

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20_____

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2018

Department of the Treasury
Internal Revenue Service

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

Name and title of officer DWAIN MITCHELL, TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>22508711.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	_____
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BKD, LLP to enter my PIN 5 2 2 6 9 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 7 1 0 1 5 8 4 4 0 1 6
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form. Form **8879-EO** (2018)

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning, 2018, and ending, 20

Form header section containing organization name (BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC), EIN (71-0390240), address (98 CLUBHOUSE DRIVE, BELLA VISTA, AR 72715), principal officer (TOM JUDSON), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expense details.

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.

Signature block section with fields for officer signature, preparer name (J M LUNDY), firm name (BKD, LLP), and address.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

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 \$ 12,583,928. including grants of \$) (Revenue \$ 11,758,831.) 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 13,884 HOUSEHOLDS, 26,786 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 \$ 4,537,829. including grants of \$) (Revenue \$ 8,581,210.) WATER DEPARTMENT: NOT FOR PROFIT WATER UTILITY SERVING MEMBERS OF THE PROPERTY OWNERS ASSOCIATION.

4c (Code:) (Expenses \$ 360,518. including grants of \$) (Revenue \$ 0.) 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 \$ 1,539,853. including grants of \$) (Revenue \$ 230,867.)

4e Total program service expenses 19,022,128.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

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 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 (9), 1b (9), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [] Upon request [] Other (explain in Schedule O)
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) RUTH HATCHER CHAIRPERSON	10.00 0.	X		X				0.	0.	0.
(2) JIM ABRAHAMSON DIRECTOR	5.00 0.	X						0.	0.	0.
(3) JOHN NUTTALL VICE CHAIRPERSON	5.00 0.	X		X				0.	0.	0.
(4) RON STRATTON CHAIRMAN (JAN-MAY)	5.00 0.	X		X				0.	0.	0.
(5) BRUCE PORTILLO DIRECTOR	5.00 0.	X						0.	0.	0.
(6) PATRICK LAURY DIRECTOR	5.00 0.	X						0.	0.	0.
(7) JOSHUA HART DIRECTOR	5.00 0.	X						0.	0.	0.
(8) DAVID BRANDENBURG DIRECTOR	5.00 0.	X						0.	0.	0.
(9) DAVID WHELCHER DIRECTOR	5.00 0.	X						0.	0.	0.
(10) MARY SINKUS DIRECTOR (JUNE-DEC)	5.00 0.	X						0.	0.	0.
(11) JERRY HOVER DIRECTOR (JUNE-DEC)	5.00 0.	X						0.	0.	0.
(12) MIKE ABB DIRECTOR (JUNE-DEC)	5.00 0.	X						0.	0.	0.
(13) THOMAS JUDSON PRESIDENT	40.00 0.			X				239,159.	0.	34,500.
(14) DWAIN MITCHELL TREASURER	40.00 0.			X				117,513.	0.	35,995.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
(15) LEIA BUSH SECRETARY	40.00 0.			X				48,560.	0.	3,607.
(16) KEITH IHMS GOLF COURSE SUPERINTENDTENT	40.00 0.					X		125,640.	0.	14,387.
(17) FRANCIS TAGGART DIRECTOR OF MAINT & CONSTR	40.00 0.					X		159,257.	0.	16,906.
(18) THOMAS LEE DIRECTOR OF FOOD & BEVERAGE	40.00 0.					X		105,107.	0.	20,021.
(19) DOUG MCCASH LEGAL COUNSEL	40.00 0.					X		140,636.	0.	34,323.
(20) JOAN GLUBCZYNSKI DIRECTOR OF RECREATION	40.00 0.					X		106,808.	0.	13,650.
1b Sub-total								356,672.	0.	70,495.
c Total from continuation sheets to Part VII, Section A								686,008.	0.	102,894.
d Total (add lines 1b and 1c)								1,042,680.	0.	173,389.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 7

