990 Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2008

Open to Public

		of the Treasury enue Service	 	The organization may have to use a copy of this reti	urn to satisfy state repo	rtıng requi	rements	ļ	Inspection
			ar year, o	tax year beginning	, 2008, and en	ding			, 20
В	Check	ıf applicable	Please	C Name of organization BELLA VISTA ANIMAL SH	ELTER, INC.			D E	mployer identification no.
	Addres	s change	use IRS tabel or	Doing Business As				71	-0782035
=	Name	change	print or type	Number and street (or P O box it mail is not delivered to street	address)	Room/su	nte	E T	clephone number
	Initial r	eturn	See	P.O. BOX 5248		_		(4	79) 855-6020
<u></u>	Termin	ation	Specific Instruc-	City or town, state or country, and ZIP + 4				G G	ross receipts \$
=	Amend	led return	tions.	BELLA VISTA, AR 72714					426,633
	Applica	ation pending	F Name	and address of principal officer		H(a) Is	this a grou	ip retum fo	or — —
			[V]	2 4			this a grou filiates?		
	Mebsit		X 501(c) (3) (insert no) 4947(a)(1) or 527		If'	e all affilia 'No," attac	halist (se	ee instructions)
		<u> </u>	Corporation	Trust Association Other	L Year of formation 1	005	oup exem		
_	rt I	Summa			L Tear of formation =	333	State of	iegai domi	idle
	1			ganization's mission or most significant activities	ANIMAL SHELTER	 R			
		, , ,		_					
A G	;								
t o	:					 .			
۷ e	2	Check this t	oox 🕨 🔙 ı	the organization discontinued its operations or dispo	sed of more than 25%	of its asse	ts		
t n	. 3	Number of v	oting men	ibers of the governing body (Part VI, line 1a) • • • •		• • • •	• • •	3	9
e n	4	Number of I	ndepende	nt voting members of the governing body (Part VI, line	ə 1b) • • • • • • •	• • • •	•••[4	8
S C	5	Total number	er of emplo	yees (Part V, line 2a)		• • • • •	• • • _	5	16
&	6	Total number	er of volun	eers (estimate if necessary) • • • • • • • • • • • • • • • • • • •		• • • • •	• • • [6	40
	7:			ousiness revenue from Part VIII, line 12, column (C)	• • • • • • • • • •	• • • •		7a	0
	-	b Net unrelate	d busines	s taxable income from Form 990 T. line 34		• • • • •	• • •	7b	0
R	١.	0		SS S		Prior	Year		Current Year
e	8			its (Part VIII) ine 1h) y · · · · · · · · · · · · · · · · · ·			111,		243,469
ė	9			ide (i dit priispine 29)			58,		54,043
n u	10			art VIII, columb (A) lines 3,4, and 7d)				589	(2,075)
е	11 12	Total reven	ue (Part V	III, column (A), [n] [6d; 8c, 9c, 10c, and 11e)	- 42)		31,		46,534
	13			es 8 through 11 (must equal Part VIII, column (A), lin		-	209,	124	341,971
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)							
E	15	, and the second of the second		681	131,985				
P	16		=	ng fees (Part IX, column (A), line 11e) · · · · · ·	55,00		101,	001	
e n	- 1			nses (Part IX, column (D), line 25) ▶	0			-	
s e	17			X, column (A), lines 11a-11d, 11f-24f) • • • • • •			83,	007	88,742
S	18			ines 13-17 (must equal Part IX, column (A), line 25)			185,		220,727
	19	•		es Subtract line 18 from line 12 · · · · · · · · ·	<u></u>		24,		121,244
Net	-	·				Beginnin	g of Yea	ır	End of Year
Asset or	^{ls} 20	Total assets	(Part X, I	ne 16)			321,	305	450,840
Fund Bal-	21	Total liabiliti	es (Part X	line 26) • • • • • • • • • • • • • • • • • • •	••••		1,	980	5,271
ances		Net assets of	or fund bal	ances Subtract line 21 from line 20 · · · · · ·			319,	325	445,569
Pa	rt II	<u> </u>							
		Under penalt and belief, it	les of penury	I declare that I have examined this return, including accompanying t, and complete, Declaration of preparer (other than officer) is based	schedules and statements, at	nd to the bes	t of my kno ny knowle	owledge dae	
		-1 il	1 de	Anight Eventual	11.26	, op a. o	,	. ۱۸ کر ا	111 110
Sig	n		CICHO	" ITUOJIO, A, XXCUTIVE UI	MUUN			لألا	-14-09
7 –		Signav	e of officer	RE KNIGHT EXECUTIVE	VE DIRECTO	nD		Date	
Hei	re	Turns a	ハトし		IN DIKKU	ソヘ			
<u> </u>			print name a	Da			Dranass	'a idoesis	no aurabar
⊆ ⊅Paid	ı	Preparer's	16		-14-2000 self-	_	(see inst	-	ng number
_	arer's	signature	73	BYRD & ASSOCIATES, LTD	-14-2009 employ		<u></u>		
-	Only	Erem's same		9200 SUITS US DR		EIN	_		
֡֝֟֝֟֝֟֝֝֟֝֝ ֡	-,	address, and		BELLA VISTA, AR 72714		Dhan	▶ 479-	876-5	500
水 lav	the IF	RS discuss this	return wit	the preparer shown above? (see instructions)		Phone no		3,0-5	
-				eduction Act Notice see the separate instructions					Yes X No

