DLN: 93493319082678 **Return of Organization Exempt From Income Tax** Form **990**

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

OMB No 1545-0047

			toundations)								
-		the Treasur nue Service		ecurity numbers on this form orm 990 and its instructions i					(Open to Public Inspection	
A Fo	r the	2017 ca	। lendar year, or tax year beginnir	g 01-01-2017 , and endir	ng 12-3:	1-2017					
☐ Add		oplicable :hange ange	C Name of organization BELLA VISTA VILLAGE PROPERTY OWNE M DWAIN MITCHELL	rs assoc				D Employe 71-0390		ication number	
	ıal reti	-	Doing business as								
	☐ Final return/terminated ☐ Amended return		Number and street (or P O box if mail is not delivered to street address) Room/suite								
☐ Application pending			98 CLUBHOUSE DRIVE	s not delivered to street address)	KOOIII/Su	ite		(479) 85	5-8000		
			City or town, state or province, country,	and ZIP or foreign postal code				()			
			BELLA VISTA, AR 72715					G Gross rec	eipts \$ 2	5,439,077	
			F Name and address of principal of	ficer		H(a)	Is this a	a group ret	urn for		
			TOM JUDSON 98 CLUBHOUSE DRIVE				subordi			□Yes 🗹 No	
			BELLA VISTA, AR 72715			Н(Б)	Are all s	subordinate d?	es.	☐ Yes ☐No	
I Tax	-exem	npt status	☐ 501(c)(3) ☑ 501(c)(4) ◄ (ins	ert no)	527	1			•	instructions)	
J W	ebsite	e:► WW	W BELLAVISTAPOA COM			H(c)	Group e	exemption i	number	>	
						I Year o	f formati	on 1965	M State	of legal domicile AR	
K Forn	of or	ganızatıon	Corporation Trust Associate	on ☐ Other ►		Litearo	i ioiiiiati	011 1903	ri State	or legal doffficile. Alt	
Pa	rt I	Sumr	nary								
			ribe the organization's mission or m							COMMON DE OBERTA	
e e			MEMBERS OF THE BELLA VISTA PRO NCE, AND RECREATIONAL FACILITIE		N WITH	WATER I	DISTRIE	BUTION SY:	STEMS,	COMMON PROPERTY	
ınc	_		,								
Ĕ	_										
Activities & Governance	-	Check this	s box ▶ ☐ If the organization discor	stinued its operations or dispo	sed of m	nore than	25%	of its net as	cetc		
Ü			f voting members of the governing b					n its het as	3	9	
≫ 0	4									9	
пtie	5	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)								501	
ctiv	6	Total num	ber of volunteers (estimate if necess	ary)					6	621	
ď	7a -	Total unre	lated business revenue from Part VI	II, column (C), line 12					7a	829,016	
	Ь	Net unrela	ited business taxable income from Fe	orm 990-T, line 34					7b	-375,781	
							Prio	r Year		Current Year	
Q,	8	Contributi	ons and grants (Part VIII, line 1h)						0	180,055	
ň.	9	9 Program service revenue (Part VIII, line 2g)						14,136,2	21	15,335,024	
anua ve R	10	Investmer	nt income (Part VIII, column (A), line	es 3, 4, and 7d)				528,3	53	1,121,820	
_	11	Other rev	enue (Part VIII, column (A), lines 5,			5,947,3					
	12	Total reve	nue—add lines 8 through 11 (must e	equal Part VIII, column (A), lii	ne 12)			20,611,9	24	22,494,380	
	13	Grants an	d sımılar amounts paıd (Part IX, colu	mn (A), lines 1-3)					0	0	
	14	Benefits p	aid to or for members (Part IX, colu	mn (A), line 4)					0	0	
શ્	15	Salaries, d	other compensation, employee benef	its (Part IX, column (A), lines	5-10)			9,581,9	09	11,069,908	
SUS.	16a	Profession	nal fundraising fees (Part IX, column	(A), line 11e)	•				0	0	
Expenses	b ·	Total fundra	nising expenses (Part IX, column (D), line i	25) ▶0							
ш		•	enses (Part IX, column (A), lines 11a	•	•			11,388,8	46	10,878,422	
			enses Add lines 13–17 (must equal l					20,970,7	_	21,948,330	
. 0	19	Revenue I	ess expenses Subtract line 18 from	line 12	•	<u> </u>		-358,8		546,050	
Net Assets or Fund Balances						Begi	nning of	f Current Ye	ar	End of Year	
set alai	20	Total asse	ts (Part X, line 16)					67,735,1	23	66,492,473	
t As			ities (Part X, line 26)					11,227,2	_	9,552,633	
FE			or fund balances Subtract line 21 f	rom line 20	ı			56,507,8		56,939,840	
Par	t II	Signa	ture Block						_		
			rjury, I declare that I have examine								
any ki			, it is true, correct, and complete Do	eciaration of preparer (other t	nan omo	cer) is ba	isea on	ali informa	tion or v	wnich preparer has	
		l k									
		***** 2018-11-14 Signature of officer Date					11-14				
Sign Here	n /										
Here			MITCHELL TREASURER print name and title								
			Print/Type preparer's name Preparer's signature Date					p-	ΓIN		
Paid	1			M LUNDY	ا ا		Check		0084208!	5	
		r F	rm's name BKD LLP		ı			mployed s EIN ►			
riepaiei –			m's address ► 5000 ROGERS AVE STE 70)			Phone	e no (479) 452-1040			

