

Return of Organization Exempt From Income Tax

2016

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.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning , **2016**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC Doing business as			D Employer identification number 71-0390240	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (479) 855-8000	
	City or town, state or province, country, and ZIP or foreign postal code BELLA VISTA, AR 72715			G Gross receipts \$ 23,390,956.	
	F Name and address of principal officer: TOM JUDSON 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.BELLAVISTAPOA.COM					
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶					
L Year of formation: 1965				M State of legal domicile: AR	
H(c) Group exemption number ▶					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SERVE MEMBERS OF THE BELLA VISTA PROPERTY OWNERS ASSOCIATION WITH WATER DISTRIBUTION SYSTEMS, COMMON PROPERTY MAINTENANCE, AND RECREATIONAL FACILITIES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	8.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	8.	
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	437.	
	6	Total number of volunteers (estimate if necessary)	604.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	1,034,362.	
7b	Net unrelated business taxable income from Form 990-T, line 34	-190,885.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	9,845.	0.
	9	Program service revenue (Part VIII, line 2g)	14,100,337.	14,136,221.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	365,011.	528,353.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,856,407.	5,947,350.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,331,600.	20,611,924.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,215,671.	9,581,909.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,203,003.	11,388,846.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,418,674.	20,970,755.
19	Revenue less expenses. Subtract line 18 from line 12	912,926.	-358,831.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	68,490,155.	67,735,123.
	21	Total liabilities (Part X, line 26)	11,900,087.	11,227,254.
22	Net assets or fund balances. Subtract line 21 from line 20	56,590,068.	56,507,869.	

Part II Signature Block

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 _____				
	Type or print name and title _____				
Paid Preparer Use Only	Print/Type preparer's name J M LUNDY	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN P00842085
	Firm's name ▶ BKD, LLP			Firm's EIN ▶ _____	
	Firm's address ▶ 5000 ROGERS AVE., STE. 700 FORT SMITH, AR 72903-2079			Phone no. 479 452-1040	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

TO SERVE MEMBERS OF THE BELLA VISTA PROPERTY OWNERS ASSOCIATION WITH WATER DISTRIBUTION SYSTEMS, COMMON PROPERTY MAINTENANCE, AND RECREATIONAL FACILITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,265,126. including grants of \$) (Revenue \$ 11,004,133.)

RECREATION: OPERATE AND MAINTAIN 7 GOLF COURSES, 2 RECREATION CENTERS, 3 SWIMMING POOLS, GUN RANGE, TENNIS FACILITY, 2 MINI GOLF COURSES, 7 LAKES, 2 WALKING TRAILS, 5 PARK PAVILIONS, RV PARK AND NUMEROUS PLAYGROUNDS. SERVES ABOUT 13,531 HOUSEHOLDS, 25,437 NON-RESIDENT MEMBERS, AS WELL AS INNUMERABLE GUESTS AND VISITORS. NOT FOR PROFIT OPERATED FOR THE PROMOTION OF SOCIAL WELFARE AND COMMON GOOD.

4b (Code:) (Expenses \$ 4,085,892. including grants of \$) (Revenue \$ 6,913,585.)

WATER DEPARTMENT: NOT FOR PROFIT WATER UTILITY SERVING MEMBERS OF THE PROPERTY OWNERS ASSOCIATION.

4c (Code:) (Expenses \$ 450,771. including grants of \$) (Revenue \$ 62,034.)

STREET DEPARTMENT: NOT FOR PROFIT, RESPONSIBLE FOR MAINTENANCE OF PARKING AREAS, TRAILS, PLAYGROUNDS, PATHS, ROADWAYS ETC. FOR THE AMENITIES AND COMMON PROPERTIES OWNED AND/OR OPERATED BY THE PROPERTY OWNERS ASSOCIATION.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 1,691,612. including grants of \$) (Revenue \$ 180,632.)

4e Total program service expenses 16,493,401.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 with various questions regarding organization status, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 990, Form 720, and Form 709.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-9 (governing body details).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a-16b (policies on chapters, conflict of interest, whistleblower, compensation, etc.).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AR,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

DWAIN MITCHELL 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715 479-855-5011

