

Return of Organization Exempt From Income Tax

2007

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning **and ending**

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
BELLA VISTA VILLAGE PROPERTY OWNERS ASSOCIATION
 Number and street (or P.O. box if mail is not delivered to street address) Room/Suite
98 CLUBHOUSE DRIVE
 City or town, state or country, and ZIP + 4
BELLA VISTA, AR 72715

D Employer identification number
71-0390240

E Telephone number
(479) 855-8000

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).

G Website: **WWW.BELLAVISTAPOA.COM**

J Organization type (check only one) 501(c) (4) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **26,598,623.**

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 **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **N/A**
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 | | | | | | | | | | |
|--|---|--|----------------|----|------------|-----------|--|--|-------------|-------------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received: | | | | | | | | |
| | a | Contributions to donor advised funds | 1a | | | | | | | |
| | b | Direct public support (not included on line 1a) | 1b | | | | | | | |
| | c | Indirect public support (not included on line 1a) | 1c | | | | | | | |
| | d | Government contributions (grants) (not included on line 1a) | 1d | | | | | | | |
| | e | Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____) ... | 1e | | | | | | | 0. |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | | | | | | |
| | 3 | Membership dues and assessments | 3 | | | | | | | 8,506,022. |
| | 4 | Interest on savings and temporary cash investments | 4 | | | | | | | 391,805. |
| | 5 | Dividends and interest from securities | 5 | | | | | | | |
| Expenses | 6 | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | c | Net rental income or (loss). Subtract line 6b from line 6a | 6c | | | | | | | |
| | 7 | Other investment income (describe _____) | 7 | | | | | | | |
| | 8 | Gross amount from sales of assets other than inventory | (A) Securities | 8a | | (B) Other | | | | |
| | b | Less: cost or other basis and sales expenses | 8b | | | | | | | |
| | c | Gain or (loss) (attach schedule) | 8c | | | | | | | |
| | d | Net gain or (loss). Combine line 8c, columns (A) and (B) | 8d | | | | | | | |
| | 9 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | | | | | |
| | a | Gross revenue (not including \$ _____ of contributions reported on line 1b) ... | 9a | | | | | | | |
| b | Less: direct expenses other than fundraising expenses | 9b | | | | | | | | |
| c | Net income or (loss) from special events. Subtract line 9b from line 9a | 9c | | | | | | | | |
| Net Assets | 10 | Gross sales of inventory, less returns and allowances | 10a | | 9,796,354. | | | | | |
| | b | Less: cost of goods sold | 10b | | 2,181,960. | | | | | |
| | c | Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | 10c | | | | | | | 7,614,394. |
| | 11 | Other revenue (from Part VII, line 103) | 11 | | | | | | | 7,904,442. |
| | 12 | Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | 12 | | | | | | | 24,416,663. |
| | 13 | Program services (from line 44, column (B)) | 13 | | | | | | | 20,213,936. |
| | 14 | Management and general (from line 44, column (C)) | 14 | | | | | | | 2,243,273. |
| | 15 | Fundraising (from line 44, column (D)) | 15 | | | | | | | |
| | 16 | Payments to affiliates (attach schedule) | 16 | | | | | | | |
| | 17 | Total expenses. Add lines 16 and 44, column (A) | 17 | | | | | | | 22,457,209. |
| 18 | Excess or (deficit) for the year. Subtract line 17 from line 12 | 18 | | | | | | | 1,959,454. | |
| 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | | | | | | 45,189,576. | |
| 20 | Other changes in net assets or fund balances (attach explanation) | 20 | | | | | | | 0. | |
| 21 | Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | 21 | | | | | | | 47,149,030. | |

BELLA VISTA VILLAGE PROPERTY OWNERS

Form 990 (2007)

ASSOCIATION

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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.

| 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 |
|--|-------------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 23 Specific assistance to individuals (attach schedule) | | | | |
| 24 Benefits paid to or for members (attach schedule) | | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A | 232,123. | 0. | 232,123. | 0. |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B | 0. | 0. | 0. | 0. |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | | | | |
| 27 Pension plan contributions not included on lines 25a, b, and c | | | | |
| 28 Employee benefits not included on lines 25a - 27 | | | | |
| 29 Payroll taxes | | | | |
| 30 Professional fundraising fees | | | | |
| 31 Accounting fees | | | | |
| 32 Legal fees | | | | |
| 33 Supplies | | | | |
| 34 Telephone | | | | |
| 35 Postage and shipping | | | | |
| 36 Occupancy | | | | |
| 37 Equipment rental and maintenance | | | | |
| 38 Printing and publications | | | | |
| 39 Travel | | | | |
| 40 Conferences, conventions, and meetings | | | | |
| 41 Interest | | | | |
| 42 Depreciation, depletion, etc. (attach schedule) | 2,354,022. | 2,200,519. | 153,503. | |
| 43 Other expenses not covered above (itemize): | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f | | | | |
| g SEE STATEMENT 2 | 19,871,064. | 18,013,417. | 1,857,647. | |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 22,457,209. | 20,213,936. | 2,243,273. | 0. |

