET ASSETS, END OF YEAR | \$ <u>685,424</u> | \$ <u>2,000,846</u> | \$ <u>2,686,270</u> |

BLACK RIVER AREA DEVELOPMENT CORPORATION COMBINED STATEMENTS OF CASH FLOWS For the Years Ended April 30, 2010 and 2009

| | | | 2010 | | |
|---|----------------|----------|---------------------------|--------------|---------------------------|
| | <u>UNRES 1</u> | TRICTED | TEMPORARILY RESTRICTED | (MEM | OTALS ORANDUM ONLY) |
| CASH FLOWS FROM | | | | | |
| OPERATING ACTIVITIES | | | | | |
| Change in net assets | \$ | (9,237) | \$ 635,36 | 57 \$ | 626,130 |
| Adjustments to reconcile chain net assets to net cash pro | _ | | | | |
| (used) by operating activity | | | | | |
| Depreciation Loss on disposal of | | 23,323 | 170,90 |)5 | 194,228 |
| property, plant and equip | ment | | 75 | 54 | 754 |
| Increase in receivables, inventories and prepaid e | xpenses | (34,155) | (131,30 | 08) | (165,463) |
| Increase (decrease) in accounts payable, accrue expenses and unearned | ed | | | | |
| grant revenue NET CASH PROVIDED (USEI | - עם ור | (41,939) | _173,14 | <u> 12</u> | 131,203 |
| OPERATING ACTIVITIES | <i>))</i> | (62,008) | 848,86 | <u>60</u> | 786,852 |
| CASH FLOWS FROM INVESTACTIVITIES | ΓING | | | | |
| Purchase of property, plant, | and | | | | |
| equipment NET CASH USED | - | | (834,96 | <u>68</u>) | <u>(834,968</u>) |
| BY INVESTING ACTIVITIES | S _ | | (834,96 | <u>68</u>) | (834,968) |
| NET INCREASE (DECREASE IN CASH |) | (62,008) | 13,89 | 92 | (48,116) |
| CASH, BEGINNING OF YEAR | ₹ _ | 519,570 | 748,67 | <u>70</u> | 1,268,240 |
| CASH, END OF YEAR | \$. | 457,562 | \$ <u>762,56</u> | <u>62</u> \$ | 1,220,124 |

| UNRESTRICTED | TEMPORARILY RESTRICTED | TOTALS (MEMORANDUM ONLY) |
|-------------------|---------------------------|--------------------------------|
| \$ 2,033 | \$ 105,349 | \$ 107,382 |
| 23,323 | 172,705 | 196,028 |
| | 3,952 | 3,952 |
| (23,894) | (66,666) | (90,560) |
| | | |
| 28,943 | 50,201 | 79,144 |
| 30,405 | 265,541 | <u>295,946</u> |
| | | |
| <u> </u> | (105,968) | (105,968) |
| | (105,968) | (105,968) |
| 30,405 | 159,573 | 189,978 |
| 489,165 | _589,097 | 1,078,262 |
| \$ <u>519,570</u> | \$ <u>748,670</u> | \$ <u>1,268,240</u> |

NOTE 1: ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Business

The Black River Area Development Corporation operates several programs providing various assistance to needy individuals in Lawrence, Clay and Randolph counties in Arkansas. The major federal awards programs for 2010 were Head Start, with total federal expenditures of \$2,870,274; Community Services Block Grant with total federal expenditures of \$311,430; Lower-Income Housing Assistance Program (Section 8), with total federal expenditures of \$425,871; Home Energy Assistance Program with total federal expenditures of \$786,163; Public Transit (Section 18) with total federal expenditures of \$736,706; and Weatherization Assistance with total federal expenditures of \$541,992. The major federal awards programs for 2009 were Head Start, with total federal expenditures of \$2,585,021; Lower-Income Housing Assistance Program (Section 8), with total federal expenditures of \$402,409; and Home Energy Assistance Program with total federal expenditures of \$434,645. Total federal assistance for 2010 and 2009 was \$6,537,868 and \$4,741,255, respectively. The major federal awards program made up eighty-seven percent and seventy-two percent of the total federal awards for 2010 and 2009, respectively. A dollar threshold of \$300,000 was used to distinguish between type A and B programs.

Property, Plant and Equipment,

Property, plant and equipment is stated at cost. Donated property, plant and equipment is valued at its estimated fair value on the date donated. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets. Depreciation expense during the years ended April 30, 2010 and 2009 amounted to \$23,323 and \$23,323, respectively, for the General Funds and \$170,905 and \$172,705, respectively, for the Special Revenue Funds.

Revenue Recognition

The Company recognizes revenue on Temporarily Restricted Net Assets when the conditions of the grant are met. For grants which are cost reimbursements, revenue is recognized at the time of expense. For grants which allow a specific dollar amount, revenue is recognized at the time of the expense, up to the total contract amount. At the end of the contract year, any excess receipts over expenses is recognized as revenue. Any other receipts on the Temporarily Restricted Net Assets or Unrestricted Net Assets are recognized at the time of receipt or availability.

Non-Federal Revenue In-Kınd

In-kind donations are recognized as applied to program activities. In-kind donations are personal services, building space and equipment donated for the benefit of a program. In-kind donations may be used by the provider agencies to match federal grant funds in several provider agency programs.

NOTE 1: ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Net Asset Accounting

In order to ensure observance of limitations and restrictions placed on the use of the resources available to the Black River Area Development Corporation, the accounts of the Black River Area Development Corporation are maintained in accordance with the principles of net asset accounting. This is the procedure by which resources for various purposes are classified for accounting and reporting purposes into groups of net assets that are in accordance with activities or objectives specified. Separate accounts are maintained for each net asset group and all financial transactions have been recorded and reported by net asset group.

Use of Accounting Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Memorandum Only Totals

The total column on the combined financial statements is provided to aggregate the statement amounts and is not required by generally accepted accounting principles. The "memorandum only" total is not comparable to a consolidation and does not present consolidated financial statements.

Non-Taxable Status

The Company is exempt from Federal income taxes under Section 501 (c) (3) of the Internal Revenue Code.

NOTE 2: UNRESTRICTED NET ASSETS

Unrestricted net assets includes all net asset groups for which the Company has administrative responsibility except net assets from specific grants. The sources of the net assets are from contributions, management fees, rental fees, residuals from programs administered by the Company in which reimbursement was a fixed fee, and interest income. It is the understanding of management that the Company has no remaining obligations to the grantors for these net assets. The net assets are to be used for expansion, excess expenses in various programs, and contingency.

NOTE 3: CASH AND CERTIFICATES OF DEPOSIT

Cash and certificates of deposit consist of the following at April 30, 2010 and 2009:

| | _ | 2010 | | |
|--|-----|----------------|-----|---------------|
| | | | | Insured |
| | | Balance | | Amount |
| Iberia Bank | \$ | 403,941 | \$ | 403,941 |
| Regions Bank | | 174,734 | | 174,734 |
| Piggott State Bank | | 59,310 | | 59,310 |
| Bancorp South | | 130,154 | | 130,154 |
| Bank of Pocahontas | | 256,865 | | 256,865 |
| First National Bank of Paragould | | 12,530 | | 12,530 |
| First National Bank of Lawrence County | - | 182,590 | _ | 182,590 |
| | ¢ | 1 220 124 | d. | 1 220 124 |
| | ን _ | 1,220,124 | \$_ | 1,220,124 |

NOTE 3: CASH AND CERTIFICATES OF DEPOSIT (CONTINUED)

| | _ | 2009 | | |
|--|----|----------------|----|---------------|
| | | | | Insured |
| | | Balance | | <u>Amount</u> |
| Pulaski Bank | \$ | 394,317 | \$ | 394,317 |
| Regions Bank | | 132,262 | | 132,262 |
| Piggott State Bank | | 59,128 | | 59,128 |
| Bancorp South | | 219,741 | | 219,741 |
| Bank of Pocahontas | | 286,470 | | 286,470 |
| First National Bank of Paragould | | 12,315 | | 12,315 |
| First National Bank of Lawrence County | | 153,972 | | 153,972 |
| Cash on hand | | 10,035 | _ | |
| | \$ | 1,268,240 | \$ | 1,258,205 |
| | J. | 1,200,240 | Ψ_ | 1,20,200 |