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII. X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW DAVIS BOARD MEMBER	5.00 0.	X					0.	0.	0.	
(2) RUTH HATCHER BOARD MEMBER	5.00 0.	X					0.	0.	0.	
(3) JIM ABRAHAMSON BOARD MEMBER	5.00 0.	X					0.	0.	0.	
(4) BRAD MORRIS VICE CHAIRMAN	5.00 0.	X		X			0.	0.	0.	
(5) BOB BROOKS CHAIRMAN	10.00 0.	X		X			0.	0.	0.	
(6) JOHN NUTTALL BOARD MEMBER	5.00 0.	X					0.	0.	0.	
(7) RON STRATTON BOARD MEMBER	5.00 0.	X					0.	0.	0.	
(8) BRUCE PORTILLO BOARD MEMBER	5.00 0.	X					0.	0.	0.	
(9) PATRICK LAURY BOARD MEMBER	5.00 0.	X					0.	0.	0.	
(10) JOSHUA HART BOARD MEMBER	5.00 0.	X					0.	0.	0.	
(11) THOMAS JUDSON PRESIDENT	40.00 0.			X			189,724.	0.	22,199.	
(12) DWAIN MITCHELL TREASURER	40.00 0.			X			103,142.	0.	32,888.	
(13) KYNDALL ARDOIN SECRETARY (SEPT-DEC)	40.00 0.			X			12,610.	0.	2,091.	
(14) GENEVIEVE HENDERSON SECRETARY (JAN-AUG)	40.00 0.			X			60,543.	0.	4,719.	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII. X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			0.			
Program Service Revenue		Business Code					
	2a MEMBERSHIP DUES		713910	8,160,374.	8,160,374.		
	b GOLF CART & GREEN FEES		713910	4,155,613.	4,155,613.		
	c COMMUNITY & REC CENTER		713990	810,945.	810,945.		
	d PRO SHOP, VEHICLE PARK FEES, OTHER		713990	637,229.	637,229.		
	e MEMBERSHIP TRANSFER FEES		713990	372,060.	372,060.		
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			14,136,221.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			369,134.			369,134.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			0.			
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶				0.		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses			275,264.			
	c Gain or (loss)			116,045.			
	d Net gain or (loss) ▶			159,219.	159,219.		159,219.
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a				0.			
b Less: direct expenses b				0.			
c Net income or (loss) from fundraising events. ▶				0.			
9a Gross income from gaming activities. See Part IV, line 19 a				0.			
b Less: direct expenses b				0.			
c Net income or (loss) from gaming activities. ▶				0.			
10a Gross sales of inventory, less returns and allowances a				7,588,378.			
b Less: cost of goods sold b			ATCH 3	2,662,987.			
c Net income or (loss) from sales of inventory. ▶				4,925,391.	4,024,163.	901,228.	
Miscellaneous Revenue			Business Code				
11a ADVERTISING INCOME				133,134.		133,134.	
b							
c							
d All other revenue				888,825.		888,825.	
e Total. Add lines 11a-11d ▶				1,021,959.			
12 Total revenue. See instructions. ▶				20,611,924.	18,160,384.	1,034,362.	1,417,178.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	427,916.		427,916.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	6,970,060.	5,541,895.	1,428,165.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	235,939.	187,595.	48,344.	
9 Other employee benefits	1,221,046.	970,854.	250,192.	
10 Payroll taxes	726,948.	577,996.	148,952.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	57,416.	45,651.	11,765.	
c Accounting	60,006.		60,006.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	77,860.	61,906.	15,954.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	958,661.	762,231.	196,430.	
12 Advertising and promotion	282,454.	224,579.	57,875.	
13 Office expenses	561,315.	446,302.	115,013.	
14 Information technology	228,214.	181,453.	46,761.	
15 Royalties	0.			
16 Occupancy	1,346,953.	1,070,962.	275,991.	
17 Travel	40,525.	32,221.	8,304.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	210,942.	210,942.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	2,551,001.	2,028,301.	522,700.	
23 Insurance	518,342.	412,134.	106,208.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>EQUIPMENT EXPENSE</u>	1,309,176.	1,040,926.	268,250.	
b <u>MAINTENANCE AND REPAIRS</u>	1,284,855.	1,021,588.	263,267.	
c <u>GOLF MAINT EQUIP LEASE</u>	801,740.	801,740.		
d <u>FUEL & OIL</u>	238,907.	189,955.	48,952.	
e All other expenses	860,479.	684,170.	176,309.	
25 Total functional expenses. Add lines 1 through 24e	20,970,755.	16,493,401.	4,477,354.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,398,381.	1	2,421,692.
	2 Savings and temporary cash investments	15,648,510.	2	14,624,207.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	1,111,526.	4	971,278.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	453,516.	8	491,489.
	9 Prepaid expenses and deferred charges	142,745.	9	208,854.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 95,969,180.		
	b Less: accumulated depreciation	10b 48,415,385.	47,493,055.	10c 47,553,795.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	902,563.	12	1,076,617.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	339,859.	15	387,191.
16 Total assets. Add lines 1 through 15 (must equal line 34)	68,490,155.	16	67,735,123.	
Liabilities	17 Accounts payable and accrued expenses	3,206,022.	17	2,582,526.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	1,404,714.	19	1,823,020.
	20 Tax-exempt bond liabilities	7,289,351.	20	6,821,708.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	11,900,087.	26	11,227,254.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	56,590,068.	32	56,507,869.
33 Total net assets or fund balances	56,590,068.	33	56,507,869.	
34 Total liabilities and net assets/fund balances	68,490,155.	34	67,735,123.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,611,924.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,970,755.
3	Revenue less expenses. Subtract line 2 from line 1	3	-358,831.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,590,068.
5	Net unrealized gains (losses) on investments	5	276,632.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	56,507,869.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

71-0390240

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

JSA 6E1268 1.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No, rows: 3a(i), 3a(ii), 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2-9.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	23,550,353.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 276,632.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 2,661,797.		
e	Add lines 2a through 2d		2e	2,938,429.
3	Subtract line 2e from line 1		3	20,611,924.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	20,611,924.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	23,632,552.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 2,661,797.		
e	Add lines 2a through 2d		2e	2,661,797.
3	Subtract line 2e from line 1		3	20,970,755.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	20,970,755.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