Briefly describe the organization's mission NITIMAL SIRELTER Del the organization undertake any significant program services during the year which were not listed on the prior Form 950 or 990-EZP If "Yes," describe these new services on Schedule O Did the organization ocase conducting, or make significant changes in how it conducts, any program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4 (Code) (Expenses \$ 220,727 moliding grants of \$) (Revenue \$) FIND GOOD/LOVING PERMANENT ROME b (Code) (Expenses \$ micluding grants of \$) (Revenue \$) Code) (Expenses \$ micluding grants of \$) (Revenue \$) Other program services (Describe in Schedulle O) (Expenses \$ including grants of \$) (Revenue \$)	Par	t III Statement of Program Ser	vice Accomplishments (see instructions)		
Did the organication undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these were view services on Schedule O Det the organization eases conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the catenity purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)3 and 501(c)4 pagnizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (Code) (Expenses S 220,727 micluding grants of \$) (Revenue \$) PROVIDE TEMPORARY SHELTER AND CARE FOR ANIMALS - FIND GOOD/LOVING PERMANENT HOME b (Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$) Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	1	Briefly describe the organization's mission			
the prior Form 990 ut 990 to 290 to 27 to 17 to 25 to		ANIMAL SHELTER			
the prior Form 990 ut 990 to 290 to 27 to 17 to 25 to					
the prior Form 990 ut 990 to 290 to 27 to 17 to 25 to					
the prior Form 990 ut 990 to 290 to 27 to 17 to 25 to				-	
the prior Form 990 ut 990 to 290 to 27 to 17 to 25 to		D 14h	and the state of t	lated a	
If "Yes," describe these new services on Schedule O Dd the organization ocase conducting, or make significant changes in how it conducts, any program services?	2		· · · · · · · · · · · · · · · · · · ·		
Dot the organization cease conducting, or make significant changes in how it conducts, any program services in services or ser		-		· · · · · · · · · · · · · · · · · · ·	X No
services?		If "Yes," describe these new services on Se	chedule O		
services?	3	Did the organization cease conducting, or	make significant changes in how it conducts, any progi	ram	
If Yes, 'describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 50 (10(3)) and 50 (10(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported a (Code					X No
Describe the exempt purpose achievements for each of the organizations three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported a (Code) (Expenses \$ 220,727 including grants of \$) (Revenue \$) PROVIDE TEMPORARY SHELTER AND CARE FOR ANIMALS - FIND GOOD/LOVING PERMANENT HOME b (Code) (Expenses \$ including grants of \$) (Revenue \$) Code (Code) (Expenses \$ including grants of \$) (Revenue \$) Code (Code) (Expenses \$ including grants of \$) (Revenue \$) Code (Code) (Expenses \$ including grants of \$) (Revenue \$) Code (Code) (Expenses \$ including grants of \$) (Revenue \$)				100	<u></u>) 110
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported a (Code) (Expenses \$ 220,727 including grants of \$) (Revenue \$) PROVIDE TEMPORARY SIBELTER AND CARE FOR ANIMALS - FIND GOOD/LOVING PERMANENT HOME b (Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$) d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)					
allocations to others, the total expenses, and revenue, if any, for each program service reported a (Code) (Expenses \$ 220,727 including grants of \$) (Revenue \$) PROVIDE TEMPORARY SHELTER AND CARE FOR ANIMALS - FIND GOOD/LOVING PERMANENT HOME b (Code) (Expenses \$ including grants of \$) (Revenue \$) C (Code) (Expenses \$ including grants of \$) (Revenue \$) d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4				
a (Code) (Expenses \$ 220,727 including grants of \$) (Revenue \$) PROVIDE TEMPORARY SHELTER AND CARE FOR ANIMALS — FIND GOOD/LOVING PERMANENT HOME b (Code) (Expenses \$ including grants of \$) (Revenue \$) c (Code) (Expenses \$ including grants of \$) (Revenue \$) d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)		Section 501(c)(3) and 501(c)(4) organization	ons and section 4947(a)(1) trusts are required to repor	t the amount of grants and	
PROVIDE TEMPORARY SHELTER AND CARE FOR ANIMALS - FIND GOOD/LOVING PERMANENT HOME b (Code) (Expenses \$ including grants of \$) (Revenue \$) c (Code) (Expenses \$ including grants of \$) (Revenue \$) d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)		allocations to others, the total expenses, a	nd revenue, if any, for each program service reported		
PROVIDE TEMPORARY SHELTER AND CARE FOR ANIMALS - FIND GOOD/LOVING PERMANENT HOME b (Code) (Expenses \$ including grants of \$) (Revenue \$) c (Code) (Expenses \$ including grants of \$) (Revenue \$) d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)					
PROVIDE TEMPORARY SHELTER AND CARE FOR ANIMALS - FIND GOOD/LOVING PERMANENT HOME b (Code) (Expenses \$ including grants of \$) (Revenue \$) c (Code) (Expenses \$ including grants of \$) (Revenue \$) d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4a	(Code) (Expenses \$	220.727 including grants of \$) (Revenue \$)
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)				, (1.0101100 \$,
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) ((Expenses \$ including grants of \$) (Revenue \$)		FIND GOOD/LOVING PERMANENT HO	OME		
d Other program services (Describe in Schedule O) ((Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) ((Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) ((Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) ((Expenses \$ including grants of \$) (Revenue \$)		· · · · · · · · · · · · · · · · · · ·			-
d Other program services (Describe in Schedule O) ((Expenses \$ including grants of \$) (Revenue \$)					·
d Other program services (Describe in Schedule O) ((Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) ((Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) ((Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) ((Expenses \$ including grants of \$) (Revenue \$)		***	· · · · · · · · · · · · · · · · · · ·		
d Other program services (Describe in Schedule O) ((Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) ((Expenses \$ including grants of \$) (Revenue \$)			······································		
d Other program services (Describe in Schedule O) ((Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)					-
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)				· 	
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)					
d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
(Expenses \$ including grants of \$) (Revenue \$)		, (2.22		, (,
(Expenses \$ including grants of \$) (Revenue \$)					
(Expenses \$ including grants of \$) (Revenue \$)					
(Expenses \$ including grants of \$) (Revenue \$)					
(Expenses \$ including grants of \$) (Revenue \$)					- · · —
(Expenses \$ including grants of \$) (Revenue \$)					
(Expenses \$ including grants of \$) (Revenue \$)					
(Expenses \$ including grants of \$) (Revenue \$)					
(Expenses \$ including grants of \$) (Revenue \$)					
(Expenses \$ including grants of \$) (Revenue \$)					
(Expenses \$ including grants of \$) (Revenue \$)					
(Expenses \$ including grants of \$) (Revenue \$)					
(Expenses \$ including grants of \$) (Revenue \$)					
(Expenses \$ including grants of \$) (Revenue \$)	4.4	Other program and the control of the	dula O)		
	4d	_			
e Total program service expenses > \$ 220,727 (Must equal Part IX, Line 25, column (B))		(Expenses \$ inc		ue \$)	
	4e	Total program service expenses > \$	220,727 (Must equal Part IX, Line 25,	column (B))	

