

A For the 2024 calendar year, or tax year beginning, 2024, and ending, 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization **BELLA VISTA ANIMAL SHELTER INC**
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 5248
City or town, state or province, country, and ZIP or foreign postal code
BELLA VISTA, AR 72714

D Employer identification number
71-0782035
E Telephone number
(479) 855-6020
G Gross receipts
\$ **434,379**
H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **N/A**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **1995**

M State of legal domicile: **AR**

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	ANIMAL SHELTER
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 12
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5 11
	6	Total number of volunteers (estimate if necessary)	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
Revenue	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0
	8	Contributions and grants (Part VIII, line 1h)	Prior Year 452,119 Current Year 394,072
	9	Program service revenue (Part VIII, line 2g)	20,500 19,395
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,938 20,912
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
Expenses	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	474,557 434,379
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	253,471 323,118
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	94,451 98,899
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	347,922 422,017
	19	Revenue less expenses. Subtract line 18 from line 12	126,635 12,362
	20	Total assets (Part X, line 16)	Beginning of Current Year 1,166,967 End of Year 1,598,116
	21	Total liabilities (Part X, line 26)	86,182 570,821
	22	Net assets or fund balances. Subtract line 21 from line 20	1,080,785 1,027,295

Part II Signature Block

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

Sign Here

NANCY CULLINS
Signature of officer

Date

NANCY CULLINS, OFFICER
Type or print name and title

Paid Preparer Use Only

Preparer's name
Paul M Byrd, Jr

Preparer's signature
Paul M Byrd, Jr

Date
07-18-2025

Check ☐ if self-employed PTIN
P01450577

Firm's name
BYRD AND MASSEY CPA INC

Firm's EIN
479-876-5599

Firm's address
**2848 BELLA VISTA WAY
Bella Vista AR 72714**

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2024)

EEA