FORM 990, SCHEDULE D, PART XI, LINE 2D

COST OF GOODS SOLD \$2,661,797

FORM 990, SCHEDULE D, PART XII, LINE 2D

COST OF GOODS SOLD \$2,661,797

COPY

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

71-0390240

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

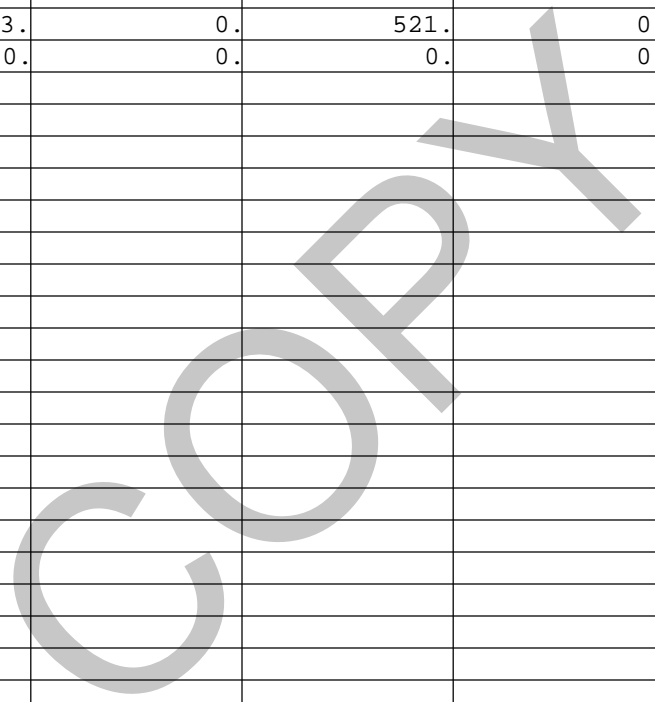
Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
THOMAS JUDSON 1 PRESIDENT	(i)	189,203.	0.	521.	0.	22,199.	211,923.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 7

2016 BONUSES WERE DETERMINED AT THE DISCRETION OF THE GENERAL MANAGER.

THESE WERE DETERMINED BASED ON INDIVIDUAL GOALS AND COMPANY PERFORMANCE.

COPY

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2016

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

Employer identification number

71-0390240

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC	71-0118700	08278ABE4	10/29/2014	7,298,254.	REFUNDING		X		X		X
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	525,000.			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	7,300,261.			
4 Gross proceeds in reserve funds	334,000.			
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows	7,544,873.			
7 Issuance costs from proceeds	63,779.			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion				
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Private Business Use (Continued)

BENTON COUNTY PUBLIC FACILITIES BOARD

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and bond-financed property usage.

Part IV Arbitrage

Table with 7 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, arbitrage rebates, and bond issue characteristics.

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

COPY

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

71-0390240

PART VI, SECTION A, LINE 6 & 7A

MEMBERS OF THE ORGANIZATION ARE OWNERS OF PROPERTY WITHIN BELLA VISTA
VILLAGE. THE MEMBERS THAT ARE IN GOOD STANDING ARE ALLOWED TO VOTE ON THE
MEMBERS OF THE GOVERNING BODY.

PART VI, SECTION A, LINE 7B

MEMBERS VOTE ON ASSESSMENTS, BOARD OF DIRECTORS, AND DECLARATION CHANGES.

PART VI, SECTION A, LINE 8B

ORGANIZATION DOES NOT HAVE A COMMITTEE THAT CAN ACT ON BEHALF OF THE
GOVERNING BODY.

PART VI, SECTION B, LINE 11B

THE CONTROLLER AND TREASURER REVIEW ALL ASPECTS OF THE FORM 990 BEFORE IT
IS FILED.

PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY COVERS THE BOARD MEMBERS, OFFICERS, AND
SENIOR STAFF MEMBERS. WHENEVER ANY DIRECTOR OR OFFICER HAS A CONFLICT OF
INTEREST, HE OR SHE IS TO NOTIFY THE BOARD CHAIR OF SUCH CONFLICT.
WHENEVER A STAFF MEMBER HAS A CONFLICT OF INTEREST, HE OR SHE IS TO
NOTIFY THE PRESIDENT/GENERAL MANAGER OF SUCH CONFLICT. WHEN ANY CONFLICT
OF INTEREST IS RELEVANT TO A MATTER THAT REQUIRES ACTION BY THE BOARD,
THE INTERESTED PERSON SHALL NOT BE INVOLVED DURING BOARD OR COMMITTEE

Name of the organization BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC	Employer identification number 71-0390240
---	--

DISCUSSION OR DECISION ON THE MATTER. FAILURE TO DISCLOSE A CONFLICT OF INTEREST IS SUBJECT TO THE DISCIPLINARY PROCEDURES.

PART VI, SECTION B, LINE 15A & 15B

COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS REVIEWED ANNUALLY BY IMMEDIATE SUPERVISOR, NEXT LEVEL SUPERVISOR, AND HUMAN RESOURCES. THE INFORMATION USED IN THE REVIEW AND APPROVAL PROCESS IS OBTAINED FROM THE HUMAN RESOURCES DEPARTMENT AND OUTSIDE SOURCES AND COMPARED TO SIMILAR POSITIONS FROM COMPARABLE ORGANIZATIONS.

PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY WEBSITE.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

ATTACHMENT 1

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
MAINTENANCE DEPARTMENT		1,691,612.	180,632.
TOTALS		<u>1,691,612.</u>	<u>180,632.</u>

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BANK OF THE OZARKS ATTN: CORP TRUST P.O. BOX 8811 LITTLE ROCK, AR 72231	WATER BOND	836,213.
N.E.C., INC. 200 RIVER MARKET AVENUE, SUITE 502 LITTLE ROCK, AR 72201	CONSTRUCTION	554,978.
KINCO CONSTRUCTORS, LLC	CONSTRUCTION	269,435.

Name of the organization BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC	Employer identification number 71-0390240
--	---

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
3803 KELLEY AVE SPRINGDALE, AR 72762		
CLINARD CONSTRUCTION MANAGEMENT, INC. 615 N WALTON BLVD BENTONVILLE, AR 72712	CONSTRUCTION	195,343.
DATA FORMS, INC. P.O. BOX 88 GREENLAND, AR 72737	PRINTING	183,647.