Form 990 (2008) BELLA VISTA ANIMAL SHELTER, INC.

71-0782035

Page 2

Part IV **Checklist of Required Schedules** Yes No ts the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 4 Section 501(c)(3) organizations. Dig the organization engage in lobbying activities? If "Yes," complete Х 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Х 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, 11 X 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII - - - - • 12 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х Did the organization maintain an office, employees, or agents outside of the US? 14a Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I ------14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Х 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ... 22 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 Х 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 questions 24b-24d and complete Schedule K If "No," go to question 25 Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24đ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b Х 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27

71-0782035

COLL	1 990 (2000) BELLIA VISIA PATTEE CHESTER, INC.		<u>'</u> _	-90
Pa	rt IV Checklist of Required Schedules (continued)			-
	•		Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV · · · · · · · · · · · · · · · · · ·	28a		X
þ	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		λ
•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		}
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		2
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		2
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		>
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		>
1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		Σ
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35		۱ ا
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		۱ ک
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		γ
_	EEA	Form	990 (2	_

<u>Par</u>	t V Statements Regarding Other IRS Filings and Tax Compliance			
4.	Enter the number reported in Pay 2 of Form 1006. Applied Summany and Transmittal of		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 16			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	-
2a	Enter the number of employees reported on Form ŵ-3, Transmittal of Wage and Tax			-
	Statements, filed for the calendar year ending with or within the year covered by this return • • • • • 2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		, <u> </u>	
	this return?	3a	$oxed{oxed}$	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O • • • • • • • • • • • • • • • • • •	3b		
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		<u>X</u>
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank		39c \	
E	and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	$\vdash \vdash \vdash$	X
·	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible? • • • • • • • • • • • • • • • • • • •	6a	\vdash	X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? · · · · · · · · · · · · · · · · · · ·	6b		
	Organizations that may receive deductible contributions under section 170(c).		*.	
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·		3	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required? • • • • • • • • • • • • • • • • • • •	7h		X
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		- 22.	
	organization, have excess business holdings at any time during the year? • • • • • • • • • • • • • • • • • • •	8		X
	Did the organization make any taxable distributions under section 4966?	9a		v
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			ļ
	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)			L
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 12b			

Form 990 (2008)

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions Enter the number of voting members of the governing body 1a b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 2 Х 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 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Each committee with authority to act on behalf of the governing body? 8h X 9a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? 15a Other officers or key employees of the organization? 15b Describe the process in Schedule O (see instructions) 7990 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ORGANIZATON (479) 855-6020 PO BOX 5248 BELLA VISTA, AR 72714