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 26

Part VIII Statement of Revenue

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

				(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	84,758.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			84,758.			
Program Service Revenue		Business Code					
	2a MEMBERSHIP DUES- - - - -		713910	8,314,837.	8,314,837.		
	b GOLF CART & GREEN FEES		713910	3,943,031.	3,943,031.		
	c COMMUNITY & REC CENTER		713990	719,945.	719,945.		
	d PRO SHOP, VEHICLE PARK FEES, OTHER		713990	2,010,550.	2,010,550.		
	e MEMBERSHIP TRANSFER FEES		713990	445,974.	445,974.		
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			15,434,337.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			19,812.			19,812.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			0.			
		(i) Real	(ii) Personal				
	6a Gross rents	6,000.					
	b Less: rental expenses						
	c Rental income or (loss)	6,000.					
	d Net rental income or (loss) ▶			6,000.			6,000.
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			255,582.				
	b Less: cost or other basis and sales expenses		7,807.				
	c Gain or (loss)		247,775.				
	d Net gain or (loss) ▶			255,582.			255,582.
	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		9,691,743.					
b Less: cost of goods sold b		3,463,428.					
c Net income or (loss) from sales of inventory ▶			6,228,315.	5,136,571.	1,091,744.		
Miscellaneous Revenue			Business Code				
11a ADVERTISING INCOME				155,838.		155,838.	
b							
c							
d All other revenue				324,069.		324,069.	
e Total. Add lines 11a-11d ▶				479,907.			
12 Total revenue. See instructions. ▶				22,508,711.	20,570,908.	1,247,582.	605,463.

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	479,334.		479,334.	
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	9,459,271.	6,959,726.	2,499,545.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	300,444.	221,054.	79,390.	
9 Other employee benefits	1,408,371.	1,036,219.	372,152.	
10 Payroll taxes	853,689.	628,108.	225,581.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	26,009.	19,136.	6,873.	
c Accounting	62,557.		62,557.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	11,781.	8,668.	3,113.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	832,492.	612,512.	219,980.	
12 Advertising and promotion	249,194.	183,346.	65,848.	
13 Office expenses	627,625.	461,780.	165,845.	
14 Information technology	265,423.	195,287.	70,136.	
15 Royalties	0.			
16 Occupancy	1,599,211.	1,176,631.	422,580.	
17 Travel	50,504.	37,159.	13,345.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	172,562.	172,562.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	2,909,560.	2,140,729.	768,831.	
23 Insurance	590,323.	434,334.	155,989.	
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 MAINTENANCE AND REPAIRS	1,210,713.	890,791.	319,922.	
b GOLF MAIN EQUIPMENT LEASE	816,467.	816,467.		
c FUEL AND OIL	267,449.	196,777.	70,672.	
d EQUIPMENT EXPENSE	1,660,975.	1,222,074.	438,901.	
e All other expenses _____	2,186,549.	1,608,768.	577,781.	
25 Total functional expenses. Add lines 1 through 24e	26,040,503.	19,022,128.	7,018,375.	
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	1,910,298.	1	1,574,386.
	2 Savings and temporary cash investments	8,851,750.	2	1,411,167.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	846,185.	4	814,012.
	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	400,732.	8	512,023.
	9 Prepaid expenses and deferred charges	290,946.	9	269,286.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 112,168,772.		
	b Less: accumulated depreciation	10b 53,326,466.	53,006,478.	10c 58,842,306.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	922,257.	12	939,154.
	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	263,827.	15	225,222.
16 Total assets. Add lines 1 through 15 (must equal line 34)	66,492,473.	16	64,587,556.	
Liabilities	17 Accounts payable and accrued expenses	2,501,305.	17	2,267,761.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	1,141,517.	19	1,743,746.
	20 Tax-exempt bond liabilities	5,909,811.	20	5,436,645.
	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	1,666,221.
	26 Total liabilities. Add lines 17 through 25	9,552,633.	26	11,114,373.
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	56,939,840.	32	53,473,183.
33 Total net assets or fund balances	56,939,840.	33	53,473,183.	
34 Total liabilities and net assets/fund balances	66,492,473.	34	64,587,556.	

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	22,508,711.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,040,503.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,531,792.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,939,840.
5	Net unrealized gains (losses) on investments	5	65,135.
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	53,473,183.