ATTACHMENT 3

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	7,588,378.
INVENTORY AT BEGINNING OF YEAR	453,516.
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	2,700,960.
SUBTOTAL	<u>3,154,476.</u>
MINUS ENDING INVENTORY	491,489.
COST OF GOODS SOLD	<u><u>2,662,987.</u></u>

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC	71-0390240	
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
98 CLUBHOUSE DRIVE		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
BELLA VISTA, AR 72715		

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DWAIN MITCHELL

• The books are in the care of ▶ 98 CLUBHOUSE DRIVE BELLA VISTA AR 72715

Telephone No. ▶ 479 855-5011 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 is for.

1 I request an automatic 6-month extension of time until 11/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2016 or
▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC	71-0390240
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
98 CLUBHOUSE DRIVE		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
BELLA VISTA, AR 72715		

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DWAIN MITCHELL

• The books are in the care of ▶ 98 CLUBHOUSE DRIVE BELLA VISTA AR 72715

Telephone No. ▶ 479 855-5011 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 is for.

1 I request an automatic 6-month extension of time until 11/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2016 or
▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

2016 990 Returns Found in Account K919

Total Record Count: 1

Report Date: 4/20/2017

*** - Federal Only

** - This indicator is an acknowledgement that the jurisdiction has received direct debit information. Please note that not all jurisdictions send this acknowledgement.

Locator	Tax Type	Taxpayer Name	Client Code	Alerts	Juris Abbr.	Juris Description	E-File Status	Federal Service Center	Date Sent	Date Ack	Submission ID	DCN	Debts ***	PIN***	EIC***	Direct Debit Ack Rec'd**	Direct Debit In Locator	Create Date
96530W	990	BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC	265779	N	FED	Federal First Extension 8868	Accepted		4/18/2017 11:00:00 AM	4/18/2017 11:36:00 AM	71015820 17108500 0024						N	4/18/2017 10:52:55 AM
				N	FED	990T Federal First Extension 8868	Accepted		4/18/2017 11:00:00 AM	4/18/2017 11:36:00 AM	71015820 17108500 0025						N	4/18/2017 10:53:04 AM

COPY

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2016

Department of the Treasury
Internal Revenue Service

For calendar year 2016 or other tax year beginning _____, 2016, and ending _____, 20_____.

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
		BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC	71-0390240
		Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity codes (See instructions.)
		98 CLUBHOUSE DRIVE	713910 713940
B Exempt under section		City or town, state or province, country, and ZIP or foreign postal code	
<input checked="" type="checkbox"/> 501(C)(4)	<input type="checkbox"/> 220(e)	BELLA VISTA, AR 72715	
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)		
<input type="checkbox"/> 408A			
<input type="checkbox"/> 529(a)			
C Book value of all assets at end of year		F Group exemption number (See instructions.) ▶	
67,735,123.		G Check organization type ▶	
		<input checked="" type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust
		<input type="checkbox"/> 401(a) trust	<input type="checkbox"/> Other trust

H Describe the organization's primary unrelated business activity. ▶ ATTACHMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ DWAIN MITCHELL **Telephone number ▶** 479-855-5011

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	728,108.			
b Less returns and allowances				
c Balance ▶		1c 728,108.		
2 Cost of goods sold (Schedule A, line 7)		2 422,509.		
3 Gross profit. Subtract line 2 from line 1c		3 305,599.		305,599.
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6 115,588.	188,880.	-73,292.
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11 134,447.	260,329.	-125,882.
12 Other income (See instructions; attach schedule)		12 478,728.	ATCH 2	478,728.
13 Total. Combine lines 3 through 12		13 1,034,362.	449,209.	585,153.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		305,924.
16 Repairs and maintenance	16		56,970.
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		15,178.
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21	93,221.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	84,688.	22b 8,533.
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		86,639.
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28	ATTACHMENT 3	302,794.
29 Total deductions. Add lines 14 through 28	29		776,038.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-190,885.
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-190,885.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-190,885.

For Paperwork Reduction Act Notice, see instructions.

Part III Tax Computation

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), Tax on Non-Compliant Facility Income (39), and Total (40).

Part IV Tax and Payments

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Foreign tax credit (41a-d), Total credits (41e), Subtract line 41e from line 40 (42), Other taxes (43), Total tax (44), Payments (45a-f), Total payments (46), Estimated tax penalty (47), Tax due (48), Overpayment (49), and Enter the amount of line 49 you want (50).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No columns. Questions 51, 52, and 53 regarding foreign interests, distributions, and tax-exempt interest.

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature and Preparer Information section. Includes fields for Signature of officer, Date (11/15/2017), Title, Preparer's name (J M LUNDY), Preparer's signature, Date, Firm's name (BKD, LLP), Firm's address (5000 ROGERS AVE., STE. 700, FORT SMITH, AR 72903-2079), Firm's EIN (44-0160260), and Phone no. (479 452-1040).

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2	422,509.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	422,509.
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	422,509.			X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

- (1) CELL TOWER
- (2) RESTAURANTS
- (3)
- (4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
		ATTACHMENT 4
(1)	103,688.	1,670.
(2)	11,900.	187,210.
(3)		
(4)		
Total	Total 115,588.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 115,588.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 188,880.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ►				
Total dividends-received deductions included in column 8 ►				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals ▶

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Totals ▶

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) VILLAGE VOICE	134,447.	260,329.			13,330.	
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	134,447.	260,329.	-125,882.			

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	134,447.	260,329.				
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	134,447.	260,329.				

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			



ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE POA HAS GOLF COURSES, RESTAURANTS, RECREATION ACTIVITIES SUCH AS SWIMMING POOLS, RECREATION CENTERS, RV PARK AND GUN RANGE THAT PRODUCE INCOME FROM NON-MEMBERS OF THE PUBLIC AND LOCAL BUSINESSES. A CELL TOWER, ADVERTISING SERVICES, AND WEB SERVICES ALSO PRODUCE INCOME FOR THE ORGANIZATION THAT HAVE AN UNRELATED NATURE TO THE ORGANIZATION.