For Paperwork Reduction Act Notice, see the separate instructions.

FORT SMITH, AR 729032079

Form	990 (2	017)					Page 2					
Par	t III	Statement	of Program Service	e Accomplis	hments							
		Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III		🗹					
1	Briefly		rganization's mission									
			E BELLA VISTA PROPE EATIONAL FACILITIES	RTY OWNERS AS	SSOCIATION WITH WA	TER DISTRIBUTION SYSTEMS,	COMMON PROPERTY					
2	Did the											
	the pri	ior Form 990 or	r 990-EZ?				🗌 Yes 🗹 No					
	If "Yes	s," describe the	se new services on Scl	nedule O								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?											
	If "Yes	s," describe the	se changes on Schedu	le O								
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 \$	11,995,360	including grants of \$) (Revenue \$	11,744,214)					
	See Ad	ditional Data										
4b	(Code) (Expenses \$	3,652,797	including grants of \$) (Revenue \$	7,779,502)					
	See Ad	ditional Data										
4c	(Code) (Expenses \$	571,014	including grants of \$) (Revenue \$	59,719)					
	See Ad	ditional Data										
	(Code) (Expenses \$	1,403,253	ıncludıng grants of \$) (Revenue \$	200,706)					
	MAINTE	ENANCE DEPARTM	1ENT									
4d	Other	program servic	ces (Describe in Sched	ule O)								
	(Expe	nses \$	1,403,253 inc	uding grants of	\$) (Revenue \$	200,706)					
4e	Total	program serv	rice expenses ▶	17,622,4	24							

Checklist of Required Schedules

Page 3

No

Νo

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

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19

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

to provide advice on the distribution or investment of amounts in such funds or accounts? 6 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right Nο Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο Nο 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation No 9

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a

Nο Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 11e Nο

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b No If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

29

Yes

Yes

Yes

20a

20b

21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

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Yes

Page 4

•	1

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Part TV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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 If "Yes,"

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? If "Yes," answer lines 24b through 24d and

Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

No

Nο

Νo

Nο

orm	990 (2017)			Page 5
Par	t 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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 58			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
L	this return	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			140
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	_Ja		
_	Enter the amount of reserves on hand			
		i		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

	990 (2017)			Page C
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
13	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			

(17) KEITH IHMS

GOLF COURSE SUPERINTENDTENT

✓

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 . 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, or 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 director organization, more than \$10,000 of reportable co 											
List persons in the following order individual trus compensated employees, and former such persoi		rs, ınstı	itutioi	nal t	rust	tees,	offic	ers, key employee	s, highest		
\square Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any	current officer, dire	ector, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	pers and	an on on is a dir	e bo both	t chox, u h ar or/tr	inless office ustee	er	(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	
	line)	Individual trustee or director	Institutional Trustee	_	employee	Highest compensated employee					
(1) ANDREW DAVIS BOARD MEMBER (JAN-MAY)	5 0	х						C	0	0	
(2) RUTH HATCHER BOARD MEMBER	5 0	х						C	0	0	
(3) JIM ABRAHAMSON BOARD MEMBER	5 0	x						C	0	0	
(4) BOB BROOKS CHAIRMAN (JAN-JUNE)	10 0	x		х				C	0	0	
(5) JOHN NUTTALL BOARD MEMBER	5 0	x						C	0	0	
(6) RON STRATTON CHAIRMAN (JULY-DEC)	5 0	х		x				C	0	0	
(7) BRUCE PORTILLO BOARD MEMBER	5 0	х						C	0	0	
(8) PATRICK LAURY BOARD MEMBER	5 0	х						C	o	0	
(9) JOSHUA HART BOARD MEMBER	5 0	х						C	0	0	
(10) DAVID BRANDENBURG BOARD MEMBER	5 0	x						C	0	0	