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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**BELLA VISTA VILLAGE PROPERTY OWNERS
ASSOCIATION**

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| | |
|---|--|
| What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 3</u> | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
| All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | |
| a <u>BELLA VISTA PROPERTY OWNERS ASSOCIATION SERVES PROPERTY OWNERS OF THE BELLA VISTA RESORT AREA WITH FIRE AND POLICE PROTECTION, WATER DISTRIBUTION SYSTEMS, STREET MAINTENANCE, AND RECREATIONAL FACILITIES.</u> | |
| (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 20,213,936. |
| b _____ _____ _____ _____ | |
| (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| c _____ _____ _____ _____ | |
| (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| d _____ _____ _____ _____ | |
| (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► | 20,213,936. |

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 45 Cash - non-interest-bearing | 1,084,280. | 45 | 2,631,047. |
| | 46 Savings and temporary cash investments | 7,060,566. | 46 | 7,250,883. |
| | 47 a Accounts receivable | 2,192,157. | | |
| | b Less: allowance for doubtful accounts | 807,093. | | |
| | | 1,433,641. | 47c | 1,385,064. |
| | 48 a Pledges receivable | | | |
| | b Less: allowance for doubtful accounts | | | |
| | 49 Grants receivable | | | |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees | | | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | |
| | 51 a Other notes and loans receivable | | | |
| | b Less: allowance for doubtful accounts | | | |
| | 52 Inventories for sale or use | 259,984. | 52 | 266,529. |
| | 53 Prepaid expenses and deferred charges | 433,644. | 53 | 195,919. |
| | 54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | | |
| b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | | | |
| 55 a Investments - land, buildings, and equipment: basis | 20,839. | | | |
| b Less: accumulated depreciation | 24,250. | 55c | 20,839. | |
| 56 Investments - other | SEE STATEMENT 4 | 176,920. | 56 | 184,160. |
| 57 a Land, buildings, and equipment: basis | 75,972,217. | | | |
| b Less: accumulated depreciation STMT 5 | 34,781,915. | | | |
| | 40,659,701. | 57c | 41,190,302. | |
| 58 Other assets, including program-related investments (describe BOND ISSUANCE COSTS) | 36,614. | 58 | 30,338. | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 51,169,600. | 59 | 53,155,081. | |
| Liabilities | 60 Accounts payable and accrued expenses | 4,427,267. | 60 | 4,133,859. |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | 235,928. | 62 | 337,192. |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 | |
| | 64 a Tax-exempt bond liabilities | | 64a | |
| | b Mortgages and other notes payable | 1,316,829. | 64b | 1,535,000. |
| | 65 Other liabilities (describe) | | 65 | |
| 66 Total liabilities . Add lines 60 through 65 | 5,980,024. | 66 | 6,006,051. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | | 67 | |
| | 68 Temporarily restricted | | 68 | |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds | 0. | 70 | 0. |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | 0. | 71 | 0. |
| | 72 Retained earnings, endowment, accumulated income, or other funds | 45,189,576. | 72 | 47,149,030. |
| 73 Total net assets or fund balances . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 45,189,576. | 73 | 47,149,030. | |
| 74 Total liabilities and net assets/fund balances . Add lines 66 and 73 | 51,169,600. | 74 | 53,155,081. | |

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| Part VI Other Information (continued) | | | Yes | No |
|---|---|-----|-----|-----|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | 82b | | N/A |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X | |
| b | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | 83b | | N/A |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | | N/A |
| 85 a | 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? | 85a | X | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | | X |
| If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | | | |
| c | Dues, assessments, and similar amounts from members | 85c | | N/A |
| d | Section 162(e) lobbying and political expenditures | 85d | | N/A |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | | N/A |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | | N/A |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | | N/A |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | | N/A |
| 86 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 | 86a | | N/A |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | | N/A |
| 87 | 501(c)(12) organizations. Enter: a Gross income from members or shareholders | 87a | | N/A |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b | | N/A |
| 88 a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88a | | X |
| b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI | 88b | | X |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u> | | | |
| b | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | | X |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | 0. |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization | | | 0. |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 89e | | X |
| f | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | | X |
| g | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 89g | | X |
| 90 a | List the states with which a copy of this return is filed ▶ <u>NONE</u> | | | |
| b | Number of employees employed in the pay period that includes March 12, 2007 | 90b | | 342 |
| 91 a | The books are in care of ▶ <u>DWAIN MITCHELL</u> Telephone no. ▶ <u>(479) 855-8000</u> Located at ▶ <u>98 CLUBHOUSE DRIVE, BELLA VISTA, AR</u> ZIP + 4 ▶ <u>72715</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)? | 91b | | X |
| If "Yes," enter the name of the foreign country ▶ <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | |

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Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclu- sion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | 8,506,022. |
| 95 Interest on savings and temporary cash investments | | | 14 | 391,805. | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 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 | | | | | 7,614,394. |
| 103 Other revenue: | | | | | |
| a <u>GOLF CART & GREEN FEES</u> | | | | | 4,087,262. |
| b <u>OUTDOOR ACTIVITIES</u> | | | | | 440,908. |
| c <u>COMMUNITY & REC CENTER</u> | | | | | 765,858. |
| d <u>OTHER INCOME</u> | | | | | 2,610,414. |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 391,805. | 24,024,858. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 24,416,663. |

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

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

| 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). |
|----------|---|
| ▼ | SEE STATEMENT 7 |
| | |
| | |

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

| (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 |
|---|--|-----------------------------|---------------------|------------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer | Yes | No |
|--------|--|---|-----------------------------------|------------------------------|-----|----|
| a | ----- | | | | | |
| b | ----- | | | | | |
| c | ----- | | | | | |
| Totals | | | | | | |

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer | Yes | No |
|--------|--|---|-----------------------------------|------------------------------|-----|----|
| a | ----- | | | | | |
| b | ----- | | | | | |
| c | ----- | | | | | |
| Totals | | | | | | |

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: *[Signature]* Date: 7-28-08

Type or print name and title: *Thomas A. Mitchell* Treasurer

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 7/18/08

Firm's name (or yours if self-employed), address, and ZIP + 4: BEALL BARCLAY & COMPANY, PLC, CPA
P. O. BOX 10148
FORT SMITH, AR 72917

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X):

EIN:

Phone no.: (479) 484-5740

Form 990 (2007)

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

| | | |
|--|-----------|-----------|
| 1. GROSS RECEIPTS | 9,796,354 | |
| 2. RETURNS AND ALLOWANCES | | |
| 3. LINE 1 LESS LINE 2 | | 9,796,354 |
| 4. COST OF GOODS SOLD (LINE 13) | 2,181,960 | |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4) | | 7,614,394 |

COST OF GOODS SOLD

| | | |
|---|-----------|-----------|
| 6. INVENTORY AT BEGINNING OF YEAR | 259,984 | |
| 7. MERCHANDISE PURCHASED | 2,188,505 | |
| 8. COST OF LABOR | | |
| 9. MATERIALS AND SUPPLIES | | |
| 10. OTHER COSTS | | |
| 11. ADD LINES 6 THROUGH 10 | | 2,448,489 |
| 12. INVENTORY AT END OF YEAR | 266,529 | |
| 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) | | 2,181,960 |

| FORM 990 | OTHER EXPENSES | | | STATEMENT 2 |
|------------------------------------|----------------|----------------------------|----------------------------------|--------------------|
| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
| RECREATION | 7,294,400. | 7,294,400. | | |
| PUBLIC WORKS | 6,953,062. | 6,953,062. | | |
| SHERIFF'S OFFICE | 979,672. | 979,672. | | |
| FIRE & EMERGENCY SERVICES | 1,976,446. | 1,976,446. | | |
| ADMINISTRATION | 1,857,647. | | 1,857,647. | |
| TRANSFER TO CITY OF BELLA VISTA | 809,837. | 809,837. | | |
| TOTAL TO FM 990, LN 43 | 19,871,064. | 18,013,417. | 1,857,647. | |

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

TO SERVE PROPERTY OWNERS OF THE BELLA VISTA RESORT AREA WITH FIRE & POLICE PROTECTION, WATER DIST. SYS., STREET MAINTENANCE, & RECREATIONAL FACILITIES.

| FORM 990 | OTHER INVESTMENTS | STATEMENT 4 |
|---|---------------------|-------------|
| DESCRIPTION | VALUATION METHOD | AMOUNT |
| DEBT SERVICE RESERVE | COST | 184,160. |
| TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B | | 184,160. |