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		

Form **990** (2018)

Schedule of Contributors

2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(4) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WALTON FAMILY FOUNDATION PO BOX 2030 BENTONVILLE, AR 72712	\$ 84,758.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

Employer identification number

71-0390240

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

Employer identification number
71-0390240

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

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.

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

Name of the organization

BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

Employer identification number

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 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2018

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, 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, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g 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:

Table with 3 columns: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. Includes Yes/No columns.

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, b Buildings, c Leasehold improvements, d Equipment, e 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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ENVIRONMENTAL EXPENSE	1,666,221.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,666,221.

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	26,037,274.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	65,135.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	3,463,428.	
e	Add lines 2a through 2d	2e		3,528,563.
3	Subtract line 2e from line 1	3		22,508,711.
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		22,508,711.

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	29,503,931.
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	3,463,428.	
e	Add lines 2a through 2d	2e		3,463,428.
3	Subtract line 2e from line 1	3		26,040,503.
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		26,040,503.

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 \$3,463,428

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

COST OF GOODS SOLD \$3,463,428

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

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) 2018

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				
1 THOMAS JUDSON PRESIDENT	(i)	196,945.	35,840.	6,373.	9,336.	25,164.	273,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DWAIN MITCHELL TREASURER	(i)	104,921.	5,181.	7,411.	5,657.	30,338.	153,508.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 FRANCIS TAGGART DIRECTOR OF MAINT & CONSTR	(i)	110,602.	45,401.	3,254.	8,110.	8,796.	176,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DOUG MCCASH LEGAL COUNSEL	(i)	118,156.	21,655.	825.	7,442.	26,881.	174,959.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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

2018 BONUSES WERE DETERMINED AT THE DISCRETION OF THE GENERAL MANAGER.

THESE WERE DETERMINED BASED ON INDIVIDUAL GOALS AND COMPANY

PERFORMANCE.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2018

**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.**

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

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 BENTON COUNTY PUBLIC FACILITIES BOARD	71-0118700	08272ABE4	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	1,475,000.							
2 Amount of bonds legally defeased								
3 Total proceeds of issue	7,309,731.							
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	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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							

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

Schedule K (Form 990) 2018

Part III Private Business Use BENTON COUNTY PUBLIC FACILITIES BOARD

	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						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

Employer identification number

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
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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		1,539,853.	230,867.
TOTALS		<u>1,539,853.</u>	<u>230,867.</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>
HENARD UTILITY PRODUCTS, INC PO BOX 9238 SEARCY, AR 72145	SUPPLIES	3,870,203.
KINCO CONSTRUCTORS, LLC 3803 KELLEY AVE SPRINGDALE, AR 72762	CONSTRUCTION	1,674,387.
VGM FINANCIAL SERVICES	GOLF CART RENTALS	565,801.

Name of the organization BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC	Employer identification number 71-0390240
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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>
PO BOX 77077 MINNEAPOLIS, MN 55480		
BWI COMPANIES, INC P.O. BOX 2208 SPRINGFIELD, MO 65801	LANDSCAPE SUPPLIES	348,342.
US FOODSERVICE P.O. BOX 841844 DALLAS, TX 75284	FOOD & BEVERAGE	283,798.

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
OTHER	6,000.			6,000.
TOTALS	<u>6,000.</u>			<u>6,000.</u>

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

Taxpayer Name: BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

Taxpayer Address: 98 CLUBHOUSE DRIVE, BELLA VISTA, AR 72715

Taxpayer ID Number: 71-0390240

Year-End: 12/31/2018

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

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 for tax and payments.

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

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 56-58 regarding foreign activities 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 officer signature, date, title, and preparer details (name, firm, address, signature, date, EIN, phone).

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	396,822.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	396,822.
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	396,822.			X

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

1. Description of property		
(1)		
(2)		
(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)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

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)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ►				

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

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 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.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 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.

Totals

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

Table with 5 columns: 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).

Totals

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

Table with 7 columns: 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, 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).

Totals

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4).

