

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

OMB No 1545-1150

2018**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.**A** For the 2018 calendar year, or tax year beginning January 1, 2018, and ending December 31, 2018**B** Check if applicable

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

C Name of organization **21**Arkansas's Great Southwest Recreational A.Number and street (or P.O. box, if mail is not delivered to street address) **21**PO Box 1006

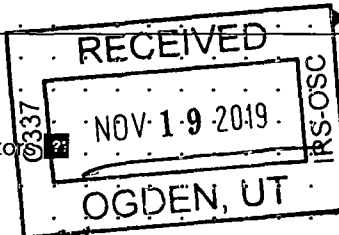
City or town, state or province, country, and ZIP or foreign postal code

Hope, Arkansas 71802-1006**D** Employer identification number **21**71-0488555**E** Telephone number870 777-7500**F** Group ExemptionNumber ▶ **21** AA**G** Accounting Method: ☐ Cash ☐ Accrual ☐ Other (specify) ▶**I** Website: ▶**H** Check ☐ if the organization is not required to attach Schedule B **21**
(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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

▶ \$ 197,272**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) **21**Check if the organization used Schedule O to respond to any question in this Part I ☒

1	Contributions, gifts, grants, and similar amounts received	1	<u>136,758</u>
2	Program service revenue including government fees and contracts	2	<u>58,014</u>
3	Membership dues and assessments	3	<u>2,500</u>
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	<u>197,272</u>
10	Grants and similar amounts paid (list in Schedule O)	10	<u>38,753</u>
11	Benefits paid to or for members	11	<u>-0-</u>
12	Salaries, other compensation, and employee benefits 21	12	<u>6466</u>
13	Professional fees and other payments to independent contractors 21	13	<u>-0-</u>
14	Occupancy, rent, utilities, and maintenance	14	<u>-0-</u>
15	Printing, publications, postage, and shipping	15	<u>25,272</u>
16	Other expenses (describe in Schedule O) 21	16	<u>97,930</u>
17	Total expenses. Add lines 10 through 16	17	<u>168,421</u>
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>28,851</u>
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	<u>36,660</u>
20	Other changes in net assets or fund balances (explain in Schedule O)	20	<u>-0-</u>
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>65,511</u>



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2018)

910 8

SCANNED JAN 9 2020 Revenue

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

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

organization's primary exempt purpose? _____

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

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

	(b) Average	(c) Reportable	(d) H
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Form **990-EZ** (2018)

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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<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?	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	<input type="checkbox"/>	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	<input type="checkbox"/>	<input type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ <u>Arkansas</u>	<input type="checkbox"/>	<input type="checkbox"/>
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, AR</u> ZIP + 4 ▶ <u>71802-1006</u>	<input type="checkbox"/>	<input type="checkbox"/>
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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<input type="checkbox"/>	<input type="checkbox"/>
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 ▶	<input type="checkbox"/>	<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"/>	<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	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<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	<input type="checkbox"/>	<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

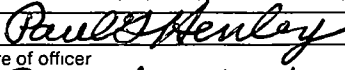
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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  **Signature of officer** **09 November 2019** **Date**
Type or print name and title **Paul G. Henley Secretary/Treasurer** **09 NOV 19**

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		Phone no.	
Firm's address				

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

Arkansas's Great Southwest

71-0488555

2018 List of Board Members

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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Part I #10 Grants Paid = \$ 38,753
and Part III #28

1. Nashville CofC (Stand-Up)	5324
2. Bradley Governor Conway Days	454
3. Nashville Parks (Gold & Gathering)	4080
4. DeQueen Hoo Rah Days	1443
5. Sevier County Fair	667
6. Prescott Fall Festival	0
7. Washington Fouquier Festival	800
8. DeQueen Big Bass Tournament	1990
9. Texarkana 4-States Fair	13,000
10. Hope Watermelon Festival	258
11. Dierks Pine Tree Festival	5132
12. Nashville Peach Festival	400
13. Main St. Texarkana (Christmas Parade)	1484 1908
14. SW AR Fair + Rodeo	1484
15. Nevada County Fair	172
16. Little River CofC (Whistlestop)	0
17. Bradley Funk Fest	373
18. Little River County Fair	267
19. Washington Christmas + Candlelight	500
20. Hope Train Day	501
Total	\$ 38,753

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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Arkansas's Great South west

71-0488555

Part I #15 Printing, Pub + Postage = \$ 25,272
and Part III #29

1. Postage	5190
2. Fall/Winter Insert	3650
3. Hooten's Football Magazine	2150
4. AR Motorcycle Guide	1515
5. AR Tour Guide	4666
6. AR Water + Woods	1385
7. USA Today Nat. Park Ads	1000
8. Rural AR Radio Network	3928
9. Paddle Magazine	1700

Total \$ 25,272

Name of the organization

Arkansas's Great Southwest

Employer identification number

71-0488555

Part I #16 Other Expenses = \$97,930
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 Southwest Arkansas.

This includes:

1. Hope Watermelon Festival	14,828	13. Bradley Junk F.	945
2. Nashville Golden Gathering	1080	14. AR Tourism Dev	1000
3. Nashville Stand-Up	7986	15. Main St. Tex.	2550
4. Dierks Pine Tree Festival	6444	16. Little River Fair	400
5. Texarkana Four States Fair	11,911	17. Hempstead Hall	
6. SW AR Fair + Rodeo	2660	Concert Series	20,355
7. DeQueen Hoo Rah Days	2059	18. AR Living Hist.	200
8. Washington Tonguail Festival	2561	19. Farley Entertain.	600
9. DeQueen Bass Tourney	2986	20. Governor Conway	1583
10. Nashville Peach Festival	500	21. Tex Christmas Parade	2713
11. Hope Train Day	7791	22. Nevada Fair	257
12. McNabb Twin Rivers Festival	897	23. Sevier Fair	1000
24. Other Sponsorships, memberships + donations	11,624		

Grand total \$97,930

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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2019

**Open to Public
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Name of the organization

Arkansas's Great Southwest

Employer identification number

71-0488555

Part 11 #24 Other Assets = \$15,000

1. 40'x100' tent@trailer 5000
2. 8'x20' Portable Restroom 5000
3. Color Copier 5000

Total Assets 15,000