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	rage Position			all th	nat apply)	Reportable	Reportable	Estimated
	hours per week	ltd nri dur ise vtc iet deo ur ao lr	l t n r s u t s ı t t e	Off-ce	K e	H ghest at ed	F	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RON KROLIKOWSKI			<u> </u>							
PRESIDENT	3			X			l	o		
MARTIN FYSH		Ĭ .								
VICE PRES	3			X				0		
EVELYN ESPE										
SECRETARY	3			X				0		
DEIDRE KNIGHT										
EXECUTIVE DIRECTOR	40		Ĺ	L	X	<u> </u>		16,154		
RANDY RANDALL										
DIRECTOR	1	X						0		
GENE KLIMCZAK									-	
DIRCETOR	1	X	<u> </u>					0		
MARGE SABATA										
DIRECTOR	1	X						0		
SHARON ULMET										
DIRECTOR	1	X						0		
DONNA MILES	_									
MANAGER	40				X	1		33,800		
PAT PERSHING										
DIRECTOR	1	X			L			0		
CHUCK SMITH										
TREASURER	3	1		X				0		
		+-	_	-	-					
		<u> </u>	_	-	<u> </u>	<u> </u>				
		 	-	-	\vdash					
					L	<u> </u>				
	1	1	İ		l					Ī

Pa	rt VII Section A. Officers, Directors, Trustees, Key	Employees	, and	Higi	nest	Cor	npensat	90	Employees (conti	ilueu)			
	. (A)	(B)	(C)			(D)	Œ)	1					
	Name and title	Average	Position (check all that apply)				Reportable	Reportable		Estimate	:d		
	hours apply)					Iv -	H c e F	\dashv	compensation	compensation		amount o	of
		per	l td	h t	P	e m	, om c	·	from	from		other	
		week	d ur	t u	f	y P	g p p r h e i r		the	related		compensa	
			Ytc	l s	! c	١ .	000	,	organization	organizations	j	from ti	
			d eo	u e t e	e r	y e	t ře		(W-2/1099-MISC)	(W-2/1099-MISC	"	organiz	
			u r a o	o n		е	e e	1				and rela	
			1 r	a								organiza	100113
				_	_			\dashv					
						l							
		-			<u> </u>	<u> </u>		4					
					<u> </u>	-		\dashv					
					<u> </u>	\vdash		\dashv					
								T					
					<u> </u>			\perp					
					ļ .	<u> </u>		4					
					-		-	┥			-		
					i								
								\dashv					
								-					
								_					
								-					
					├ _	<u> </u>	<u> </u>	4					
					i								
	Total · · · · · · · · · · · · · · · · · · ·		• • •	<u> </u>		<u> </u>		+	49,954		0		0
2	Total number of individuals (including those in 1a) who					_		tab		rom the			
	organization •			•	,	,			io componedion i				c
												Yes	No
3	Did the organization list any former officer, director or t	-				-					4		~
	employee on line 1a? If "Yes," complete Schedule J for										• • 3	<u> </u>	X
4	For any individual listed on line 1a, is the sum of report						•						
	the organization and related organizations greater than individual												<u>-</u> -
5	Did any person listed on line 1a receive or accrue comp										• 4		Х
•	services rendered to the organization? If "Yes," comple	•		-			_				. 5		X
Se	ction B. Independent Contractors	ne concadio											Δ.
1	Complete this table for your five highest compensated	ındependen	t contr	acto	ors th	nat re	eceived	mo	re than \$100,000	of			
	compensation from the organization								·				
	(A)								(B)			(C)	
	Name and business address					_			Description of s	ervices	Com	pensation	1
									<u> </u>				
									_				
									 				
									 				
2	Total number of independent contractors (including the	se in 1) who	recei	ved	mor	e the	an \$100	ეიი	D in	-			
	companyation from the organization							,	•				

Part VIII		/111	Statement of Revenue					
1		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nfts, ibguraiots	ther s.E.	1a b c d e f	Federated campaigns	8,741 211,451				
		h	Total. Add lines 1a-1f		243,469	,		<u> </u>
		22	ADOPTION INCOME	Business Code 900099	24,249	24,249	ten frage states strategy an exchange in	
	R		OTHER PROGRAMS	900099	29,794	29,794		
o r	· v	c						
g \	r e n	d						
a c		е						
		f	All other program service revenue • • • • • •					
		g	Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·	• • • • • • •	54,043	<i>></i>		> ,
		3	Investment income (including dividends, interest,	and				
			other similar amounts) • • • • • • • • • • • • • • • • • • •	• • • • • • •	2,397	2,397		
		4	Income from investment of tax-exempt bond proc					
		5	Royalties · · · · · · · · · · · · · · · · · · ·	<u> </u>				
		60	Gross Rents • • • • • • • •	(II) Personal	>* \$ *e	*	* *	
			Less rental expenses		(48.		« s	* *
			Rental income or (loss) • • •		- 1-4	* * * *	. «	* `
			Net rental income or (loss)		- - >			-
			Gross amount from sales of assets other than inventory (i) Secunities 74,333	(ii) Other	* *	` `	*	* % *
0		b	Less cost or other basis and sales expenses · · · · 78,805		, , ;	*	*	*
t		С	Gain or (loss) (4,472)	* * * * * * * * * * * * * * * * * * *	<u> </u>	\$	
h		d	Net gain or (loss)	· · · · · · • • • • • • • • • • • • • •	(4,472) (4,472)	<u> </u>
r		8a	Gross income from fundraising		, 4 5	` .	\$,
R			events (not including \$		٠,	,		
e			of contributions reported on line 1c)			,		!
۷			See Part IV, line 18 · · · · · · · a	50,551				
n			Less direct expenses · · · · · · · b	5,857	44 604	44 604		
u e			that madine of (1000) from fundationing events	· · · · · · • •	44,694	44,694		
·		9a	Gross income from gaming activities					Local
		h	See Part IV, line 19 · · · · · · · · · a Less direct expenses · · · · · · · b					
			•				· - ·- · · · · · · · · · · · · · · · · ·	
			Gross sales of inventory, less			,		}
			returns and allowances · · · · · · a					1
		b	Less cost of goods sold • • • • • • b		· · · · · · · · · · · · · · · · · · ·		- - -	
		С	Net income or (loss) from sales of inventory • •	• • • • • •				
			Miscellaneous Revenue	Business Code				
		11a	MISCELLANEOUS	900099	1,840	1,840		
		b						
		С						
			All other revenue	<u> </u>	<u> </u>			ļ
			Total. Add lines 11a-11d · · · · · · · · ·		1,840			
		12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8	3c,	341 0	00 500	_	_
		L	9c, 10c, and 11e • • • • • • • • • • • • • • • • • •	• • • • • • •	341,971	98,502	0	0