COPY

PART I - LINE 12 - OTHER INCOME

EXCESS OF EXPENSES OVER REVENUES FOR UNRELATED
ACTIVITIES HAVING NO PROFIT MOTIVE

478,728.

PART I - LINE 12 - OTHER INCOME

478,728.

COPY

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES	71,138.
CONTRACTS	100,156.
INSURANCE	13,054.
UTILITIES	40,811.
MEMBERSHIP TRAINING & TRAVEL	2,517.
FUEL & OIL	13,578.
PROFESSIONAL SERVICES	12,424.
POSTAGE	43.
MISC. EXPENSE	6,728.
NON-INVENTORY POP EXPENSE	42,345.

PART II - LINE 28 - OTHER DEDUCTIONS 302,794.

COPY

SCHEDULE C - RENT INCOME DEDUCTIONS

ATTACHMENT 4

CELL TOWER

REPAIRS & MAINTENANCE

1,670.

TOTAL

1,670.

COPY

SCHEDULE C - RENT INCOME DEDUCTIONS

ATTACHMENT 5

RESTAURANTS

SALARIES & WAGES	8,598.
REPAIRS & MAINTENANCE	30,855.
PROFESSIONAL SERVICES	463.
TAXES & LICENSES	12,399.
DEPRECIATION	84,688.
EMPLOYEE BENEFITS	1,163.
SUPPLIES	4,270.
CONTRACTS	9,758.
INSURANCE	13,649.
UTILITIES	16,051.
MEMBERSHIPS, TRAINING & TRAVEL	125.
MISCELLANEOUS	5,191.
TOTAL	<u>187,210.</u>

COPY

**Regulation Section 1.263(a)-1(f) - De Minimis
Safe Harbor Election**

Taxpayer Name: BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

Taxpayer Address: _____

Taxpayer ID Number: 71-0390240

Year-End: 12/31/2016

Under IRC Regulation Section 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election.

COPY

FEDERAL FOOTNOTES

FORM 990T
 NOL DEDUCTION

YEAR ENDING	ORIGINAL NOL	AMOUNT AVAILABLE	AMOUNT UTILIZED	CARRYOVER TO NEXT YEAR
12/31/2008	96,382	13,982	0	13,982
12/31/2009	4,835	4,835	0	4,835
12/31/2010	30,087	30,087	0	30,087
12/31/2011	66,468	66,468	0	66,468
12/31/2012	15,665	15,665	0	15,665
12/31/2013	16,643	16,643	0	16,643
12/31/2014	0	0	0	0
12/31/2015	23,628	23,628	0	23,628
12/31/2016	190,885	190,885	0	190,885

COPY

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment
Sequence No. **179**

Name(s) shown on return BELLA VISTA VILLAGE PROP OWNERS ASSOC	Business or activity to which this form relates GENERAL DEPRECIATION	Identifying number 71-0390240
---	--	---

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2016	17	93,221.00
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	93,221.00
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year (see instructions):
43 Amortization of costs that began before your 2016 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

Name (as shown on your income tax return)

Taxpayer identification number

BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

71-0390240

Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer.

1 Nontaxable Use of Gasoline Note: CRN is credit reference number.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Off-highway business use		\$.183	45,464	\$ 8,319 91	362
b Use on a farm for farming purposes		.183			
c Other nontaxable use (see Caution above line 1)		.183			
d Exported		.184			411

2 Nontaxable Use of Aviation Gasoline

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use in commercial aviation (other than foreign trade)		\$.15			354
b Other nontaxable use (see Caution above line 1)		.193			324
c Exported		.194			412
d LUST tax on aviation fuels used in foreign trade		.001			433

3 Nontaxable Use of Undyed Diesel Fuel

Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach an explanation and check here

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use		\$.243		\$	360
b Use on a farm for farming purposes		.243			
c Use in trains		.243			
d Use in certain intercity and local buses (see Caution above line 1)		.17			350
e Exported		.244			413

4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use taxed at \$.244		\$.243		\$	346
b Use on a farm for farming purposes		.243			
c Use in certain intercity and local buses (see Caution above line 1)		.17			
d Exported		.244			414
e Nontaxable use taxed at \$.044		.043			377
f Nontaxable use taxed at \$.219		.218			369

5 Kerosene Used in Aviation (see **Caution** above line 1)

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244	\$.200		\$	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219	.175			355
c	Nontaxable use (other than use by state or local government) taxed at \$.244	.243			346
d	Nontaxable use (other than use by state or local government) taxed at \$.219	.218			369
e	LUST tax on aviation fuels used in foreign trade	.001			433

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. ►

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach an explanation and check here ►

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use by a state or local government	\$.243	\$	360
b	Use in certain intercity and local buses	.17		350

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ►

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here ►

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use by a state or local government	\$.243	\$	346
b	Sales from a blocked pump	.243		
c	Use in certain intercity and local buses	.17		

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

Registration No. ►

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use in commercial aviation (other than foreign trade) taxed at \$.219	\$.175		\$	355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244	.200			417
c	Nonexempt use in noncommercial aviation	.025			418
d	Other nontaxable uses taxed at \$.244	.243			346
e	Other nontaxable uses taxed at \$.219	.218			369
f	LUST tax on aviation fuels used in foreign trade	.001			433

9 Reserved

Registration No. ►

	(b) Rate	(c) Gallons of alcohol	(d) Amount of credit	(e) CRN
a Reserved				
b Reserved				

10 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ►

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. **Renewable diesel mixtures.** Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass process, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller, both of which have been edited as discussed in the Instructions for Form 4136. See the instructions for line 10 for information about renewable diesel used in aviation.

