

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2004**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2004 calendar year, or tax year beginning** , and ending

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
Chamber of Commerce of Springdale Arkansas

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
202 W. Emma

City or town State or country ZIP + 4  
Springdale AR 72764

**D** Employer identification number  
71-0029639

**E** Telephone number

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations.**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Website:** ▶ www.springdale.com

**J** Organization type (check only one) ▶  501(c) ( 6 ) ◀ (insert no.)  4947(a)(1) or  527

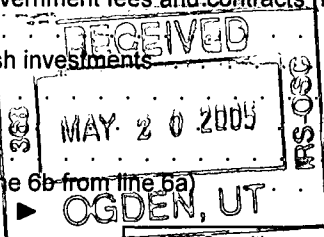
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 836,027

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

SCANNED JUL 18 2005



Revenue					
<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Direct public support	<b>1a</b>	0		
<b>b</b>	Indirect public support	<b>1b</b>	0		
<b>c</b>	Government contributions (grants)	<b>1c</b>	0		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ 0 noncash \$ 0)	<b>1d</b>	0		
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	137,400		
<b>3</b>	Membership dues and assessments	<b>3</b>	315,002		
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	0		
<b>5</b>	Dividends and interest from securities	<b>5</b>	1,309		
<b>6a</b>	Gross rents	<b>6a</b>	0		
<b>b</b>	Less: rental expenses	<b>6b</b>	0		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	0		
<b>7</b>	Other investment income (describe ▶ OGDEN, UT)	<b>7</b>	0		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	0	(B) Other	0
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>	0	<b>8b</b>	0
<b>c</b>	Gain or (loss) (attach schedule)	<b>8c</b>	0	<b>8c</b>	0
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	0		
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ 0 of contributions reported on line 1a)	<b>9a</b>	354,446		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	0		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	354,446		
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	0		
<b>b</b>	Less: cost of goods sold	<b>10b</b>	0		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	0		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	27,870		
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	836,027		
<b>Expenses</b>					
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	393,692		
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	472,920		
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	230,559		
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>	0		
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>	1,097,171		
<b>Net Assets</b>					
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	-261,144		
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	408,138		
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	314,319		
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	461,313		

9 8

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	22	0	0		
23	Specific assistance to individuals (attach schedule)	23	0	0		
24	Benefits paid to or for members (attach schedule)	24	0	0		
25	Compensation of officers, directors, etc.	25	266,753	101,052	154,613	11,088
26	Other salaries and wages	26	112,454	42,600	65,180	4,674
27	Pension plan contributions	27	0	0	0	0
28	Other employee benefits	28	0	0	0	0
29	Payroll taxes	29	43,054	15,319	27,460	275
30	Professional fundraising fees	30	180,000	0	0	180,000
31	Accounting fees	31	5,300	0	5,300	0
32	Legal fees	32	3,601	0	3,601	0
33	Supplies	33	22,384	8,466	11,496	2,422
34	Telephone	34	11,383	3,280	7,885	218
35	Postage and shipping	35	7,025	1,958	4,438	629
36	Occupancy	36	6,666	0	6,666	0
37	Equipment rental and maintenance	37	34,879	0	34,879	0
38	Printing and publications	38	0	0	0	0
39	Travel	39	0	0	0	0
40	Conferences, conventions, and meetings	40	0	0	0	0
41	Interest	41	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	42	25,889	0	25,889	0
43	Other expenses not covered above (itemize): a Training	43a	28,238	28,238	0	0
	b Vehicles	43b	36,513	1,699	3,788	31,026
	c Insurance	43c	39,746	15,048	24,471	227
	d Membership	43d	83,789	0	83,789	0
	e Special Events	43e	176,032	176,032	0	0
	f Miscellaneous	43f	13,465	0	13,465	0
44	<b>Total functional expenses</b> (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	44	1,097,171	393,692	472,920	230,559

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ ; (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Business & Economic Development	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Promote business, tourism & industrial development within Springdale, AR  (Grants and allocations \$ )	393,692
b  (Grants and allocations \$ )	
c  (Grants and allocations \$ )	
d  (Grants and allocations \$ )	
e Other program services (attach schedule) (Grants and allocations \$ )	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	393,692



**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	836,027
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	836,027
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	836,027

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,097,171
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	1,097,171
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	1,097,171

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Perry Webb Str AR City Springdale ST AR ZIP	Title President Hr/WK 40	115,842	5,342	7,200
Name Rhonda Hughes Str AR City Springdale ST AR ZIP	Title VP Operations Hr/WK 40	47,800	2,315	1,200
Name Bill Rogers Str AR City Springdale ST AR ZIP	Title VP Development Hr/WK 40	51,730	2,510	1,200
Name Joy Farmer Str AR City Springdale ST AR ZIP	Title Member Director Hr/WK 40	36,000	1,760	500
Name Julie Holtgrave Str AR City Springdale ST AR ZIP	Title Programs Director Hr/WK 40	11,700	525	300
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			
Name ----- Str ----- City ----- ST ----- ZIP -----	Title ----- Hr/WK -----			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

Table with columns for question number, description, Yes, and No. Rows include questions 76 through 92 regarding organizational activities, financials, and compliance.

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue: a Advertising, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please 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.
Date 5/12/05
dent/CEO

**Line 9 (990) - Special events and activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	.....	.....	.....	.....	
1a Number of special events	.....	.....	.....	.....	
2 Gross receipts	354,446				2 354,446
3 Less contributions					3 0
4 Gross revenue	354,446	0	0	0	4 354,446
5 Less direct expenses					5 0
6 Net income or (loss)	354,446	0	0	0	6 354,446

**Line 20 (990) - Other changes in net assets or fund balances**

1 Interest Income from Temporarily Restricted Net Assets	1	984
2 Temporarily Restricted Contributions	2	313,335
3 Total	3	314,319

**Line 47 (990) - Accounts receivable**

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	1	96,025	120,786	570	570
2 Total accounts receivable	2	96,025	120,786	570	570

**Line 57 (990) - Land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1 Land	1	10,000	10,000
2 Total land (net of any amortization)	2	10,000	10,000

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
3 Buildings and equipment	3	636,010	637,111	252,524	278,413
4 Total buildings and equipment	4	636,010	637,111	252,524	278,413
5 Buildings and equipment (less accumulated depreciation)	5			383,486	358,698
6 Total land, buildings and equipment	6			393,486	368,698

**Line 65 (990) - Other liabilities**

		Beginning	End
1 Payroll and related taxes payable	1	17,631	9,018
2 Total other liabilities	2	17,631	9,018