5 0 (11) DAVID WHELCHEL Х 0 0 0 BOARD MEMBER 0 0 40 0 (12) THOMAS JUDSON PRESIDENT Х 237,915 0 34,827 0 0 40.0 (13) DWAIN MITCHELL Χ 106,753 29,802 TREASURER 0.0 40 0 (14) KYNDALL ARDOIN Х 38,783 0 6.724 SECRETARY (JAN-SEPT) 0 0 40 0 (15) LEIA BUSH Χ 10,469 SECRETARY (OCT-DEC) 0 0 40 0 (16) DOUG MCCASH Χ 106,609 30,368 LEGAL COUNSEL 0.0 40 0

Х

0 0

104.970

0

13,137

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

(A) (B) (C) (D) (E) (F)

Page 8

Section A. Officers, Directors	, musices, k	Cy LIII	PICY	CCS	, ai	iu ing	JIICS	st compensate	d Linployees (co	icinaeu)	
(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι n of	it ch unle ficei	eck moss person and a contract and a contract a contract and a contract a contract and a contract a contract a	son	(D) Reportable compensation from the organization (W	from related - organizations	Estim amount compe from	the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organiza rela organi:	
(18) FRANCIS TAGGART	40 0					×		109,0	58		13,380
DIRECTOR OF MAINT & CONSTR (19) TOMMY LEE	0 0 40 0							,		-	
						×		106,1	39		21,347
DIRECTOR OF FOOD & BEVERAGE (20) PHILIP WRIGHT	40 0									+	
DIRECTOR OF GOLF	0 0	••••				X		127,6	127,661		28,975
									_	1	
1b Sub-Total		<u> </u>	<u> </u>	<u> </u>		<u> </u> ▶					
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A				1			948,357	0		178,560
Total number of individuals (including but of reportable compensation from the organization)		those li	sted a	abov	/e) v	who re	ceive	ed more than \$10	00,000		
										Yes	No
3 Did the organization list any former office line 1a? <i>If "Yes," complete Schedule J for</i>	,	,	,		,	e, or h	_	est compensated	employee on	,	No
For any individual listed on line 1a, is the organization and related organizations grandividual	sum of reporta eater than \$150	ble com 0,000? 1	pens f "Ye	atio s," d	n ar com	nd othe plete S	er co Sche	ompensation from dule J for such	the	l Yes	
5 Did any person listed on line 1a receive of services rendered to the organization? If '								ganızatıon or ındı	vidual for	5	No
Section B. Independent Contractors										•	
Complete this table for your five highest from the organization. Report compensat										nsation	
Name and b	(A) ousiness address							Descr	(B) ription of services		C) nsation
BANK OF THE OZARKS, ATTN CORP TRUST PO BOX 8811 LITTLE ROCK, AR 72231								WATER BON	D		659,322
CENTRAL CONSTRUCTION GROUP, 200 RIVER MARKET AVENUE SUITE 502 LITTLE ROCK, AR 72201								CONSTRUCT	ION		567,416
CLINARD CONST MGMT INC, 615 N WALTON SUITE D BENTONVILLE, AR 727124574								CONSTRUCT	ION		195,600
DATA FORMS INC, PO BOX 88 GREENLAND, AR 72737								PRINTING			140,570

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 4

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co			ulata asluman (A)	
Section 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to any	-		olete column (A)	
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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0		g	
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, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	602,250	0	602,250	0
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	8,449,764	6,930,382	1,519,382	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	233,778	191,742	42,036	0
9 Other employee benefits	1,053,509	864,074	189,435	0
10 Payroll taxes	730,607	599,234	131,373	0
11 Fees for services (non-employees)				
a Management	0			
b Legal	37,879	31,068	6,811	0
c Accounting	64,391	0	64,391	0
d Lobbying	0			0
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	78,166	64,111	14,055	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	718,657	589,433	129,224	0
12 Advertising and promotion	249,213	204,401	44,812	0

631,831

266,562

1,463,673

40,162

187,370

2,658,681

1,456,445

1,194,750

743,962

237,336

328,437

21,948,330

520,907

0

0

518,219

218,631

1,200,485

32,940

187,370

2,180,614

1,194,556

979,918

743,962

194,660

269,383

17,622,424

427,241

113,612

47,931

263,188

478,067

93,666

261,889

214,832

42,676

59,054

4,325,906

0

7,222

0

0

0

0

0

0

0

0

0

0

0

0

Form 990 (2017)

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e 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 ▶ ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

22 Depreciation, depletion, and amortization .

19 Conferences, conventions, and meetings

21 Payments to affiliates . . .

expenses on Schedule O)

b MAINTENANCE AND REPAIRS

c GOLF MAINT EQUIP LEASE

a EQUIPMENT EXPENSE

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

14 Information technology

20 Interest . . .

23 Insurance . . .

d FUEL & OIL

e All other expenses

basis Complete Part VI of Schedule D

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

47.553.795

1,823,020

6,821,708

10c

19

20

21

23

24

26

27

28

29

30 0

31

32

33

34

0 22

0

0

0 25

11,227,254

56,507,869

56,507,869

67.735.123

53.006.478

0

0

0

0

0

0

56,939,840

56,939,840

66.492.473

Form **990** (2017)

9,552,633

1,141,517

5,909,811

Check if Schedule O contains a response or note to any line in this Part IX . (A) (B) Beginning of year End of year 2,421,692 1 14.624.207 2

1,910,298 Cash-non-interest-bearing . 8.851.750 Savings and temporary cash investments . . . 0

2 3 3 Pledges and grants receivable, net . . . n 971,278 4 Accounts receivable, net .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 0 5 II of Schedule L Loans and other receivables from other disqualified persons (as defined under

10a

10b

846,185 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

0 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . . 0

Assets 0 Inventories for sale or use . 491.489 8 400,732 208.854 9 290.946 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

103,693,905

50,687,427

Less accumulated depreciation 0 11 Investments—publicly traded securities . 11 1.076.617 922.257 Investments—other securities See Part IV, line 11 . 12 12 ٥ 0 13 13 Investments—program-related See Part IV, line 11 . 14 0 14 0 Intangible assets 387.191 15 15 263.827 Other assets See Part IV, line 11 . 66,492,473

67,735,123 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 2,582,526 17 2,501,305 18 0 18 Grants payable . . .

Page **12**

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

No

No

Form 990 (2017)

Form 990 (2017)

Schedule O

4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)	4	56,507,869		
5 Net unrealized gains (losses) on investments			5	-114,079
6 Donated services and use of facilities			6	
7 Investment expenses		•	7	

-	J J J J J J J J J J J J J J J J	_	/
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	

Par	XII Financial Statements and Reporting		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	56,939,840
9	Other changes in net assets or fund balances (explain in Schedule 0)	9	
8	Prior period adjustments	8	
7	Investment expenses	7	
0	Donated services and use of facilities	0	

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 71-0390240

Form 990 (2017)

Name: BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

Form 990, Part III, Line 4a: 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 13,559 HOUSEHOLDS, 27,734 NON-RESIDENT MEMBERS, AS WELL AS INNUMERABLE GUESTS AND VISITORS NOT FOR PROFIT OPERATED FOR THE PROMOTION OF SOCIAL WELFARE AND COMMON GOOD

Form 990, Part III, Line 4b: WATER DEPARTMENT. NOT FOR PROFIT WATER UTILITY SERVING MEMBERS OF THE PROPERTY OWNERS ASSOCIATION.

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

Form 990, Part III, Line 4c:

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

▶ 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. OMB No 1545-0047

DLN: 93493319082678

Open to Public

Department of the Treasury

(Form 990)

▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC 71-0390240 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? ☐ Yes ☐ No 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? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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 on Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