	(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of credit	(e) CRN
a Biodiesel (other than agri-biodiesel) mixtures	\$1.00		\$	388
b Agri-biodiesel mixtures	\$1.00			390
c Renewable diesel mixtures	\$1.00			307

11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

	(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
a Liquefied petroleum gas (LPG) (see instructions)		\$.183		\$	419
b "P Series" fuels		.183			420
c Compressed natural gas (CNG) (see instructions)		.183			421
d Liquefied hydrogen		.183			422
e Fischer-Tropsch process liquid fuel from coal (including peat)		.243			423
f Liquid fuel derived from biomass		.243			424
g Liquefied natural gas (LNG) (see instructions)		.243			425
h Liquefied gas derived from biomass		.183			435

12 Alternative Fuel Credit

Registration No. ►

	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
a Liquefied petroleum gas (LPG) (see instructions)	\$.50		\$	426
b "P Series" fuels	.50			427
c Compressed natural gas (CNG) (see instructions)	.50			428
d Liquefied hydrogen	.50			429
e Fischer-Tropsch process liquid fuel from coal (including peat)	.50			430
f Liquid fuel derived from biomass	.50			431
g Liquefied natural gas (LNG) (see instructions)	.50			432
h Liquefied gas derived from biomass	.50			436
i Compressed gas derived from biomass	.50			437

13 Registered Credit Card Issuers

Registration No. ►

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Diesel fuel sold for the exclusive use of a state or local government	\$.243		\$	360
b Kerosene sold for the exclusive use of a state or local government	.243			346
c Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219	.218			369

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use		\$.197		\$	309
b Exported		.198			306

15 Diesel-Water Fuel Emulsion Blending

Registration No. ►

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Blender credit	\$.046		\$	310

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001	\$.001		\$	415
b Exported dyed kerosene	.001			416

17 Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Form 1040, line 72; Form 1120, Schedule J, line 19b; Form 1120S, line 23c; Form 1041, line 24g; or the proper line of other returns. ►

17 \$ 8,319 91

2016 AR1100CT ARKANSAS CORPORATION INCOME TAX RETURN



Software ID GOSYSTEM

Tax Year beginning 01/01/2016 and ending 12/31/2016

INITIAL Return AMENDED Return FINAL Arkansas Return (Going Out of Business) Cooperative Association

FEIN 71-0390240, NAICS Code 713910, Name BELLA VISTA VILLAGE PROPERTY OWNERS, Type of Corporation Domestic (in state), Address 98 CLUBHOUSE DRIVE, City BELLA VISTA, State AR, Zip 72715

If you are a pass-through entity and are electing the "Check the Box" provision for state income tax purposes, check the type of entity and check one of the filing status boxes below: 7 LIMITED LIABILITY COMPANY 8 PARTNERSHIP

FILING STATUS: 1 CORPORATION OPERATING ONLY IN ARKANSAS 2 MULTISTATE CORPORATION - APPORTIONMENT 3 MULTISTATE CORPORATION - DIRECT ACCOUNTING 4 CONSOLIDATED RETURN: # of corp. entities in AR

Table with columns INCOME, DEDUCTIONS, and TAX COMPUTATION. Rows include Gross Sales, Less Cost of Goods Sold, Gross Profit, Dividends, Taxable Interest, Gross Rents, Gains or Losses, Other Income, TOTAL INCOME, Compensation of Officers, Repairs, Bad Debts, Rent on Business Property, Taxes, Interest, Contributions, Depreciation, Depletion, Advertising, Other Deductions, TOTAL DEDUCTIONS, Net Taxable Income, Tax from Table, Business Incentive Credits, Tax Liability, Estimated Tax Paid, Payment with Extension Request, Amended Return Only, Overpayment, Amount Applied to 2017 Estimated Tax, Amount Applied to Check Off Contributions, Amount to be Refunded, Tax Due, Interest on Tax Due, Penalty for Late Filing or Payment, Penalty for Underpayment of Estimated Tax, Amount Due.

SCHEDULE A
Apportionment of Income
for Multistate Corporation



FEIN: 71-0390240

A. INCOME TO APPORTION:

1. Income per Federal Return: (Federal Form 1120, Line 28)	1.		00
2. Add Adjustments: (Attach schedule)	2.		00
3. Deduct Adjustments: (Attach schedule)	3.		00
4. TOTAL APPORTIONABLE INCOME:	4.		00

NOTE: If all factors in Section B are 100%, do not complete Columns (A), (B), or (C). The return should be filed as a status 1, CORPORATION OPERATING ONLY IN ARKANSAS and complete all appropriate lines on page 1 of Form AR1100CT.