71-0782035

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	n (A) but are not requi	red to complete colun	nns (B), (C), and (D).	
	not include amounts reported on lines 6b, 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 governments and			general expenses	CAPCITICO
-	organizations in the U.S. See Part IV, line 21 · · · · ·				73
Ž	Grants and other assistance to individuals in				
_	the U S See Part IV, line 22 · · · · · · · · ·				
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·				
4	Benefits paid to or for members • • • • • • • • • • • • • • • • • • •				- · · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,		-		<u></u>
	trustees, and key employees	49,954	49,954		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages	69,412	69,412		
8	Pension plan contributions (include section 401(k)			1	
	and section 403(b) employer contributions) • • • • • •				
9	Other employee benefits	2,190	2,190		
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	10,429	10,429		
11	Fees for services (non-employees)				
а	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal				
C	Accounting	2,280	2,280		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 •		, 1, 1, 1, 1, 1,		
f	Investment management fees • • • • • • • • • • • • • • • • • •				
9	Other				
12	Advertising and promotion	1,154	1,154		
13	Office expenses	7,524	7,524		
14	Information technology				
15	Royalties · · · · · · · · · · · · · · · · · · ·	11 024	11 024		
16 47	Travel	11,824	11,824		
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·				
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates · · · · · · · · · · · · · · · · · · ·				
22	Depreciation, depletion, and amortization · · · · · ·			-	
23	Insurance · · · · · · · · · · · · · · · · · · ·	10,115	10,115		-
24	Other expenses Itemize expenses not		5 *		
	covered above (Expenses grouped together		*		
	and labeled miscellaneous may not exceed		*		
	5% of total expenses shown on line 25 below)				
а	OTHER	3,537	3,537		
b	SUPPLIES	2,711	2,711		
С	TELEPHONE	3,072	3,072		
d	VET & MEDICAL SUPPLIES	44,797	44,797		
е	VEHICLE EXPENSE	1,728	1,728		
f	All other expenses · · · · · · · · · · · · · · · · · ·				
25	Total functional expenses. Add lines 1 through 24f · ·	220,727	220,727	0	0
26	Joint Costs. Check here if following \ SOP 98-2 Complete this line only if the organization organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

71-0782035

Par	t X	Balance Sheet	·				
			(A)		-	B)	
	<u> </u>		Beginning of year		End o	f year	
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	32,791	1		37,0	
	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·	99,510	2		61,3	366
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key			<u> </u>		
		employees, or other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete					
		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	_		
A S	7	Notes and loans receivable, net		7			
s	8	Inventories for sale or use		8			
e	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·		9			
s	10a	Land, buildings, and equipment cost basis · · · · · 10a 319,364				1	
	b	Less accumulated depreciation Complete	* *				
	1	Part VI of Schedule D · · · · · · · · · · · 10b	152,075	10c		319,3	364
	11	Investments - publicly traded securities	-	11			
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · ·	36,929	12	_	33,0	80
	13	Investments - program-related See Part IV, line 11	-	13			
	14	Intangible assets • • • • • • • • • • • • • • • • • • •		14			
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	321,305	16		450,8	40
	17	Accounts payable and accrued expenses	1,980	17		5,2	271
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18		,	
L	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·	-	19			
i	20	Tax-exempt bond liabilities		20			
a b	21	Escrow account liability Complete Part IV of Schedule D		21			
į	22	Payables to current and former officers, directors, trustees, key					
i i		employees, highest compensated employees, and disqualified	~ / ·				٠
t		persons Complete Part II of Schedule L		22			
i e	23	Secured mortgages and notes payable to unrelated third parties		23			
s	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	1,980	26		5,2	271
		Organizations that follow SFAS 117, check here	· >				
N F	1	complete lines 27 through 29, and lines 33 and 34.	* .				
e u	27	Unrestricted net assets • • • • • • • • • • • • • • • • • • •	319,325	27	(445,5	69
t n	28	Temporarily restricted net assets		28	-		
A	29	Permanently restricted net assets		29			
s B		Organizations that do not follow SFAS 117, check here					
s a e i		and complete lines 30 through 34.					
t a	30	Capital stock or trust principal, or current funds		30			*
s n	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
o e	32	Retained earnings, endowment, accumulated income, or other funds • • • • • • • •		32	-		
r s	33	Total net assets or fund balances	319,325	33		445,5	69
	34	Total liabilities and net assets/fund balances	321,305	34		450,8	
Par	t XI	Financial Statements and Reporting			_		
		- manour oatomonio ana reporting				Yes	No
1	Accour	nting method used to prepare the Form 990 X Cash Accrual Other	er				
2a		he organization's financial statements compiled or reviewed by an independent account.			· · 2a		X
b		he organization's financial statements audited by an independent accountant?			2b	 	X
C		to lines 2a or 2b, does the organization have a committee that assumes responsibility for	or oversight of				
		lit, review, or compilation of its financial statements and selection of an independent acc			2c		
3a		sult of a federal award, was the organization required to undergo an audit or audits as s				- 	
		gle Audit Act and OMB Circular A-133?			• • За		X
b		" did the organization undergo the required audit or audits?			3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► \$

▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number Name of the organization BELLA VISTA ANIMAL SHELTER, INC. 71-0782035 Reason for Public Charity Status (All organizations must complete this paπ) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports h (vi) Is the Name of supported (ii) EIN (iv) Is the organization (iii) Type of organization (v) Did you notify (vii) Amount of organization in col in col (i) listed in your organization (described on lines 1-9 the organization in col support (i) organized in the above or IRC section governing document? (i) of your support? US? (see instructions)) Yes Yes No Yes No Total

Page 2

71-0782035 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (d) 2007 (a) 2004 (c) 2006 (e) 2008 Calendar year (or fiscal year beginning in) (b) 2005 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add imes 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage from 2007 Schedule A. Part IV-A. line 26f 15 % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the box on	ine 9 or Part I)					
	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	92,507	112,118	127,122	121,294	243,469	696,510
2	Gross receipts from admissions.						
_	merchandise sold or services						
	performed, or facilities furnished in any						
	activity that is related to the organization's tax-exempt purpose	48,805	59,483	103,674	90,227	100,577	402,766
	• • • • • • • • • • • • • • • • • • • •			, ,			
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's	,					
•	benefit and either paid to or expended on						
	its behalf						
_	The value of annual sefection						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge · · · · · · · ·						
6	Total. Add lines 1-5	141,312	171,601	230,796	211,521	344,046	1,099,276
		141,312	1/1,001		211,321	344,040	1,033,210
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons · · · · · · Amounts included on lines 2 and 3 received from						
D	other than disqualified persons that exceed the						
	greater of 1% of the total of lines 9, 10c, 11,	1					
	and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)			* ' ' *	* . `		1,099,276
Sec	tion B. Total Support			······································			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	141,312	171,601	230,796	211,521	344,046	1,099,276
10a	Gross income from interest, dividends,					,	
	payments received on securities loans,					j	
	rents, royalties and income from similar sources	581	4,565	7 407	7,589	(2,075	10 147
	Sources	361	4,363	7,487	7,369	(2,073	18,147
b	Unrelated business taxable income (less					I	
	section 511 taxes) from businesses	ł]			
	acquired after June 30, 1975 • • • • • • •						
С	Add lines 10a and 10b · · · · · · · · · · ·	581	4,565	7,487	7,589	(2,075	18,147
11	Net income from unrelated business	ŀ					
	activities not included in line 10b, whether or not the business is regularly					- 1	
	carried on					i	
40				-			
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV) · · · · · · · · · · · ·						
13	Total support. (Add lines 9, 10c, 11, and 12)						1,117,423
							1,117,423
14	First five years. If the Form 990 is for the organization						
_		<u> </u>			<u> </u>	• • • • • • • •	• • • • • •
	tion C. Computation of Public Support						
15	Public support percentage for 2008 (line 8, column (• • • • • • •	• • • • • •		98.38 _%_
16	Public support percentage from 2007 Schedule A, F			· · · · · · · · ·		16	%_
<u>Sec</u>	tion D. Computation of Investment Inco	ome Percenta	ige				
17	Investment income percentage for 2008 (line 10c, co	olumn (f) dıvıded l	by line 13, colun	nn (f))		17	1.62 %
18	Investment income percentage from 2007 Schedule	A, Part IV-A, line	27h • • • •	• • • • • • • •		18	%
19a	33 1/3% support tests - 2008. If the organization did	not check the bo	x on line 14, and	d line 15 is more	than 33 1/3%, a	nd line 17 is	
	not more than 33 1/3%, check this box and stop her					• • • • • •	· · · · • 🗓
b	33 1/3% support tests - 2007. If the organization did				-	3 1/3%, and line	
	is not more than 33 1/3%, check this box and stop h						··· · · > 🗀
20		=			=		
	Private Foundation: If the organization did not chec	A a DOX OH HITE 14	, 13a, UL 19D, C	HECK INIS DOX and	a see m <u>struction</u>	<u> </u>	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public