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

Cat No 52283D

Schedule D (Form 990) 2017

Sche	edule D	(Form 990) 2017							Page 2
Par	t IIII	Organizations M	aintaining Collection	ns of Art, Histori	ical Tre	easures,	or Other Similar /	Assets (cont	inued)
3		g the organization's acq s (check all that apply)	quisition, accession, and c	ther records, check	any of t	ne following	g that are a significant	use of its col	lection
а		Public exhibition		d		Loan or exc	change programs		
b		Scholarly research		e		Other			
С		Preservation for future	e generations						
4	Provi Part :		organization's collections	and explain how the	ey furthe	er the organ	nızatıon's exempt purp	oose in	
5			anization solicit or receiv nds rather than to be ma					☐ Yes	□ No
Pa	rt IV		todial Arrangements ganization answered "), Part I	V, line 9,	or reported an amo	ount on Forr	n 990, Part
1a		e organization an agent ded on Form 990, Part :	t, trustee, custodian or ot X?	her intermediary for	contrib	utions or ot	her assets not	☐ Yes	□ No
ь	If "Ye	es," explain the arrange	ement in Part XIII and co	mplete the following	table			Amount	
c		nning balance	- · · · · · · · · · · · · · · · · · · ·	,			1c		
d	Addıt	ions during the year					1d		
е	Dıstrı	ibutions during the year	r				1e		
f	Endır	ng balance					1f		
2a	Dıd tl	he organization include	an amount on Form 990	, Part X, line 21, for	escrow	or custodial	l account liability?	☐ Yes	□ No
b	If "Y∈		ement in Part XIII Check						
Pā	art V	Endowment Fun	ds. Complete if the or						
	D			urrent year (b)P	rior year	(c)Two	years back (d)Three y	rears back (e)	Four years back
	-	ning of year balance .							
		butions							
		vestment earnings, gair							
		or scholarships							
е		expenditures for faciliti ograms	es						
f		istrative expenses .							
		year balance							
2	Provi	de the estimated perce	entage of the current year	end balance (line 1	g, colum	n (a)) held	as		
a		d designated or quasi-e	Indownient P						
b	_	anent endowment >							
С		porarily restricted endov	wment ► a, 2b, and 2c should equa	1 100%					
3а	Are t orgar	here endowment funds nızatıon by	not in the possession of		t are he	d and adm	ınıstered for the		Yes No
		nrelated organizations					•	3a(i)	
L		related organizations .		as required on Caba				3a(ii)	
ь 4			ended uses of the organiz					. 30	
	rt VI	Land, Buildings,		Lation 5 endownient					
			ganization answered "	Yes" on Form 990), Part I	V, line 11	a. See Form 990, F	art X, line 1	.0.
	Descr	iption of property	(a) Cost or other basis (investment)	(b) Cost or other			ccumulated depreciation		Book value
	Land				21,353	,993			21,353,993
	Buildin				20,123		13,013,157	7	7,110,244
		nold improvements			•		. ,		
_	F	,		+	26 041	422	29 621 670	.	9 200 744

16,232,497

53,006,478

9,042,591

25,275,088

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

Part VII	Saa Form GGII Darf Y lina 17				
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		Method of valuation end-of-year market value
	al derivatives				
	Tied equity interests				
A)					
(B)					
(C)					
(D)					
(E)					
F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on (a) Description of investment		art IV, line		990, Part X, line 13. Method of valuation
	(a) bescription of investment	(0) 50	ok value		end-of-year market value
(1)					
(2)					
(3)					
4)					
5)					
6)					
(7)					
(8)					
(9) 「otal. (Colum	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answere	ed 'Yes' on Forr	n 990, Part	IV, line 11d See	Form 990, Part X, line 15
9) Total. (Column Part IX			n 990, Part	IV, line 11d See	Form 990, Part X, line 15 (b) Book value
9) Total. (Column Part IX 1)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Part IX 1) 2)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d See	
9) Total. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
(9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
9) Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answere (a) Description		m 990, Part	IV, line 11d See	(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization	on .			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answere (a) Description (b) must equal Form 990, Part X, col (B) line 15	on .			(b) Book value
(9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answere (a) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	on .	es' on Form		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 2) 3) 4) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) Fotal. (Column Part X 1.	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Donated services and use of facilities .

Recoveries of prior year grants . . .

Other (Describe in Part XIII) . . .

Add lines 2a through 2d .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 . .

Part XI

2

b

c d

е 3

Schedule D (Form 990) 2017

1

2e

3

-114,079

2,943,649

Page 4

2,829,570

22,494,380

4	Amounts included on Form 990, Part VIII, line 12, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	۱.					
b	Other (Describe in Part XIII)	,					
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		22,494,380
Par	t XII Reconciliation of Expenses per Audited Financial Statement: Complete if the organization answered 'Yes' on Form 990, Part IV,		•	ises per R	eturr	1.	
1	Total expenses and losses per audited financial statements			•	1		24,891,979
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						_
а	Donated services and use of facilities	۱.					
b	Prior year adjustments	,					
c	Other losses	;					
d	Other (Describe in Part XIII)	П		2,943,649			
е	Add lines 2a through 2d				2e		2,943,649
3	Subtract line 2e from line 1				3		21,948,330
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	١					
b	Other (Describe in Part XIII)	,					
С	Add lines 4a and 4b				4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .		 		5		21,948,330
Pai	t 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

Explanation

XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

Schedule D (Form 990) 2017

Page 5		Schedule D (Form 990) 2017			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

Additional Data

Software Version: **EIN:** 71-0390240

Software ID:

Name: BELLA VISTA VILLAGE PROPERTY OWNERS ASSOC

Supplemental Information

Return Reference

FORM 990, SCHEDULE D, PART X, LINE 2

Explanation 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 RE CORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Supplemental Information	
Return Reference	Explanation
FORM 990, SCHEDULE D, PART XI, LINE 2D	COST OF GOODS SOLD \$2,943,649

