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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

2015**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2015 calendar year, or tax year beginning **JANUARY 1**, 2015, and ending **DECEMBER 31**, 2015

B Check if applicable:

☐ Address change

☐ Name change

☒ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
Arkansas Great Southwest Recreational Association, Inc.

D Employer identification number
71-0488555

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. Box 1006

E Telephone number
800-223-4673

City or town, state or province, country, and ZIP or foreign postal code
Hope, AR 71802

F Group Exemption Number ▶

G Accounting Method: ☒ 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: ▶ **AGSW.ORG**

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. ▶ **\$ 186,765**

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	185,015
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments 35 @ 50	3	1750
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	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	
c	Less: direct expenses from gaming and fundraising events	6c		
d	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		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	186,765	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	53,742
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	3833
	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	37,532
	16	Other expenses (describe in Schedule O)	16	99,433
	17	Total expenses. Add lines 10 through 16	17	200,540
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,775
	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	43,911
	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	30,135

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2015)

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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	28,911	22 15,135
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	15,000	24 15,000
25 Total assets	43,911	25 30,135
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)	43,911	27 30,135

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, COCs, tourist organizations, counties to help promote Fairs, Festivals, Concerts, special events in Southwest Arkansas (Grants \$ 53,742) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	53,742
29	Mail SW AR Tourism Literature/Brochures and buy Ads in newspapers, radio, TV, magazines, Internet, billboards to promote tourism in SW AR (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	37,532
30	Pay for ads + promotions on Radio, TV, Newspapers, Internet, billboards, posters to encourage attendance at specific Fairs, Festivals, Concerts etc in SW AR (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	99,433
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	190,707

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. Mark Keith President	10 HR/WK	0	0	0
2. Dolly Henley Vice-President	10 HR/WK	0	0	0
3. Paul Henley Secretary-Treasurer	20 HR/WK	227.78/MO	0	0
4. Brandon Owen Hempstead County Board Member	1 HR/WK	0	0	0
5. Mike Reese Howard County Board Member	1 HR/WK	0	0	0
6. Joe Middlebrooks Lafayette County Board Member	1 HR/WK	0	0	0
7. Fonda Hawthorne Little River County Board Member	1 HR/WK	0	0	0
8. Lisa Barr Miller County Board Member	1 HR/WK	0	0	0
9. Paul Ridgell Nevada County Board Member	1 HR/WK	0	0	0
10. Jay Bunyard Sevier County Board Member	1 HR/WK	0	0	0
11. Tara McDowell Miller County Board Member	1 HR/WK	0	0	0
12. Billy Ray McKelvy Sevier County 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 PO Box 1006 Hope, Arkansas</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 ▶

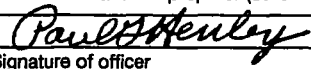
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 Date
Paul G Henley, Secretary 10 NOVEMBER 2016
 Type or print name and title

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.

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2016

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Employer identification number

Arkansas's Great Southwest

71-0488555

Part 1 #10 Grants Paid = \$53,742

1. Nashville CofC (Stand-UP)	2787
2. Bradley Gov Conway Days	619
3. Nashville Parks (Dino Fest)	2250
4. DeQueen Hoo Rah Days	1110
5. Sevier County Fair	500
6. Prescott Fall Festival	929
7. Washington Tongail Fest.	971
8. Ashdown Whistle Stop	1646
9. DeQueen Big Bass Tourn	1000
10. DeQueen Collin Festival	4333
11. Texarkana 4-States Fair	12,511
12. Hope Watermelon Fest.	7158
13. Dierks Pine Tree Fest.	2000
14. Nashville Peach Fest.	2064
15. Hope CofC (Tee shirts)	500
16. UACCT (E. Bortnick)	2290
17. Hope Train Day	6866
18. SW AR Fair	1990
19. Mc Nab Twin Rivers	718
20 Nevada County Museum (Jenkins Ferry)	1000
21. SW AR Arts Council	500

Total \$53,742

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 #15 Printing, publications + postage

1	Postage	5719
2	Spring/Summer Insert	4690
3	Fall/Winter Insert	3650
4	Hooten's Football Mag.	2150
5	AR Motorcycle Guide	1515
6	AR Tour Guide	3350
7	AR Water + Woods Guide	3375
8	Hempstead County Ad	750
9	AGSW Brochures	12,333

Total \$ 37,532

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 = \$ 99,433

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

- This includes:
1. Hope Watermelon Festival
 2. Nashville Dino Festival
 3. Nashville Stand Up for America
 4. Dierks Pine Tree Festival
 5. Bradley Governor Conway Days
 6. Texarkana 4-States Fair + Rodeo
 7. SW AR Fair + Rodeo in Hope
 8. De Queen HooRah Days
 9. Ashdown Whistlestop Festival
 10. Prescott Fall Festival
 11. Washington Jonquil Festival
 12. De Queen Big Bass Tournament
 13. De Queen Collin Festival
 14. Nashville Peach Festival
 15. Hope Train Day
 16. McVab Twin Rivers Festival
 17. Events @ Hempstead Hall - Hope

Plus 5 County Fairs and several smaller Festivals

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.

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Part 11 #24 Other Assets

1	40'x100' tent @ trailer	5000
2.	Portable Restroom	5000
3.	Color Copier	5000

Total Assets \$15,000