The bank's balances for the above accounts as of April 30, 2010 and 2009 are as follows:

| | _ | 2010 | | |
|--|-----|----------------|-----|---------------|
| | | | | Insured |
| | | Balance | | Amount |
| Iberia Bank | \$ | 418,706 | \$ | 418,706 |
| Regions Bank | | 175,053 | | 175,053 |
| Piggott State Bank | | 59,310 | | 59,310 |
| Bancorp South | | 213,945 | | 213,945 |
| Bank of Pocahontas | | 289,920 | | 289,920 |
| First National Bank of Paragould | | 12,530 | | 12,530 |
| First National Bank of Lawrence County | _ | 200,807 | _ | 200,807 |
| | | | | |
| | \$_ | 1,370,271 | \$_ | 1,370,271 |

NOTE 3: CASH AND CERTIFICATES OF DEPOSIT (CONTINUED)

| | | 2009 | | |
|--|-----|----------------|-----|---------------|
| | | | | Insured |
| | | Balance | | <u>Amount</u> |
| Pulaski Bank | \$ | 432,237 | \$ | 432,237 |
| Regions Bank | | 140,134 | | 140,134 |
| Piggott State Bank | | 59,128 | | 59,128 |
| Bancorp South | | 240,613 | | 240,613 |
| Bank of Pocahontas | | 314,991 | | 314,991 |
| First National Bank of Paragould | | 12,315 | | 12,315 |
| First National Bank of Lawrence County | _ | 162,397 | - | 162,397 |
| | | | | |
| | \$_ | 1,361,815 | \$_ | 1,361,815 |

NOTE 4: CAPITAL LEASE OBLIGATION

The Company leases land and office building with Randolph County under a capital lease. The capitalized cost and accumulated depreciation of this leased asset at April 30, 2010 was \$250,000 and \$110,323, respectively.

The following is a schedule by years of future minimum payments required under the lease together with its present value at April 30, 2010:

| 2011 | \$ 24,342 |
|---|---------------|
| 2012 | 24,342 |
| 2013 | 24,342 |
| 2014 | 24,342 |
| 2015 | 24,342 |
| Thereafter | 12,173 |
| Total minimum lease payments | 133,883 |
| Less amount representing interest | 28,587 |
| Present value of minimum lease payments | \$ 105,296 |

NOTE 5: ACCRUED VACATIONS

The Company has approximately \$107,539 and \$111,062 for 2010 and 2009, respectively, in accrued vacations which are not recognized in the financial statements. These amounts relate to grant programs for which the policy is to hire replacement personnel only after the accrued vacations have been paid out of current grant awards.

NOTE 6: UNITED STATES DEPARTMENT OF AGRICULTURE REIMBURSEMENT

During 2010 and 2009, respectively, the Company received approximately \$268,116 and \$262,117 from the United States Department of Agriculture as a reimbursement for food costs for the Head Start program. Approximately \$31,247 and \$29,395 of this amount is reflected as grant receivable on the combined balance sheet, and the remainder is reflected as a reduction in food supplies on the combined statement of revenues, expenses and changes in fund balance for 2010 and 2009, respectively.

NOTE 7: INTERFUND TRANSACTIONS

Included in other receivables and prepaid expenses in Unrestricted Net Assets for 2010 and 2009, respectively, is \$87,064 and \$53,441 due from Temporarily Restricted Net Assets in the following amounts:

| | 2010 | 2009 |
|-----------------------|------------------|------------------|
| Head Start | \$ 9,850 | |
| Early Head Start | 1,169 | \$ 3,338 |
| DOE | 49,425 | 21,534 |
| Aging | 57 | 5,017 |
| HEAP | | 1,051 |
| Public Transportation | 71 | 865 |
| CSBG | 5,383 | |
| Substance Abuse | 21,032 | 21,125 |
| HUD Section 8 | <u>77</u> | 511 |
| | \$ <u>87,064</u> | \$ <u>53,441</u> |

These amounts are reflected as accounts payable in the respective Temporarily Restricted Net Assets.