Totals (carry to Part II, line (5))

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 ▶						
Totals, Part II (lines 1-5) ▶	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.

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) ATCH 4		%	
(3)		%	
(4)		%	
Total . Enter here and on page 1, Part II, line 14 ▶			

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20__.

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ 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

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

Unrelated business activity code (see instructions) ▶ **721211**

Describe the unrelated trade or business ▶ **RV PARKS ARE AVAILABLE TO NON-MEMBERS OF THE PUBLIC.**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>1,590.</u>			
b	Less returns and allowances _____			
	c Balance ▶	1c	1,590.	
2	Cost of goods sold (Schedule A, line 7) <u>ATCH 5</u>	2	20.	
3	Gross profit. Subtract line 2 from line 1c	3	1,570.	1,570.
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 a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (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		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	1,570.	1,570.

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		299.
16	Repairs and maintenance	16		453.
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		9.
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		
		22b		
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		36.
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule) <u>ATCH 6</u>	28		672.
29	Total deductions. Add lines 14 through 28	29		1,469.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		101.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32	Unrelated business taxable income. Subtract line 31 from line 30	32		101.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20__.

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ 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

Name of organization

BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

Employer identification number

71-0390240

Unrelated business activity code (see instructions) ▶ 713990

Describe the unrelated trade or business ▶ GUN RANGES ARE AVAILABLE TO NON-MEMBERS OF THE PUBLIC.

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>570.</u>			
b	Less returns and allowances			
	c Balance ▶	1c 570.		
2	Cost of goods sold (Schedule A, line 7) <u>ATCH 7</u>	2 189.		
3	Gross profit. Subtract line 2 from line 1c	3 381.		381.
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 a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (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		
12	Other income (See instructions; attach schedule) <u>ATCH 8</u>	12 232.		232.
13	Total. Combine lines 3 through 12	13 613.		613.

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		289.
16	Repairs and maintenance	16		65.
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		7.
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)	21 21.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		
		22b		21.
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		36.
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule) <u>ATCH 9</u>	28		195.
29	Total deductions. Add lines 14 through 28	29		613.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32	Unrelated business taxable income. Subtract line 31 from line 30	32		

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20 ____.

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ 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

Name of organization BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC	Employer identification number 71-0390240
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Unrelated business activity code (see instructions) ▶ **541890**

Describe the unrelated trade or business ▶ **THE POA HAS ADVERTISING SERVICES THAT PRODUCE INCOME.**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
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 a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (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) ATCH. 10		11 163,643.	209,943.	-46,300.
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 163,643.	209,943.	-46,300.

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		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)		28		
29 Total deductions. Add lines 14 through 28		29		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		-46,300.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31		
32 Unrelated business taxable income. Subtract line 31 from line 30		32		-46,300.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20__.

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ 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

Name of organization BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC	Employer identification number 71-0390240
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Unrelated business activity code (see instructions) ▶ **531190**

Describe the unrelated trade or business ▶ **THE POA HAS CELL TOWERS THAT PRODUCE INCOME.**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
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 a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C) ATCH 11		6 92,256.	4,539.	87,717.
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (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		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 92,256.	4,539.	87,717.

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		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)		28		
29 Total deductions. Add lines 14 through 28		29		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		87,717.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31		
32 Unrelated business taxable income. Subtract line 31 from line 30		32		87,717.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20 ____.

Department of the Treasury
Internal Revenue Service

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▶ 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

Name of organization

BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

Employer identification number

71-0390240

Unrelated business activity code (see instructions) ▶ 722511

Describe the unrelated trade or business ▶ THE POA HAS RESTAURANTS THAT PRODUCE INCOME.

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances	c Balance ▶			
1 c					
2	Cost of goods sold (Schedule A, line 7)				
3	Gross profit. Subtract line 2 from line 1c				
4 a	Capital gain net income (attach Schedule D)				
4 b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
4 c	Capital loss deduction for trusts				
5	Income (loss) from a partnership or an S corporation (attach statement)				
6	Rent income (Schedule C) <u>ATCH 12</u>		454,002.	795,836.	-341,834.
7	Unrelated debt-financed income (Schedule E)				
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)				
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10	Exploited exempt activity income (Schedule I)				
11	Advertising income (Schedule J)				
12	Other income (See instructions; attach schedule)				
13	Total. Combine lines 3 through 12		454,002.	795,836.	-341,834.