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|-----------------------------------|------------------------|-----------------------------|-------------|
| CAPITAL PROJECTS | 3,101,345. | 0. | 3,101,345. |
| LAND | 18,703,934. | 0. | 18,703,934. |
| LAND IMPROVEMENTS | 6,905,965. | 4,194,950. | 2,711,015. |
| COMMUNITY CENTERS | 2,733,434. | 2,232,690. | 500,744. |
| BUILDINGS | 14,201,802. | 7,844,025. | 6,357,777. |
| EQUIPMENT | 30,325,737. | 20,510,250. | 9,815,487. |
| TOTAL TO FORM 990, PART IV, LN 57 | 75,972,217. | 34,781,915. | 41,190,302. |

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|--|--------------------------|-------------------|---------------------------------|--------------------|
| ROBERTA DALE 12 MCGEORGE LANE BELLA VISTA, AR 72715 | CHAIRMAN 0.00 | 0. | 0. | 0. |
| STEWART SMITH 2705 SE 5TH STREET BELLA VISTA, AR 72712 | DIRECTOR 0.00 | 0. | 0. | 0. |
| BILL WILLIAMS 101 CHELSEA ROAD BELLA VISTA, AR 72714 | DIRECTOR 0.00 | 0. | 0. | 0. |
| GEORGE DEGROOT 3 DEVIZIS DR BELLA VISTA, AR 72714 | DIRECTOR 0.00 | 0. | 0. | 0. |
| BILL JOHNSON 9 TANYARD LANE BELLA VISTA, AR 72714 | DIRECTOR 0.00 | 0. | 0. | 0. |
| ANITA WERTS 2 LEAFIELD LANE BELLA VISTA, AR 72714 | VICE CHAIRMAN 0.00 | 0. | 0. | 0. |

BELLA VISTA VILLAGE PROPERTY OWNERS ASSO

71-0390240

| | | | | |
|--|------------------------------------|----------|----|----|
| TOMMY BAILEY 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715 | GENERAL MANAGER/PRESIDENT 40.00 | 111,301. | 0. | 0. |
| KATHLEEN FERGUSON 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715 | SECRETARY 40.00 | 38,652. | 0. | 0. |
| JAN KEIRSEY 3 ROBIN LANE BELLA VISTA, AR 72715 | DIRECTOR 0.00 | 0. | 0. | 0. |
| STEVE MORROW 8 BEDALE LANE BELLA VISTA, AR 72714 | DIRECTOR 0.00 | 0. | 0. | 0. |
| TOM WOOTERS 2 WINSTONE LANE BELLA VISTA, AR 72714 | DIRECTOR 0.00 | 0. | 0. | 0. |
| DWAIN MITCHELL 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715 | ADM DIR FINANCE 40.00 | 82,170. | 0. | 0. |
| TOTALS INCLUDED ON FORM 990, PART V-A | | 232,123. | 0. | 0. |

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 7
ACCOMPLISHMENT OF EXEMPT PURPOSES

| LINE | EXPLANATION OF RELATIONSHIP OF ACTIVITIES |
|------|---|
| 94 | MEMBERSHIP DUES ARE COLLECTED MONTHLY TO PROVIDE SERVICES TO MEMBER PROPERTY OWNERS. |
| 102 | THIS AMOUNT REPRESENTS SALES OF SUCH ITEMS AS GOLF EQUIPMENT, FOOD & BEVERAGES, MARINA FUELS, AND GUN RANGE SUPPLIES WHICH ENHANCE PLEASURE OF MEMBERS AND THEIR REGISTERED GUESTS, THEREBY FACILITATING ADDITIONAL COMMUNITY ACTIVITY PARTICIPATION. |
| 103 | THESE FEES PROVIDE VARIOUS SERVICES AND AMENITIES TO BENEFIT MEMBERS AND REGISTERED GUESTS IN ORDER TO ENHANCE COMMUNITY DEVELOPMENT. |

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- 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.

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.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

| | | |
|--|--|---|
| Type or print | Name of Exempt Organization BELLA VISTA VILLAGE PROPERTY OWNERS ASSOCIATION | Employer identification number 71-0390240 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 98 CLUBHOUSE DRIVE | |
| File by the due date for filing your return. See instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. BELLA VISTA VILLAGE, AR 72714 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **THOMAS BAILEY**

Telephone No. ▶ **(479) 855-8000**

FAX No. ▶

• 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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

▶ calendar year **2007** or

▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | |
|---|-----------|---------------|
| 3a If this application is for Form 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 Form 990-PF or 990-T, 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, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ N/A |

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)