NOTE 8: PENSION PLAN

The Company has a variable form defined contribution plan. All employees with six months of service on the entrance date, which is October 1 of each year, become eligible to participate in the plan. Ordinary life insurance is purchased with 25% of the contributions and 75% of contributions are deposited in the flexible premium annuity known as the Group Retirement Accumulation Account. Employees are required to contribute 3% of compensation and employers pay 6% of employee compensation. Employees may make additional voluntary contributions. The following vesting occurs:

| After 1 year | 20% |
|---------------|------|
| After 2 years | 40% |
| After 3 years | 60% |
| After 4 years | 80% |
| After 5 years | 100% |

Total pension expenses of \$279,226 and \$248,212 are reflected as fringe benefits on the combined statements of activities for 2010 and 2009, respectively. The total covered payroll is \$2,786,100 and \$2,757,950 for 2010 and 2009, respectively.

| | • | · | | | | | |
|---|---|---|------------|--------------|------|--|--|
| | | | | | | | |
| | | | SUPPLEMENT | 「ARY INFORMA | TION | | |
| | | | | | | | |
| ! | | | | | | | |
| | | | | | | | |

FREEMAN & COMPANY, INC.

3712 E. Highland Drive, Jonesboro, Arkansas 72401 Phone 870-932-4514

REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

Board of Directors
Black River Area Development Corporation
Pocahontas, Arkansas

Compliance

We have audited the compliance of Black River Area Development Corporation with the types of compliance requirements described in the U. S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the year ended April 30, 2010. Black River Area Development Corporation's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of Black River Area Development Corporation's management. Our responsibility is to express an opinion on Black River Area Development Corporation's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Black River Area Development Corporation's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of Black River Area Development Corporation's compliance with those requirements.

In our opinion, Black River Area Development Corporation complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended April 30, 2010.

Board of Directors Page Two

Internal Control Over Compliance

The management of Black River Area Development Corporation is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered Black River Area Development Corporation's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Black River Area Development Corporation's internal control over compliance.

A control deficiency in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with a type of compliance requirement of a federal program on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to administer a federal program such that there is more than a remote likelihood that noncompliance with a type of compliance requirement of a federal program that is more than inconsequential will not be prevented or detected by the entity's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that material noncompliance with a type of compliance requirement of a federal program will not be prevented or detected by the entity's internal control.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

Schedule of Expenditures of Federal Awards

We have audited the basic financial statements of Black River Area Development Corporation as of and for the year ended April 30, 2010, and have issued our report thereon dated August 5, 2010. Our audit was performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by OMB Circular A-133 and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

This report is intended solely for the information and use of the audit committee, management, and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

FREEMAN & COMPANY, INC.

Freeman & Company, Inc

Jonesboro, Arkansas August 5, 2010

BLACK RIVER AREA DEVELOPMENT CORPORATION SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS Year Ended April 30, 2010

| Federal Grantor/Pass-Through Grantor/ Program Title | Federal CFDA <u>Number</u> | Federal Expenditures |
|---|---|------------------------|
| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES | | |
| Direct Program: | | |
| | 93.600 | \$ 2,722,390 |
| | 93.708 | 147,884 2,870,274 * |
| Passed Through Arkansas Department of Human Services: | | |
| State Incentive Grant Substance Abuse | 93.243 | 210,298 |
| State meentive Grant Substance Abuse | 73.243 | 210,270 |
| Temporary Assistance for Needy Families | 93.558 | 6,544 |
| Community Services Block Grant | 93.569 | 212,667 |
| Community Services Block Grant ARRA | 93.710 | 98,763 |
| Total CSBG | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 311,430 * |
| Home Energy Assistance Program | 93.568 | 786,163 * |
| Child Care and Early Childhood Education | 93.575 | 13,200 |
| Passed Through East Arkansas Area | | |
| Agency on Aging: | | |
| SSBG | 93.667 | 51,538 |
| Special Programs for the Aging - Title III | | |
| Part C - Nutrition Services | 93.045 | 150,294 |
| Special Programs for the Aging - Title III, | | |
| Part B - Socialization and Transportation | 93.044 | 59,203 |
| Disaster Assistance | 93.048 | 2,092 |
| USDA - Nutrition Program for the Elderly | 93.053 | 55,947 |
| Special Programs for the Aging - Title III Part C - Nutrition Services - ARRA | 02 705 | 17,099 |
| | 93.705 | 17,099 |
| Special Programs for the Aging - Title III Part C - Nutrition Services - ARRA | 93.707 | 8,418 |
| Part C - Nutrition Services - ARRA | 93.707 | 0,410 |
| U.S. DEPARTMENT OF HOUSING | | |
| AND URBAN DEVELOPMENT | | |
| Direct Program: | | |
| Lower-Income Housing Assistance | | |
| Program (Section 8) | 14.856 | 425,871 * |
| Passed Through Arkansas Department | | |
| of Human Services: | | |
| Emergency Shelter Grant | 14.231 | 10,098 |
| | | |

^{* -} Denotes a major federal financial assistance program.

| Federal Grantor/Pass-Through Grantor/ Program Title | Federal CFDA Number | Federal Expenditures |
|---|---------------------------|-----------------------------|
| 1 logiam Truc | Nullibei | Expenditures |
| U.S. DEPARTMENT OF TRANSPORTATION Passed Through Arkansas State Highway and Transportation Department: | | |
| Public Transit (Section 18) | 20.509 | 218,206 |
| Public Transit (Section 18) – ARRA Total Public Transit | 20.509 | <u>518,500</u> 736,706 * |
| U.S. DEPARTMENT OF ENERGY | | |
| Passed Through Arkansas Department of Human Services: | | |
| Weatherization Assistance | 81.042 | 192,736 |
| Weatherization Assistance – ARRA | 81.042 | <u>349,256</u> |
| Total Weatherization | | 541,992 * |
| U.S. DEPARTMENT OF AGRICULTURE | | |
| Passed Through Arkansas Department of Human Services: | | |
| Child Care Food Program | 10.558 | 268,116 |
| DEPARTMENT OF HOMELAND SECURITY Passed Through Emergency Food and Shelter National Board Program: Emergency Food and Shelter Program - Stewart B. McKinney Homeless Assistance | | |
| Act | 97.024 | 12,585 |
| TOTAL EXPENDITURES OF FEDERAL AWARDS | | \$ <u>6,537,868</u> |

Notes to Schedule:

- 1. This schedule includes the federal grant activity of Black River Area Development Corporation and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB A-133, Audits of States, Local Governments, and Non-Profit Organizations. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.
- 2. Medicaid reimbursements are defined as contracts of services and not federal awards; therefore, such reimbursements totaling \$73,631 are not covered by the reporting requirements of OMB Circular A-133.
- 3. The state funded ABC preschool program reflected expenditures of \$675,258.

FREEMAN & COMPANY, INC.

3712 E Highland Drive, Jonesboro, Arkansas 72401 Phone 870-932-4514

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors
Black River Area Development Corporation
Pocahontas, Arkansas

We have audited the financial statements of Black River Area Development Corporation (a nonprofit organization) as of and for the year ended April 30, 2010, and have issued our report thereon dated August 5, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Black River Area Development Corporation's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements but not for the purpose of expressing an opinion on the effectiveness of Black River Area Development Corporation's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of Black River Area Development Corporation's internal control over financial reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the organization's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles, such that there is more than a remote likelihood that a misstatement of the organization's financial statements that is more than inconsequential will not be prevented or detected by the organization's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the organization's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Board of Directors Page Two

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Black River Area Development Corporation's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards.

This report is intended solely for the information and use of the audit committee, management, and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

FREEMAN & COMPANY, INC.

Francis & Company, Inc

Jonesboro, Arkansas

August 5, 2010