Name	of the organization	Employer identification number
BEL	LA VISTA ANIMAL SHELTER, INC.	71-0782035
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or the organization answered "Yes" to Form 990, Part IV, line 6	Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year • • • • • • • • • • • • • • • • • • •	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year) · · · · · ·	
4	Aggregate value at end of year · · · · · · · ·	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control? • • • • • • • • • • • • • • • • • • •	- · · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor or other	
	Impermissible private benefit? • • • • • • • • • • • • • • • • • • •	• • • • • • • Yes No
Par	til Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	V, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	mportant land area
	Protection of natural habitat Preservation of certified histo	ric structure
	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation	on easement
	on the last day of the tax year	
		Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06 · · · · · · · · · · · · [2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organic	zation during
	the taxable year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and	
	enforcement of the conservation easements it holds? • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense staten	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements tha	t describes
	the organization's accounting for conservation easements	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Oth Complete if the organization answered "Yes" to Form 990, Part IV, line 8	er Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance s	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 XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet	et works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public exhibition, education, or research in furtherance of public exhibition.	public service,
	provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	• • • • • ▶ \$
	(ii) Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
	following amounts required to be reported under SFAS 116 relating to these items	
	Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	• • • • • • • • •
b	Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	· · · · · > \$

EEA

	t	Organizations Maintaining								Ass	ets (contin	ued)
3	Usţn	the organization's accession and other re	cords, che	ck any of	the followin	g that are	e a significant	use of	its collection			
		(check all that apply)										
а	\Box F	ublic exhibition	d	Loa	n or exchan	ge progra	ams					
þ		scholarly research	е	Oth	er				_			
С	<u></u>	reservation for future generations							<u>-</u>			
4	Prov	de a description of the organization's colle	ctions and	explain h	ow they furt	her the o	rganization's	exempt	purpose in			
	Part :	KIV										
5	Durir	g the year, did the organization solicit or re	ceive dona	ations of a	art, historica	i treasure	es, or other si	mılar				
		s to be sold to raise funds rather than to be									Yes	No
Par	t IV	Trust, Escrow and Custodi										
		Part IV, line 9, or reported an amour										
1a		organization an agent, trustee, custodian										
	ınctu	ded on Form 990, Part X?									Yes	No
b	If "Ye	s," explain the arrangement in Part XIV an	d complete	the follo	wing table							-
										Amou	nt	
С	Begii	nning balance						· · 10	;			
d		ions during the year							-			
θ	Distr	butions during the year • • • • • • •						. 1e				
f	Endu	ng balance · · · · · · · · · · · · · · · · · · ·		. .				· · 1f				
2a		ne organization include an amount on Form									Yes	No
ь			1 330, 1 ait	X, IIIC 2	,, , , , ,							
	b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10											
Pai	τν	Endowment Funds. Complete		-	T			_			(a) Fa Va	
1a	Regu	nning of year balance	(a) Curre	nt Year	(b) Prior	r Year	(c) Two Year	s Back	(d) Three Years E	Jack	(e) Four Yea	rs Back
_		ributions · · · · · · · · · · · ·			· · ·		*	<u>, , , ,</u>			* *	,
b						. , ;	· · · · · · · · · · · · · · · · · · ·	\$.		-+		·
С		tment earnings or losses	-		 		. *				 	
d		ts or scholarships				* 4	11.3.14			\longrightarrow	* *	*
е		r expenditures for facilities			, ")	. \$ \$.	, "×	*				;
		programs • • • • • • • • • • • • • • • • • • •										
f		nistrative expenses • • • • • • • • • • • • • • • • • •									x .	
g		of year balance			<u> </u>		,*	~ 3			e 3- e	<u>, i</u>
2	Prov	de the estimated percentage of the year er	nd balance	held as								
а	Boar	d designated or quasi-endowment		_ %								
, b	Perm	anent endowment %										
C	Term	endowment ▶ %										
3a	Are t	nere endowment funds not in the possession	on of the or	ganizatio	n that are h	eld and a	dministered f	for the				
	orgai	nization by									Yes	s No
	(i) u	nrelated organizations									3a(i)	
	(ii) r	elated organizations									3a(ii)	
b	If "Ye	s" to 3a(ii), are the related organizations lis	sted as requ	uired on	Schedule R	?					3b	1
4		ribe in Part XIV the intended uses of the or										
Par	t VI	Investments - Land, Buildin				e Form 99	90 Part X lin	e 10				
1 41			-							T		
		Description of investment	(a)	Cost or oth	L		t or other	(C)	Depreciation		(d) Book valu	1e
1a	Land			(41462011	V()	Dasis	(other)		-	 -		
b		ings · · · · · · · · · · · · · · · · · · ·								+-		
		ehold improvements	<u> </u>							+		
, C		•	∐ `							+		
d		oment ······	;;∵├─	 .	210 264					+		0.364
e Tatal		r · · · · · · · · · · · · · · · · · · ·			319,364	10(-))				┼		9,364
otal	. Add	lines 1a-1e (Column (d) should equal For	m 990, Par	t X, colun	nn (B), line	IU(C))	• • • • • •	<u> </u>	· · · · · · •	Щ.		9,364

uncertain tax positions under FIN 48

Part VII	Investments - Other Secur	<u>ities. See</u>	Form 990, Part X, line 12			
	(a) Description of security or category		(b) Book value	(c) Method of valuate	on	
	(including name of security)			Cost or end-of-year marke	t value	
Financial der	rivatives and other financial products -	••••				
Closely-held	equity interests					
Other						
MUTUAL FU	INDS NATIONAL FINANCIA		33,080	Cost		
						