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)				
15	Salaries and wages				
16	Repairs and maintenance				
17	Bad debts				
18	Interest (attach schedule) (see instructions)				
19	Taxes and licenses				
20	Charitable contributions (See instructions for limitation rules)				
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a			
22b					
23	Depletion				
24	Contributions to deferred compensation plans				
25	Employee benefit programs				
26	Excess exempt expenses (Schedule I)				
27	Excess readership costs (Schedule J)				
28	Other deductions (attach schedule)				
29	Total deductions. Add lines 14 through 28				
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				-341,834.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)				
32	Unrelated business taxable income. Subtract line 31 from line 30				-341,834.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

THE POA HAS GOLF COURSES, POOLS, AND REC CENTERS THAT PRODUCE INCOME FROM NON-MEMBERS OF THE PUBLIC AND LOCAL BUSINESSES.

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

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

267,206.

PART I - LINE 12 - OTHER INCOME

267,206.

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

SUPPLIES	44,237.
CONTRACTS	63,809.
INSURANCE	10,658.
UTILITIES	27,281.
MEMBERSHIP TRAINING & TRAVEL	1,889.
FUEL & OIL	6,582.
PROFESSIONAL SERVICES	412.
POSTAGE	76.
MISC. EXPENSE	3,897.

PART II - LINE 28 - OTHER DEDUCTIONS 158,841.

ATTACHMENT 4

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
THOMAS JUDSON 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	PRESIDENT	0	0.
RUTH HATCHER 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	CHAIRPERSON	0	0.
JIM ABRAHAMSON 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	DIRECTOR	0	0.
DWAIN MITCHELL 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	TREASURER	0	0.
JOHN NUTTALL 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	VICE CHAIRPERSON	0	0.
RON STRATTON 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	CHAIRMAN (JAN-MAY)	0	0.
BRUCE PORTILLO 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	DIRECTOR	0	0.
PATRICK LAURY 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	DIRECTOR	0	0.
JOSHUA HART 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	DIRECTOR	0	0.
KEITH IHMS 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	GOLF COURSE SUPERINTENDTENT	0	0.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
DAVID BRANDENBURG 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	DIRECTOR	0	0.
DAVID WHELCHER 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	DIRECTOR	0	0.
LEIA BUSH 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	SECRETARY	0	0.
FRANCIS TAGGART 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	DIRECTOR OF MAINT & CONSTR	0	0.
THOMAS LEE 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	DIRECTOR OF FOOD & BEVERAGE	0	0.
DOUG MCCASH 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	LEGAL COUNSEL	0	0.
MARY SINKUS 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	DIRECTOR (JUNE-DEC)	0	0.
JERRY HOVER 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	DIRECTOR (JUNE-DEC)	0	0.
MIKE ABB 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	DIRECTOR (JUNE-DEC)	0	0.
JOAN GLUBCZYNSKI 98 CLUBHOUSE DRIVE BELLA VISTA, AR 72715	DIRECTOR OF RECREATION	0	0.

RV PARK

SCHEDULE M LINE 2: SCHEDULE A - COST OF GOODS SOLD

1	INVENTORY AT BEGINNING OF YEAR ...		
2	PURCHASES	20.	
3	COST OF LABOR		
4A	ADDITIONAL SECTION 263A COSTS		
B	OTHER COSTS		
5	TOTAL. ADD LINES 1 THROUGH 4B	20.	
6	INVENTORY AT END OF YEAR		
7	COST OF GOODS SOLD. (SUBTRACT LINE 6 FROM LINE 5)		<u>20.</u>
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?		YES NO

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES	35.
CONTRACTS	6.
INSURANCE	16.
UTILITIES	536.
MISCELLANEOUS	79.

PART II - LINE 28 - OTHER DEDUCTIONS

672.