B. APPORTIONMENT FACTOR:

	(A) Amounts in Arkansas	(B) Total Amounts	(C) Percentage (A) ÷ (B)
1. Property Used in Business:			
a. Tangible Assets Used in Business and Inventories			
Less Construction in Progress:			
1. Amount Beginning of Year:	00	00	(Calculate to 6 places to the right of the decimal. Fill in all spaces.)
2. Amount End of Year:	00	00	
3. Total: (Add Lines a1 and a2)	00	00	
4. Average Tangible Assets: (Line 3 ÷ 2)	00	00	
b. Rental Property: (8 times annual rent)	00	00	999.999999 %
c. Average Value of Intangible Property: (For Financial Institutions Only - Attach schedule)	00	00	(EXAMPLE)
d. TOTAL PROPERTY: (Add Lines a4, b, and c)	00	00	
2. Salaries, Wages, Commissions and Other Compensation Related to the Production of Business Income:			
a. TOTAL:	00	00	
3. Sales/Receipts:			
a. Destination Shipped From Within Arkansas:	00		
b. Destination Shipped From Without Arkansas:	00		
c. Origin Shipped From Within Arkansas to U.S. Govt:	00		
d. Origin Shipped From Within Arkansas to Other Non-taxable Jurisdictions:	00		
e. Other Gross Receipts: (Attach schedule)	00		
f. TOTAL SALES / RECEIPTS: (Add Lines 3a through 3e)	00	00	
g. DOUBLE WEIGHTED: (Financial Institutions must use Single Weighted Factor) (Column C, Line 3f X 2)			
4. Sum of Percentages: (Single Weighted: Add Column C, Lines 1d, 2a and 3f) (Double Weighted: Add Column C, Lines 1d, 2a and 3g)			
5. Percentage Attributable to Arkansas: Line 4 <input type="text"/> Divided By <input type="text"/> = 5. <input type="text"/> %			

*For Part B, Line 5, Divide Line 4 by number of entries other than zero which you make on Part B, Column B, Lines (1d), (2a), and (3f).

NOTE: An entry other than zero in Part B, Column B, Line (3f), counts as two (2) entries unless using Single Weighted Factor.

C. ARKANSAS TAXABLE INCOME:

1. Income Apportioned to Arkansas: (Part A, Line 4) x (Part B, Line 5, Column C)	1.		00
2. Add: Direct Income Allocated to Arkansas: (Attach schedule)	2.		00
3. Less: Apportioned NOL to Arkansas: (See NOL Instructions, Attach AR1100NOL form)	3.		00
4. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on Line 32, page 1)	4.		00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, statements and documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGNATURE OF OFFICER •	DATE	TITLE	Telephone Number 479-855-8000
PREPARER'S SIGNATURE	DATE	PREPARER'S FEIN/PIN • 44-0160260	
PREPARER'S PRINTED NAME BKD, LLP	May the Arkansas Revenue Agency discuss this return with the preparer shown above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FOR OFFICE USE ONLY
AREA CODE AND TELEPHONE NUMBER OF PREPARER 479 452-1040			A • B • C
Mail completed form to: Corporation Income Tax, P O Box 919, Little Rock, AR 72203-0919			

AR1100NOL

**Arkansas Corporation Income Tax Section
Schedule of Net Operating Loss**

This form should be used to calculate Net Operating Loss (NOL) amounts to enter on Line 31 or Schedule A, Line C3 on Form AR1100CT.

Name of Corporation: BELLA VISTA VILLAGE PROPERTY OWNERS

FEIN: 71-0390240

Tax Year: 12/31/2011

Tax Year 1:	12/31/2012
Tax Year 2:	12/31/2013
Tax Year 3:	12/31/2014
Tax Year 4:	12/31/2015
Tax Year 5:	12/31/2016

NOL Amt: 66,468

Claim Amt 1:	
Claim Amt 2:	
Claim Amt 3:	47,478
Claim Amt 4:	
Claim Amt 5:	
Amt Expired:	18,990

Yr Expires: 12/31/2016

Balance 1:	66,468
Balance 2:	66,468
Balance 3:	18,990
Balance 4:	18,990
Balance 5:	18,990

Tax Year: 12/31/2012

Tax Year 1:	12/31/2013
Tax Year 2:	12/31/2014
Tax Year 3:	12/31/2015
Tax Year 4:	12/31/2016
Tax Year 5:	

NOL Amt: 15,665

Claim Amt 1:	
Claim Amt 2:	
Claim Amt 3:	
Claim Amt 4:	
Claim Amt 5:	
Amt Expired:	

Yr Expires: 12/31/2017

Balance 1:	15,665
Balance 2:	15,665
Balance 3:	15,665
Balance 4:	15,665
Balance 5:	

Tax Year: 12/31/2013

Tax Year 1:	12/31/2014
Tax Year 2:	12/31/2015
Tax Year 3:	12/31/2016
Tax Year 4:	
Tax Year 5:	

NOL Amt: 16,643

Claim Amt 1:	
Claim Amt 2:	
Claim Amt 3:	
Claim Amt 4:	
Claim Amt 5:	
Amt Expired:	

Yr Expires: 12/31/2018

Balance 1:	16,643
Balance 2:	16,643
Balance 3:	16,643
Balance 4:	
Balance 5:	

Tax Year: 12/31/2015

Tax Year 1:	12/31/2016
Tax Year 2:	
Tax Year 3:	
Tax Year 4:	
Tax Year 5:	

NOL Amt: 23,628

Claim Amt 1:	
Claim Amt 2:	
Claim Amt 3:	
Claim Amt 4:	
Claim Amt 5:	
Amt Expired:	

Yr Expires: 12/31/2020

Balance 1:	23,628
Balance 2:	
Balance 3:	
Balance 4:	
Balance 5:	

Tax Year:

Tax Year 1:	
Tax Year 2:	
Tax Year 3:	
Tax Year 4:	
Tax Year 5:	

NOL Amt:

Claim Amt 1:	
Claim Amt 2:	
Claim Amt 3:	
Claim Amt 4:	
Claim Amt 5:	
Amt Expired:	

Yr Expires:

Balance 1:	
Balance 2:	
Balance 3:	
Balance 4:	
Balance 5:	



**ARKANSAS CORPORATION INCOME TAX
RECONCILIATION SCHEDULE**

NAME BELLA VISTA VILLAGE PROPERTY OWNERS

FEIN 71-0390240

PART A: INTEREST INCOME

1. FEDERAL FORM 1120 LINE 5 INTEREST INCOME	1.		00
2. ADD: NON-ARKANSAS MUNICIPAL INTEREST INCOME	2.		00
3. LESS: U.S. OBLIGATION INTEREST INCOME (Attach Schedule)	3.		00
4. ARKANSAS TAXABLE INTEREST INCOME: (ENTER HERE AND ON LINE 13, FORM AR1100CT)	4.		00