S

Supplemental Information	
Return Reference	Explanation
FORM 990, SCHEDULE D, PART XII, LINE 2D	COST OF GOODS SOLD \$2,943,649

efil	e GRAPHIC pr	int - DO NOT PROCESS As Fil	ed Dat	a -	DLN: 934	9331	9082	678
Sch	edule J	Compe	nsat	ion Information	OM	IB No	1545-0	0047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest						
				ated Employees vered "Yes" on Form 990, Part IV,	line 23.	20	17	7
_		· • • • • • • • • • • • • • • • • • • •	Attach	ı to Form 990.			to Pul	
•	tment of the Treasury al Revenue Service			l (Form 990) and its instructions i .gov/form990.	is at		ectio	
	me of the organiza	ation ROPERTY OWNERS ASSOC			Employer identificat	ion nu	ımber	
DEL	LA VISTA VILLAGE P	ROPERTT OWNERS ASSOC			71-0390240			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a		piate box(es) if the organization provide ection A, line 1a Complete Part III to pr						
		or charter travel		Housing allowance or residence for	•			
	_	companions	님	Payments for business use of person				
		nification and gross-up payments	片	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chauf	Teur, cner)			
b		kes in line 1a are checked, did the organ Il of the expenses described above? If "l			nent or reimbursement	1b		
2		ition require substantiation prior to reim es, officers, including the CEO/Executive			152	2		
	directors, truste	es, officers, including the CEO/Executive	Directo	r, regarding the items checked in line	: та			
3		If any, of the following the filing organization of the following the filing organization of the file of the following the file of the following the file of the f			ne			
	_	d organization to establish compensatio		•	n Part III			
	Compone:	ation committee	П	Written employment contract				
		ent committee ent compensation consultant	H	Compensation survey or study				
		of other organizations	<u></u>	Approval by the board or compensa	tion committee			
4		did any person listed on Form 990, Par	t VII, Se	ection A, line 1a, with respect to the fi	ling organization or a			
	related organiza							
a		ance payment or change-of-control payr				4a		No
b	•	rreceive payment from, a supplemental rreceive payment from, an equity-based	•	· ·		4b 4c		No No
С		of lines 4a-c, list the persons and provide		<u> </u>	: III	40		NO
	,	, , ,						
), 501(c)(4), and 501(c)(29) organi		•				
5		ed on Form 990, Part VII, Section A, line ontingent on the revenues of	1a, dıd	the organization pay or accrue any				
а	The organization	17				5a		No
b	Any related orga	anization? 5a or 5b, describe in Part III				5b		No
_	-	·	4	Ll				
6		ed on Form 990, Part VII, Section A, line ontingent on the net earnings of	ia, did	tne organization pay or accrue any				
a	The organization					6a		No
b	Any related orga	anization? 6a or 6b, describe in Part III				6b		No
7	•	ed on Form 990, Part VII, Section A, line	15 44	the organization provide any perfect	4			
,		ed on Form 990, Part VII, Section A, line escribed in lines 5 and 67 If "Yes," descr				7	Yes	
8		nts reported on Form 990, Part VII, paid litial contract exception described in Reg			escribe	8		No
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follow the re	buttable	presumption procedure described in	Regulations section	9		
For I	Danarwark Badı	ction Act Notice, see the Instruction	e for E	orm 990 Cat No 5	0053T Schedule 1	/Eorn	. 0001	2017

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

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISO	C compensation	(C) Retirement and	La, applicable column (D) (D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
1 THOMAS JUDSON PRESIDENT	(i)	200,152	36,400	1,363	9,183	25,644	272,742	0	
	(ii)	0	0	0	0	0	0	0	
2 PHILIP WRIGHT DIRECTOR OF GOLF	(i)	118,161	9,500	0	3,736	25,239	156,636	0	
	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2017 Page **3** 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 Return Reference Explanation SCHEDULE J, PART I, LINE 7 2017 BONUSES WERE DETERMINED AT THE DISCRETION OF THE GENERAL MANAGER. THESE WERE DETERMINED BASED ON INDIVIDUAL GOALS AND COMPANY IPERFORMANCE.