GUN RANGE

SCHEDULE M LINE 2: SCHEDULE A - COST OF GOODS SOLD

1	INVENTORY AT BEGINNING OF YEAR ...		
2	PURCHASES	189.	
3	COST OF LABOR		
4A	ADDITIONAL SECTION 263A COSTS		
B	OTHER COSTS		
5	TOTAL. ADD LINES 1 THROUGH 4B	189.	
6	INVENTORY AT END OF YEAR		
7	COST OF GOODS SOLD. (SUBTRACT LINE 6 FROM LINE 5)		<u>189.</u>
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?		YES NO

SCHEDULE M - LINE 12 - OTHER INCOME

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

232.

LINE 12 - OTHER INCOME

232.

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES	11.
CONTRACTS	95.
INSURANCE	17.
UTILITIES	60.
MEMBERSHIP DUES	4.
FUEL & OIL	8.

PART II - LINE 28 - OTHER DEDUCTIONS

195.

ATTACHMENT 10

SCHEDULE M LINE 11 - SCHEDULE J?ADVERTISING INCOME REPORTED ON A CONSOLIDATED BASIS

<u>1</u> <u>NAME OF PERIODICAL</u>	<u>2</u> <u>GROSS</u> <u>ADVERTISING</u> <u>INCOME</u>	<u>3</u> <u>DIRECT</u> <u>ADVERTISING</u> <u>COSTS</u>	<u>4</u> <u>ADVERTISING</u> <u>GAIN OR LOSS</u>	<u>5</u> <u>CIRCULATION</u> <u>INCOME</u>	<u>6</u> <u>READERSHI</u> <u>COSTS</u>	<u>7</u> <u>EXCESS</u> <u>READERSHIP</u> <u>COSTS</u>
CONNECTIONS/INSIDE BELLA VISTA	163,643.	209,943.			122,096.	
	<u>163,643.</u>	<u>209,943.</u>	<u>-46,300.</u>			

ATTACHMENT 11

CELL TOWER

SCHEDULE M LINE 6 - SCHEDULE C RENT INCOME

1 DESCRIPTION OF PROPERTY

1 CELL TOWER

2 RENT RECEIVED OR ACCRUED

(1) FROM PERSONAL PROPERTY (IF THE PERCENTAGE OF RENT FOR PERSONAL PROPERTY IS MORE THAN 10% BUT NOT MORE THAN 50%)	(2) 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 COLUMN 2(A) AND 2(B) (ATTACH SCHEDULE)
1	92,256.	4,539.

TOTAL

TOTAL

4,539.

(C) TOTAL INCOME. ADD TOTALS OF COLUMN 2(A) AND 2(B).
ENTER HERE AND ON PAGE 1, PART I, LINE 6, COLUMN (A)

92,256.

(B) TOTAL DEDUCTIONS. ENTER
HERE AND ON PAGE 1, PART I,
LINE 6, COLUMN (B)

4,539.

ATTACHMENT 12

RESTAURANT

SCHEDULE M LINE 6 - SCHEDULE C RENT INCOME

1 DESCRIPTION OF PROPERTY

1 RESTAURANTS

2 RENT RECEIVED OR ACCRUED

(1) FROM PERSONAL PROPERTY (IF THE PERCENTAGE OF RENT FOR PERSONAL PROPERTY IS MORE THAN 10% BUT NOT MORE THAN 50%)	(2) 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 COLUMN 2(A) AND 2(B) (ATTACH SCHEDULE)
1	454,002.	795,836.

TOTAL

TOTAL

795,836.

(C) TOTAL INCOME. ADD TOTALS OF COLUMN 2(A) AND 2(B).
ENTER HERE AND ON PAGE 1, PART I, LINE 6, COLUMN (A)

454,002.

(B) TOTAL DEDUCTIONS. ENTER
HERE AND ON PAGE 1, PART I,
LINE 6, COLUMN (B)

795,836.

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

Taxpayer Name: BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

Taxpayer Address: 98 CLUBHOUSE DRIVE, BELLA VISTA, AR 72715

Taxpayer ID Number: 71-0390240

Year-End: 12/31/2018

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