Total (Column	(b) should equal Form 990, Part X, col (B) line 12)	<u> </u>	33,080	4	·- , ·· · · · · · · · · · · · · · · · · · ·	
Part VIII	Investments - Program Re	See hatel			<u></u> *	
T dit Viii	(a) Description of investment type	iateu.	(b) Book value	(c) Method of valuate	100	
	(a) Description of investment type		(b) book value	Cost or end-of-year market value		
				Cost of end-of-year marke	t value	
					 	
						
						
	(b) should equal Form 990, Part X, col (B) line 13)			<u> </u>		
Part IX	Other Assets. See Form 990, P	art X, line 15				
		(a) Desc	enption		(b) Book value	
		•				
	· · · · · · · · · · · · · · · · · · ·					
Total (Column	(b) should equal Form 990, Part X, col (B) line 15)					
Part X	Other Liabilities. See Form 990		25			
I alt X		7.7 (1.17)				
Federal incor	(a) Description of liability		(b) Amount	-		
ederal incol	THE LAXES			-		
				4		
				-		
				4		
				_		
				_		
				_		
				7		
				7		
Total. (Column	(b) should equal Form 990, Part X, col (B) line 25)	•		7		
	provide the text of the footnote to the organic		angual statements that range	to the assessment only liability for		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, tines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, tine 6a.

Open to Public Inspection

Name of the organization						Employer ider	tification number
BELLA VISTA ANIMAL SHELTER, INC.						71 <u>-0</u>	782035
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17							
1 Indicate whether the organization raised fu	nds throug	h any of the f	ollowing ad	ctivities Check all that a	apply		
a Mail solicitations	· · · · · · · · · · · · · · · · · · ·						
b Email solicitations		f 🗍	Solicitation	of government grants			
c Phone solicitations				ndraising events			
d In-person solicitations							
2a Did the organization have a written or oral	agreement	with any indi	vidual (incl	uding officers, directors	, trustees		
or key employees listed in Form 990, Part	VII) or entity	y in connection	on with pro	fessional fundraising ac	tivities?	Ye	es 🗌 No
b If "Yes," list the ten highest paid individuals	or entities	(fundraisers)) pursuant	to agreements under w	hich the fu	ındraiser is	
to be compensated at least \$5,000 by the	organizatioi	n Form 990-	EZ filers ar	e not required to compl	ete this ta	ble	
(i) Name of individual (i) or entity (fundraiser)	Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(or reta	unt paid to sined by) er listed in	(vi) Amount paid to (or retained by) organization
		Yes	No	 		ol (i)	
		165					
			 		_		
	•						
	-						
					_		
			<u> </u>		<u>-</u>		
			 	 			
	 		L	 			
Total · · · · · · · · · · · · · · · · · · ·			▶				
3 List all states in which the organization is re	gistered or	licensed to s	olicit funds	or has been notified it	s exempt	from	
registration or licensing	J.2.3.22 01			soon notined it			
, ,							
			_				
							

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form 99				ted		
R			(a) Event #1 GOLF TOUR	(b) Event #2 TASTE	(c) Other Events		otal Events	
Ce>ecse	1 2	Gross receipts	(event type) 22 , 473	(event type) 15 , 131	(total number)		50,5	51
D	3	Gross revenue (line 1 minus line 2)	22,473	15,131	12,947		50,5	51
r e	4	Cash prizes · · · · · · · · ·						
c t	5	Non-cash prizes • • • • • •	."					
E x p	6	Rent/facility costs • • • • • • •						
e n s	7	Other direct expenses · · · -	3,964	1,893			5,8	
e s	8 9	Direct expenses summary Add line Net income summary Combine line	•				5,8 44,6	57)
Pa	rt III					<u> </u>	44,0	
		than \$15,000 on Form 990-EZ						
Revecue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming		gaming (Ad hrough col	
ü e	1	Gross revenue						
Direct	2	Cash prizes · · · · · · · · · · · · · · · · · · ·						
	3	Non-cash prizes · · · · · ·						
Шхоес мем	4	Rent/facility costs					<u></u>	
e s	5	Other direct expenses	Yes %	No.	V 0/			
	6	Volunteer labor	Yes %	Yes %	Yes %	*	•	
	7	Direct expense summary Add lines		• • • • • • • • • • • • • • • • • • • •		()
\Box	8	Net gaming income summary Com	bine lines 1 and 7 in colum	nn (d) • • • • • • •	• • • • • • • • •	<u> </u>	1	
9 a		er the state(s) in which the organization organization licensed to operate g					Yes Da	No
b		lo," Explain	•					
		re any of the organization's gaming	licenses revoked, suspend	ed or terminated during the	e tax year?)a	-
Đ		es," Explain						
11 12		es the organization operate gaming a ne organization a grantor, benefician					11	<u> </u>
		ned to administer charitable gaming				1	12	İ

							
F		2008 PG01					
Name(s) as shown on return			FE	IN	ł		
BELLA VISTA ANIMAL SHELT	TER, INC.			71-0782035			
Form 990, Schedule D, Part VI, Line 1e Statement #D1e Investments - Other							
Description	Cost/basis	Cost/basis			Book		
of Investment	(Investment)	(Other)	Depr		Value		
EQUIPMENT	8,150	0		0	8,150		
BUILDING	311,214	0		0	311,214		
Total	319,364	0		0	319,364		
	=====						