Schedule J (Form 990) 2017

ef	ile GRAPHIC print - DO	NOT PROCESS As	Filed Data -								DLN: 9	934933:	1908	2678			
(F	hedule K orm 990)	Su ▶ Complete if th	pplemental e organization ans explanations	990, Part information	[V, line 24	a. Provide de	scriptions,		OMB No 1545-0047 2017 Open to Public								
	artment of the Treasury rnal Revenue Service	▶Informatio	n about Schedule I	► Attach to Form 999 K (Form 990) and its		s is at <u>ww</u>	w.irs.gov/fo	<u>m990</u> .				en to Pu Inspectio					
	ne of the organization LA VISTA VILLAGE PROPERTY	OWNERS ASSOC							Emplo	yer iden	tıficatıo	n number					
									71-03	90240							
Р	art I Bond Issues	(1) 7 5701	A A CHICTR #	1 (1) 5			(0.5		1(15		(1.)		<i>(</i> '') <i>(</i>				
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue	price	(f) Description of purpose (g)		(g) De	(g) Defeased		bel				(i) Pool financing	
									Yes	No	Yes	No	Yes	No			
Α	BENTON COUNTY PUBLIC FACILITIES BOARD	71-0118700	08278ABE4	10-29-2014	7,2	98,254 RE	FUNDING			X		×		X			
Pa	Proceeds	1	•			·			I			· · · · · · · · · · · · · · · · · · ·					
						A		В	C				D				
1	Amount of bonds retired .					995,00	00										
	Amount of bonds legally de						0										
	Total proceeds of issue .					7,304,84	42										
4	Gross proceeds in reserve					334,00	_										
5	Capitalized interest from pi						0										
6	Proceeds in refunding escre					7,544,87	_										
7	Issuance costs from procee					63,7											
8	Credit enhancement from p						0										
9	Working capital expenditur						0										
10	Capital expenditures from						0										
11	Other spent proceeds						0										
12	Other unspent proceeds .						0										
13	Year of substantial complet	cion		• •	.,				., 1								
					Yes	No	Yes	No	Yes	No		Yes	-	No			
14	Were the bonds issued as p				Х												
15	Were the bonds issued as p					X											
16	Has the final allocation of p	proceeds been made?.			Х												
17	Does the organization mair proceeds?	ntain adequate books and	records to support t	he final allocation of	Х												
Pa	Tt IIII Private Busines					•			•								
						Α		В	C				D				
1	Was the organization a par financed by tax-exempt bo	tner in a partnership, or a	a member of an LLC,	which owned property	Yes	No X	Yes	No	Yes	No		Yes		No			
2	Are there any lease arrang property?	ements that may result ir	n private business us			Х											
For	Panerwork Reduction Act	Notice, see the Instruc	tions for Form 990	1	Ca	t No 5019	13 F			S	chedul	e K (Forn	n 990) 2017			

9

а

c

Part IV

Arbitrage

Does the bond issue meet the private security or payment test? . . .

Penalty in Lieu of Arbitrage Rebate? . . .

If "No" to line 1, did the following apply?

Rebate not due yet?

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

		A		В		C		I)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		×						
ь	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?								
С	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		0 %		•				
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								

Χ

Х

Х

Yes

No

C

No

Yes

Schedule K (Form 990) 2017

No

Yes

Х

No

Χ

Χ

Χ

Χ

Х

Α

Yes

Χ

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

requirements of section 148? . . .

Schedule K (Form 990) 2017

period?

5a

D

Yes

Page 3

Were gross proceeds invested in a guaranteed investment contract (GIC)?		x
Name of provider	0	
Term of GIC		
Was the regulatory safe harbor for establishing the fair market value of		