PART B: TAXES DEDUCTION

1. FEDERAL FORM 1120 LINE 17 TAXES AND LICENSE DEDUCTION	1.	27,577.	00
2. ADD: FOREIGN TAXES NOT INCLUDED ON FORM 1120 LINE 17	2.		00
3. LESS: ARKANSAS CORPORATION INCOME TAXES	3.		00
4. ARKANSAS DEDUCTION FOR TAXES: (ENTER HERE AND ON LINE 22, FORM AR1100CT).	4.	27,577.	00

PART C: DEPRECIATION DEDUCTION

1. FEDERAL FORM 1120 LINE 20 DEPRECIATION DEDUCTION	1.	93,221.	00
2. PLUS: FEDERAL DEPRECIATION INCLUDED IN COST OF GOODS SOLD OR ELSEWHERE	2.		00
3. TOTAL FEDERAL DEPRECIATION (Line 22 of Form 4562)	3.	93,221.	00
4. LESS: FEDERAL FORM 4562 LINE 12 SECTION 179 DEDUCTION	4.		00
5. LESS: FEDERAL FORM 4562 LINE 14 BONUS DEPRECIATION.	5.		00
6. LESS: FEDERAL FORM 4562 LINE 25 BONUS DEPRECIATION.	6.		00
7. ADD: ARKANSAS ALLOWABLE SECTION 179 DEDUCTION	7.		00
8. ADD OR SUBTRACT ARKANSAS DEPRECIATION ADJUSTMENT (Attach Schedule).	8.		00
9. CAPITAL GAIN OR LOSS ADJUSTMENT FOR BASIS DIFFERENCE (Attach Schedule)	9.		00
10. ARKANSAS TOTAL DEPRECIATION DEDUCTION	10.	93,221.	00
11. LESS: ARKANSAS DEPRECIATION IN COST OF GOODS SOLD OR ELSEWHERE.	11.		00
12. ARKANSAS DEPRECIATION DEDUCTION (ENTER HERE AND ON LINE 25, Form AR1100CT)	12.	93,221.	00

This schedule is to be attached to the Arkansas AR1100CT Corporate Income Tax form to reconcile Federal and Arkansas Interest Income on Line 13, Tax Expense Deduction on Line 22 and Depreciation Expense Deduction on Line 25. Refer to Instructions in the 2016 Corporation Income Tax Instructions.

ARKANSAS FORM AR1100CT, PAGE 1 DETAIL

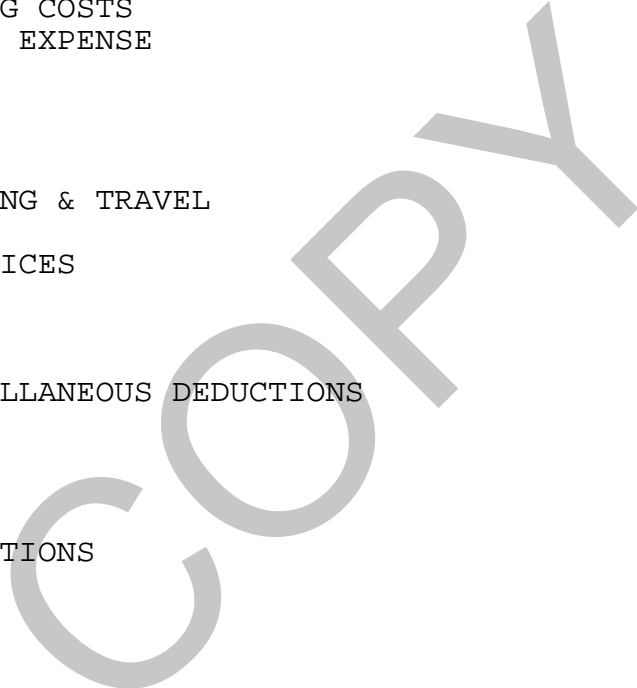
LINE 28 - EMPLOYEE BENEFIT PROGRAMS

EMPLOYEE BENEFIT PROGRAMS FROM FEDERAL RETURN	87,802.
TOTAL EMPLOYEE BENEFIT PROGRAMS	87,802.

LINE 28 - OTHER MISCELLANEOUS DEDUCTIONS

ADJUSTMENTS TO OTHER DEDUCTIONS:	
DIRECT ADVERTISING COSTS	260,329.
NON-INVENTORY POP EXPENSE	42,345.
SUPPLIES	75,408.
CONTRACTS	109,914.
INSURANCE	26,704.
UTILITIES	56,863.
MEMBERSHIP TRAINING & TRAVEL	2,642.
FUEL & OIL	13,578.
PROFESSIONAL SERVICES	12,887.
POSTAGE	43.
MISC. EXPENSE	11,918.
TOTAL OTHER MISCELLANEOUS DEDUCTIONS	612,631.

TOTAL OTHER DEDUCTIONS	700,433.
------------------------	----------



Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

BELLA VISTA VILLAGE PROP OWNERS ASSOC

GENERAL DEPRECIATION

71-0390240

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Section 179 election. Columns include line numbers and descriptions of property, cost, and elected cost.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation. Columns include line numbers and descriptions.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Columns include line numbers and descriptions of MACRS deductions.

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C. Columns include line numbers and descriptions of class life.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV Summary. Columns include line numbers and descriptions of listed property and total amounts.

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year (see instructions):
43 Amortization of costs that began before your 2016 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44