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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150

2014**Open to Public Inspection**

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service**A** For the 2014 calendar year, or tax year beginning

, 2014, and ending

, 20

B Check if applicable

- ☐ Address change
☐ Name change
☒ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

Arkansas's Great Southwest Recreational Association, Inc

Number and street (or P.O. box, if mail is not delivered to street address)

P O. Box 1006

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Hope, AR 71802

D Employer identification number

71-0488555

E Telephone number

870-777-7500

F Group Exemption Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	157,484
	2	Program service revenue including government fees and contracts	2	27,538
	3	Membership dues and assessments 35 @ 50	3	1750
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	5b	Less: cost or other basis and sales expenses 5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b			
6c	Less: direct expenses from gaming and fundraising events 6c			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d			
7a	Gross sales of inventory, less returns and allowances 7a			
7b	Less: cost of goods sold 7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c			
8	Other revenue (describe in Schedule O) Tent Rent	8	100	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	186,872	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	39,271
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	1500
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	6000
	15	Printing, publications, postage, and shipping (see schedule O)	15	66,891
	16	Other expenses (describe in Schedule O)	16	53,637
	17	Total expenses. Add lines 10 through 16 ▶	17	167,299
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,573
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	24,338
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	43,911

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2014)

6511

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	9338	22 28,911
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	15,000	24 15,000
25 Total assets	24,338	25 43,911
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,338	27 43,911

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? To Promote Tourism in SW Arkansas

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 Provide funds to cities, CoFC, tourist organization to help promote Fairs, Festivals, Concerts, Special Events in Southwest Arkansas (Grants \$ 39,271) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	39,271
29 Mail SW AR Tourism Literature/Brochures and buy ADS in Newspapers, Radio, TV, Magazines, + Internet, Print 50m Brochures for Distribution (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	66,891
30 Pay for advertising + promotions on Radio, TV, Newspapers, internet etc to encourage attendance at specific Fairs Festivals, Concerts etc in SW AR. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	53,637
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	159,799

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
1. M. Keith - President	10 HR/wk	0	0	0
2. D. Henley - Vice President	5 HR/wk	0	0	0
3. P. Henley Sec-Treasurer	20 HR/wk	277.78/mo	0	0
4. M. McCalmon - Board Member	1 HR/wk	0	0	0
5. J. Middlebrooks - Board Member	1 HR/wk	0	0	0
6. N. Cherry - Board Member	1 HR/wk	0	0	0
7. B. Owen - Board Member	1 HR/wk	0	0	0
8. C. Castleman - Board Member	1 HR/wk	0	0	0
9. L. Barr - Board Member	1 HR/wk	0	0	0
10. M. Godwin - Board Member	1 HR/wk	0	0	0
11. J. Bunyard - Board Member	1 HR/wk	0	0	0
12. B. McKelvey - Board Member	1 HR/wk	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<input checked="" type="checkbox"/>
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a - 0 -		
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	
41 List the states with which a copy of this return is filed ▶ <u>Arkansas</u>		
42a The organization's books are in care of ▶ <u>Paul G Henley, Secretary</u> Telephone no. ▶ <u>870 777-7500</u> Located at ▶ <u>Fair Park CC POBox 1006 Hope, AR 71802</u> ZIP + 4 ▶ <u>71802-1006</u>		
b 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)? If "Yes," enter the name of the foreign country: ▶	42b	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<input checked="" type="checkbox"/>

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- f** Total number of other employees paid over \$100,000 ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- d** Total number of other independent contractors each receiving over \$100,000 ▶

- 52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Paul G. Henley</i>		Date <i>12 August 2015</i>		
	Type or print name and title <i>Paul G. Henley, Secretary - Treasurer</i>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

Arkansas's Great Southwest

71-0488555

Part 1 #10 Brants Paid

1. DeQueen Hoo Rah Days	1299
2. Nashville Dino Festival	800
3. Bradley Governor Conway Days	1464
4. Bradley Junk Festival	382
5. La Fayette County (tee shirts)	500
6. Sevier County (tee shirts)	750
7. Prescott Fall Festival	860
8. Washington Jougail Festival	537
9. Ashdown Whistlestop	2107
10. Howard County Fair	250
11. DeQueen Bass Tournament	869
12. DeQueen Collin Festival	4333
13. Washington Civil War WE	490
14. Texarkana 4-States Fair	12,000
15. Hope Watermelon Festival	4964
16. Dierks Pine Tree Festival	2424
17. Nashville Peach Festival	288
18. Hempstead County (tee shirts)	1000
19. UACCH (E. Bortnick)	2290
20. Train Day Hope	1664

Total \$ 39,271

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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**Open to Public
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Name of the organization

Arkansas's Great Southwest

Employer identification number

71-0488555

Part 1 #15 Printing, publications + postage

Postage	5606
Spring/Summer Newspaper Insert	4690
Fall/Winter Newspaper Insert	3650
Hooten's Football Magazine	2150
AR Motorcycle Guide	1375
AR Tour Guide	3350
AR Water + Woods Guide	3375
Hempstead Hall Ad	3695
USA Today National Park Ad	2000
50,000 AGSW Brochures	37,000
Total	<u>\$ 66,891</u>

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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Part 1 #16 Other Expenses \$ 53,637
Total

Advertising to promote tourism
on Radio, TV, Newspapers, Bill boards,
Internet etc for Fairs, Festivals, Concerts
and Special Events in all seven counties
in Southwest Arkansas:

This includes: Hope Watermelon Festival
Nashville Dino Fest
Dierks Pine Tree Festival
Bradley Governor Conway Days
Texarkana 4-States Fair + Rodeo
SW AR Fair @ Hope
Hoo Rah Days @ De Queen
Ashdown Whistlestop Festival
Washing Tonguail Festival
Collin Royce Fest @ De Queen
Prescott Fall Festival
McNab Twin Rivers Festival

Plus 5 County Fairs and several smaller festivals

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Arkansas's Great Southwest

Employer identification number

71-0488555

Part 11 #24 Other Assets

#1 40'x 100' tent @ trailer 5000

#2 Portable Restroom 10,000

Total Assets \$ 15,000