Yes

Nο

Yes

No

Yes

Yes

No

No

Yes

No

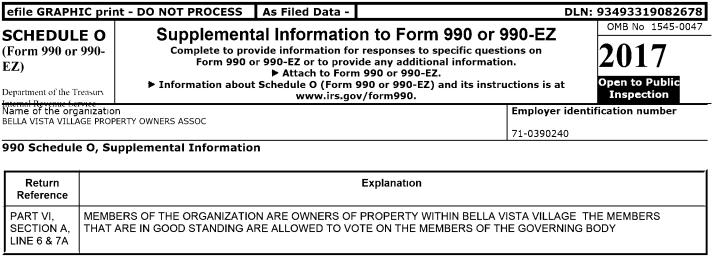
No

Yes

Χ

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	9349331	9082	2678
	EDULE M			loncash Contri	hutione		OMB No 1	.545-0	047
(For	m 990)		1	ioncasii contii	Dutions		20	1.5	7
		▶Complete if the	organizati	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 30.	20	1/	'
		► Attach to Form							
•	ment of the Treasury	▶Information abo	ut Schedu	le M (Form 990) and its i	nstructions is at <u>www.ir</u> .	s.gov/form990	Open to		
	al Revenue Service e of the organizat	lon				Employer identi	Inspe		
		OPERTY OWNERS ASSO	C				ilcation ii	unibe	
						71-0390240			
Ра	rt I Types	of Property	Ι			1			
			(a) Check if	(b) Number of contributions or	(c) Noncash contribution	Method	(d) of determi	nına	
			applicable	items contributed	amounts reported on	noncash cor			ts
					Form 990, Part VIII, line 1g				
1	Art—Works of art	t							
2	Art—Historical tr	easures .							
3	Art—Fractional in	nterests							
	Books and public								
5	Clothing and hou								
6	goods Cars and other v					+			
7	Boats and planes								
8	Intellectual prope								
9	Securities—Public	cly traded .							
10	Securities—Close	ely held stock .							
11	Securities—Partr								
12	or trust interest Securities—Misce								
13	Qualified conserv								
	contribution—Hi								
	structures .								
14	Qualified conserve contribution—Of								
15	Real estate—Res								
16	Real estate—Cor	mmercial	Х	1	170,00	соѕт			
17	Real estate—Oth	er							
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	al supplies .							
21	Taxidermy					+			
	Scientific specim								
	Archeological art					1			
	Other ► (
26	Other ▶ ()							
	Other ► (•							
	Other ▶ (•							
29				ition during the tax year for 3, Part IV, Donee Acknowled		29			
	Tor writer the org	janizacion completeu	FUITH 6263	s, Part IV, Donee Acknowled	gement			Yes	No
30a	During the year	. did the organization	receive by	contribution any property r	eported in Part I, lines 1 th	rough 28, that it		163	-110
554	must hold for at	least three years fro	om the date	of the initial contribution, a	and which is not required to		pt		İ
	purposes for the	e entire holding perio	d?				30a		No
b	If "Yes," describ	e the arrangement II	n Part II						
31	•	_		olicy that requires the reviev	v of any nonstandard contr	ibutions?	31		l No
	· · · · · · · · · · · · · ·	-		, ,	,				···
∍∠a		zation nire or use thi		or related organizations to so	onicit, process, or sell nonca	1511	32a		No
b	If "Yes," describ	e ın Part II							<u> </u>
33	If the organizati	on did not report an	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part	II							
For D	anerwork Peductic	on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271	Schadu	le M (Form	0001	(2017)

Schedule M (Form 990) (2017)				
Part II	Supplemental Info	rmation.		
	Provide the informat	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part		
	I, column (b), the nu	imber of contributions, the number of items received, or a combination of both. Also complete		
	this part for any add	itional information.		
Return Reference		Explanation		
		Schedule M (Form 990) (2017)		



Return Explanation
Reference

LINE 7B

PART VI, SECTION A, MEMBERS VOTE ON ASSESSMENTS, BOARD OF DIRECTORS, AND DECLARATION CHANGES

Return Explanation
Reference

PART VI, ORGANIZATION DOES NOT HAVE A COMMITTEE THAT CAN ACT ON BEHALF OF THE GOVERNING BODY SECTION A, LINE 8B

Return Explanation
Reference

PART VI, SECTION B, LINE 11B

990 Schedule O, Supplemental Information Return Explanation

Reference

PART VI,	CONFLICT OF INTEREST POLICY COVERS THE BOARD MEMBERS, OFFICERS, AND SENIOR STAFF MEMBERS
SECTION B,	WHENEVER ANY DIRECTOR OR OFFICER HAS A CONFLICT OF INTEREST, HE OR SHE IS TO NOTIFY THE BO
LINE 12C	ARD 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 NO
	T BE INVOLVED DURING BOARD OR COMMITTEE DISCUSSION OR DECISION ON THE MATTER FAILURE TO D
	I ISCLOSE A CONFLICT OF INTEREST IS SUBJECT TO THE DISCIPLINARY PROCEDURES

Return Explanation
Reference

PART VI,	COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS REVIEWED ANNUALLY BY IMMEDIATE SUPERVISOR, N
SECTION B,	EXT LEVEL SUPERVISOR, AND HUMAN RESOURCES THE INFORMATION USED IN THE REVIEW AND APPROVAL
LINE 15A &	PROCESS IS OBTAINED FROM THE HUMAN RESOURCES DEPARTMENT AND OUTSIDE SOURCES AND COMPARED
15B	TO SIMILAR POSITIONS FROM COMPARABLE ORGANIZATIONS

Return Explanation

Reference	
PART VI,	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE
SECTION C,	PUBLIC BY WEBSITE
LINE 19	