

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)

▶ 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.**2016**
Open to Public InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning January 1, 2016, and ending December 31, 2016

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**
 Number and street (or P.O. box, if mail is not delivered to street address) **P. O. Box 1006**
 City or town, state or province, country, and ZIP or foreign postal code **Hope, AR 71802**

D Employer identification number **71-048855**

E Telephone number **870-777-7500**

F Group Exemption Number **▶ ?**

G Accounting Method: ☐ Cash ☐ Accrual Other (specify) **▶**

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. **▶ \$ 195,940**

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 **▶**

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	114,688
2	Program service revenue including government fees and contracts	78,552
3	Membership dues and assessments	2,500
4	Investment income	
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 (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
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)	
6c	Less: direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	200
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	195,940
10	Grants and similar amounts paid (list in Schedule O)	40,958
11	Benefits paid to or for members	0
12	Salaries, other compensation, and employee benefits	3,333
13	Professional fees and other payments to independent contractors	0
14	Occupancy, rent, utilities, and maintenance	6,000
15	Printing, publications, postage, and shipping	2,418
16	Other expenses (describe in Schedule O)	131,896
17	Total expenses. Add lines 10 through 16	206,375
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	10,435
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)	30,135
20	Other changes in net assets or fund balances (explain in Schedule O)	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	19,700

For Paperwork Reduction Act of 1995, see separate instructions.

Cat. No. 106421

Form **990-EZ** (2016)

SCANNED FEB 15 2018

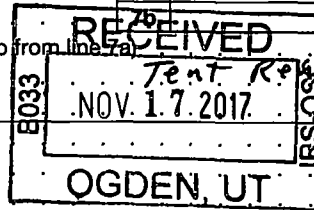
Revenue

Expenses

Net Assets

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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	15,135	22 4780
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	15,000	24 15,000
25 Total assets	30,135	25 19,700
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)	30,135	27 19,700

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 ☒**Expenses**

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

What is the organization's primary exempt purpose? 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.

28 <u>Provide grant funds to cities, co-ops, tourist organizations to help promote fairs, festivals, concerts and special events in SW Arkansas</u>		40,958
(Grants \$ <u>40,958</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 <u>Mail SW AR Tourism literature / Brochures, Program Guides and buy Ads in news papers, radio, TV, magazines bill boards, + Internet. Print Brochures + Flyers</u>		24,188
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 <u>Pay for Advertising and other promotions on Radio, TV, news papers, internet etc to encourage attendance @ specific fairs festivals + concerts in SW AR</u>		131,896
(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	197,042

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. <u>Mark Keith</u> President	10 HR/wk	0	0	0
2. <u>Dolly Henley</u> Vice President	10 HR/wk	0	0	0
3. <u>Paul Henley</u> Secretary Treasurer	25 HR/wk	300/mo	0	0
4. <u>Mollye McCalmmon</u> Board Member	5 HR/wk	0	0	0
5. <u>Joe Middlebrooks</u> Board Member	5 HR/wk	0	0	0
6. <u>Lisa Barr</u> Board Member	5 HR/wk	0	0	0
7. <u>Brent Talley</u> Board Member	5 HR/wk	0	0	0
8. <u>Jay Bunyard</u> Board Member	10 HR/wk	0	0	0
9. <u>Billy McKelvey</u> Board Member	5 HR/wk	0	0	0
10. <u>Brandon Owen</u> Board Member	10 HR/wk	0	0	0
11. <u>Mike Reese</u> Board Member	5 HR/wk	0	0	0
12. <u>MARC Dale</u> Board Member	5 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		<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)		<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)?		<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		
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		<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		<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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed		Arkansas
42a The organization's books are in care of		Paul G Henley, Secretary Telephone no. 870 777 7500
Located at		Fair Park CC PO Box 1006 Hope, AR 71802 ZIP + 4 71802-1006
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 United States? 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	<input checked="" type="checkbox"/>
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

	Yes	No
48		

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

	Yes	No
49a		

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

	Yes	No
49b		

- 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 ☐ Paul G Henley Signature of officer Date 10 NOVEMBER 2017
Paul G Henley, Secretary/Treasurer Type or print name and title

Paid Preparer Use Only
 Preparer's name Paul G Henley Preparer's signature Paul G Henley Date 10 NOVEMBER 2017
 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

2016

**Open to Public
Inspection**

Employer identification number

Arkansas Great Southwest

71-048855

Part I #10 Grants Paid = \$40,958
and Part III #28

1. Nashville CofC (Stand UP)	2333
2. Bradley Governor Conway Days	1671
3. Nashville Parks (Golden Gathering)	750
4. DeQueen HooRah Days	1535
5. Sevier County Fair	500
6. Prescott Fall Festival	733
7. Washington Jouquil Festival	1387
8. DeQueen Big Bass Tourn	1362
9. Texarkana 4-States Fair	12,500
10. Hope Watermelon Festival	5228
11. Dierks Pine Tree Festival	2000
12. Nashville Peach Festival	695
13. Hope CofC (tee shirts)	1000
14. SW AR Fair + Rodeo	2051
15. Main Street Texarkana	2903
16. Nevada County Fair	259
17. Little River CofC	2098
18. Little River County Fair	230
19. Washington State Park	1273
20. Bradley Junk Fest.	450

\$40,958

Name of the organization

Arkansas Great Southwest

Employer identification number

71-0488555

Part I #15 Printing, publications + postage = 24,188^{*}
and Part III #29

1. Postage	5849
2. Spring/Summer Insert	4690
3. Fall/Winter Insert	1824
4. Hooten's Football Magazine	2150
5. AR Motorcycle Guide	1515
6. AR Tour Guide	3660
7. AR Water + Woods	2500
8. Clinton National Park Ad	2000

\$ 24,188

Name of the organization

Arkansas Great Southwest

Employer identification number

71-0488555

Part I #16 Other Expenses = \$131,896
and Part III #30

Advertising costs to promote tourism on
Radio, TV, newspapers, bill boards, posters,
and internet for Fairs, Festivals, Concerts
and other Special Events in all seven
Counties in southwest Arkansas:

This includes:

1. Hope Watermelon Festival 12,322
2. Nashville Golden Gathering 1,020
3. Nashville Stand UP 4500
4. Dierks Pine Tree Festival 4175
5. Texarkana 4-States Fair 4,885
6. SW AR Fair + Rodeo 5070
7. DeQueen Hoo Rah Days 4407
8. Ashdown Whistle stop 5144
9. Prescott Fall Festival 1100
10. Washington Jouguil Festival 4611
11. DeQueen Big Bass Tourn. 2043
12. Nashville Peach Festival 2086
13. Hope Train Day 5369
14. McLab Twin Rivers Fest 640
15. Bradley Junk Fest 515
16. AR Tourism Development 2550
17. Main Street Texarkana 8272
18. Hope Trade Days 300
19. Little River County Fair 1345
20. Concerts Hempstead Hall Hope 24,542

\$131,896

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Arkansas's Great Southwest

Employer identification number

71-0488555

Part II #24 Other Assets

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

Total Assets \$15,000