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Short Form Return of Organization Exempt From Income Tax

2014

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

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.

Open to Public Inspection

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 DELTA DEVELOPMENT INC

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

Room/suite

207 N SEBASTIAN STREET

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

WEST HELENA, AR 72390

D Employer identification number

71-0533624

E Telephone number

(870) 338-1418

F Group Exemption Number

G Accounting Method: X Cash Accrual Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website:

J Tax-exempt status (check only one) - 501(c)(3) X 501(c)(4) 4947(a)(1) or 527

K Form of organization X 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 \$ 55,065

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 X

Table with 21 rows and 2 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (55,000); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Investment income (65); 5a Gross amount from sale of assets other than inventory; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events; 6c Less: direct expenses from gaming and fundraising events; 6d Net income or (loss) from gaming and fundraising events; 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue; 9 Total revenue (55,065); 10 Grants and similar amounts paid; 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits (49,165); 13 Professional fees and other payments to independent contractors (2,379); 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping; 16 Other expenses; 17 Total expenses (61,570); 18 Excess or (deficit) for the year (6,505); 19 Net assets or fund balances at beginning of year (21,141); 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year (14,636).

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Expenses

Net Assets

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

EEA

Handwritten initials and number 8

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	22,024	14,636
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	22,024	14,636
26 Total liabilities (describe in Schedule O)	883	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,141	14,636

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? SUPPORT AND PROMOTE INDUSTRY

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 <u>SUPPORTED EXISTING INDUSTRY AND PROMOTED NEW ECONOMIC GROWTH IN PHILLIPS COUNTY ARKANSAS BY NEGOTIATING WITH BUSINESSES INTERESTED IN LOCATING IN COUNTY</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	61,570
29 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
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	61,570

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
WILLIAM QUINEY III CHAIRMAN	2.00	0	0	0
JIM FRAZIER VICE CHAIRMAN	2.00	0	0	0
HENRY RICHMOND BOARD MEMBER	1.00	0	0	0
MARTIN CHAFFIN COORDINATOR	40.00	STMA04 49,165	0	0
CHARLES SIBLEY SECRETARY	2.00	0	0	0
TOMMIE SHACKELFORD JR TREASURER	1.00	0	0	0
JOHN MCCLINTON BOARD MEMBER	1.00	0	0	0
GORDON CUNNINGHAM BOARD MEMBER	1.00	0	0	0
JOHN EDWARDS EXECUTIVE DIRECTOR	2.00	0	0	0
LEROY CARTER BOARD MEMBER	1.00	0	0	0
TYRONE STATON BOARD MEMBER	1.00	0	0	0
BOBBY BELL BOARD MEMBER	1.00	0	0	0
DR TODD STEWART DDS BOARD MEMBER	1.00	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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

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

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

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

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

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

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"

Table with 5 columns: (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"

Table with 3 columns: (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

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 (Tommie Shackelford Jr.), Date (5-18-2015), Type or print name and title (TOMMIE SHACKELFORD JR., TREASURER)

Paid Preparer Use Only: Preparer's name (Brenda L Knapp CPA), Preparer's signature (Brenda L Knapp, CPA), Date (05-18-2015), Check self-employed (checked), PTIN (P00006544), Firm's name (BRENDA L KNAPP CPA INC), Firm's address (207 N SEBASTIAN STREET WEST HELENA AR 72390-2447), Firm's EIN, Phone no (870-572-5222)

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2014

▶ Attach to Form 990 or 990-EZ.

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Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

ARKANSAS DELTA DEVELOPMENT INC

71-0533624

01. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
PAYROLL TAXES	4,285
RETIREMENT MATCH	1,457
DUES AND SUBSCRIPTIONS	3,432
TELEPHONE	852

02. Description of total liabilities (Part II, line 26)

CATEGORY	BEGINNING OF YEAR	END OF YEAR
PAYROLL TAXES PAYABLE	883	0

Federal Supporting Statements

2014 PG01

Name(s) as shown on return

FEIN

ARKANSAS DELTA DEVELOPMENT INC

71-0533624

**FORM 990EZ, PART IV
COMPENSATION EXPLANATION**

STATEMENT #A04

NAME

MARTIN CHAFFIN

EXPLANATION

FUNCTIONS AS COORDINATOR MEETING WITH VARIOUS COMPANIES,
GOVERNMENTAL
AGENCIES AND CONTRACTORS

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ARKANSAS DELTA DEVELOPMENT INC	Employer identification number (EIN) or 71-0533624
	Number, street, and room or suite no. If a P O box, see instructions. 207 N SEBASTIAN STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WEST HELENA, AR 72390	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **BRENDA L. KNAPP, CPA, INC., 207 NORTH SEBAST, 72390**

Telephone No. ► **870-572-5222** FAX No ► **870-572-9486**

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-17, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► calendar year 20 14 or

► tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions