STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

Arizona Corporation Commission

00163466

1-7-1999

DUE ON OR BEFORE 01/30/1999 **FY98-99** **FILING FEE** $10.00

The following information is required by A.R.S. §10-1622 & §10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §10-121.A. & §10-3121.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

-0187071-1

1. MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTE
% WILLIAM W DON CARLOS
13802 W MEEKER BLVD
SUN CITY WEST, AZ 85375

RECEIVED
JUN 21 2000
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone:_____ (Business phone is optional.)
State of Domicile: **ARIZONA** Type of Corporation: **NON-PROFIT**

RECEIVED
APR 21 2000
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

2. Arizona Statutory Agent: **WILLIAM W DON CARLOS**
Street Address: **13802 W MEEKER BLVD**
(NOT P.O. BOX)
City, State, Zip: **SUN CITY WEST** **AZ 85375-**

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

_____
Signature of *new* Statutory Agent

ACC USE ONLY

Fee $ 10.00
Penalty $____
Reinstate $_____
Expedite $_____
Resubmit $_____

3. Secondary Address: CO1195
(Foreign Corporations are **REQUIRED** to complete this section.)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

__ 1. Accounting
__ 2. Advertising
__ 3. Aerospace
__ 4. Agriculture
__ 5. Architecture
__ 6. Banking/Finance
__ 7. Barbers/Cosmetology
__ 8. Construction
__ 9. Contractor
__ 10. Credit/Collection
__ 11. Education
__ 12. Engineering
__ 13. Entertainment
__ 14. General Consulting
__ 15. Health Care
__ 16. Hotel/Motel
__ 17. Import/Export
__ 18. Insurance
__ 19. Legal Services
__ 20. Manufacturing
__ 21. Mining
__ 22. News Media
__ 23. Pharmaceutical
__ 24. Publishing/Printing
__ 25. Ranching/Livestock
__ 26. Real Estate
__ 27. Restaurant/Bar
__ 28. Retail Sales
__ 29. Science/Research
__ 30. Sports/Sporting Events
__ 31. Technology(Computers)
__ 32. Technology(General)
__ 33. Television/Radio
__ 34. Tourism/Convention Services
__ 35. Transportation
__ 36. Utilities
__ 37. Veterinary Medicine/Animal Care
__ 38. Other _____

NON-PROFIT CORPORATIONS

1. __ Charitable
2. __ Benevolent
3. __ Educational
4. __ Civic
5. __ Political
6. __ Religious
7. __ Social
8. __ Literary
9. __ Cultural
10. __ Athletic
11. __ Science/Research
12. X Hospital/Health Care
13. __ Agricultural
14. __ Animal Husbandry
15. __ Homeowner's Association
16. __ Professional, commercial industrial or trade association
17. __ Other_____

5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)
Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized | Class | Series Within Class (if any)

Number of Shares/Certificates Issued | Class | Series Within Class (if any)

6. SHAREHOLDERS: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)
List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation.

NONE ☒

Name: _____ **Name:** _____

Name: _____ **Name:** _____

7. OFFICERS (If no changes since last report, check here __ and go on to Section 8.)

Name: J DONALD LARKIN
Title: PRESIDENT/CEO
Address: 6313 E SANDRA TER
SCOTTSDALE, AZ 85254-
Date taking office: 12/06/1995

Name: _____
Title: _____
Address: _____
Date taking office: _____

Name: SUE LARKIN
Title: SECRETARY
Address: 6313 E SANDRA TER
SCOTTSDALE, AZ 85254-
Date taking office: 12/06/1995

Name: ROBERT DILLARD
Title: TREASURER
Address: 20279 N 52ND DR
GLENDALE, AZ 85302-
Date taking office: 12/06/1995

8. DIRECTORS (If no changes since last report, check here __ and go on to Section 9.)

Name: KRISTIN BARRETT
Address: 1425 E DESERT COVE #38
PHOENIX, AZ 85020-
Date taking office: 03/01/1997

Name: DON CROSS
Address: 77 E MISSOURI #1
PHOENIX, AZ 85012-
Date taking office: 03/01/1993

Name: GERALD H HEUETT JR
Address: 2643 E UNIVERSITY
PHOENIX, AZ 85034-
Date taking office: 03/01/1997

Name: DAN KAMMRATH
Address: 21616 N 58TH DR
GLENDALE, AZ 85308-
Date taking office: 12/01/1994

MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTER, INC.
BOARD OF DIRECTORS

Kristin Barrett
1425 E. Desert Cove #38
Phoenix, AZ 85020

Don & Jan Cross
77 E. Missouri, #1
Phoenix, AZ 85012

Marilynn Czerny
902 W. Glendale Ave. #115
Phoenix, AZ 85021

Bob & Linda Dillard
20279 N. 52nd Dr.
Glendale, AZ 85308

Dan & Cindy Kammrath
21616 N. 58th Dr.
Glendale, AZ 85308

Don and Sue Larkin
6973 W. Firebird Dr.
Glendale, AZ 85308

Chris Maple
4356 W. Kimberly Way
Glendale, AZ 85308

Larry & Christine Mesler
Mesler's Auction House of Scottsdale
2200 N. Scottsdale Rd.
Suite C
Scottsdale, AZ 85257

Timothy K. Peterson
~~1618 W. University Dr. #133~~ 2449 Chambers St.
~~Tempe, AZ 85281~~ Phoenix 85040

ARIZONA FORM **99**

Arizona Exempt Organization Annual Information Return

1996

For calendar year 1996 or taxable year beginning 10/1, 1996, ending 9/30, 1997.

CHECK ONE: Original [X] Amended [ ]

CHECK ONE: Calendar year [ ] Fiscal year [X]

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

Please print or type

Name: MINGUS MOUNTAIN ESTATE RESIDENTIAL CNTER

Number and street: 10451 PALMERAS DRIVE #105

City or town, state and ZIP code: SUN CITY, AZ 85373

Business telephone number

Federal employer ID number: 86-0551514

AZ withholding tax number: 07-320701J

AZ transaction privilege tax number

NOTE: If total income does not exceed $25,000, this return is not required.

For DOR use only

88

81 66

Check box if: [X] This is a first return [ ] Name change [ ] Address change

Information

A Date Arizona operations began 1986

B Date of letter granting exemption from Arizona income tax

C Nature of business income activity THRIFT SHOP

D If you file an Arizona Form 99T, enter total income from Form 99T, line 3 $

E Check federal form filed: 990 [X] 990BL [ ] Other, specify

Enclose copy of federal form with this return.

Sources of Income	1	Gross sales or receipts from business activities	1	108,872 00		
	2	Less: Cost of goods sold or of operations - *attach itemized statement*	2	57,205 00		
	3	Gross profit from business activities - *subtract line 2 from line 1*	3	51,667 00		
	4	Interest	4	8,192 00		
	5	Dividends	5	00		
	6	Rents and royalties	6	00		
	7	Gain (or loss) from sale of assets, excluding inventory items	7	00		
	8	Dues, assessments, etc., from members	8	00		
	9	Dues, assessments, etc., from affiliated organizations	9	00		
	10	Contributions, gifts, grants, etc., received	10	612,577 00		
	11	Other income - *attach itemized statement* GOVT...CONTRIBUTIONS	11	2,065,871 00		
	12	Total income - *add lines 3 through 11*			12	2,738,307 00
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	13	52,369 00		
	14	Salaries and wages - *other than amounts included on line 2*	14	180,663 00		
	15	Interest	15	7,442 00		
	16	Taxes	16	35,632 00		
	17	Rent expense	17	6,095 00		
	18	Depreciation - *attach schedule*	18	5,668 00		
	19	Miscellaneous expenses - *attach itemized statement*	19	155,590 00		
	20	Total expenses - *add lines 13 through 19*			20	443,459 00
Disbursements from Current Income for the Organization's Exempt Purposes	21	Dues, assessments, etc., to affiliated corporations	21	00		
	22	Contributions, gifts, grants, etc., paid	22	00		
	23	Benefit payments to or for members or their dependents:				
		a. Death, sickness, hospitalization, disability, or pension benefits	23a	00		
		b. Other benefits	23b	00		
	24	Dividends and other distributions to members, shareholders, or depositors	24	00		
	25	Other	25	1,895,915 00		
	26	Total - *add lines 21 through 25*			26	1,895,915 00
Disbursements from Principal for the Organization's Exempt Purposes	27	Dues, assessments, etc., to affiliated corporations	27	00		
	28	Contributions, gifts, grants, etc., paid	28	00		
	29	Benefit payments to or for members or their dependents:				
		a. Death, sickness, hospitalization, disability, or pension benefits	29a	00		
		b. Other benefits	29b	00		
	30	Dividends and other distributions to members, shareholders, or depositors	30	00		
	31	Other	31	00		
	32	Total - *add lines 27 through 31*			32	00
Other	33	Other disbursements not itemized above - *attach schedule*			33	6,387 00
Accumulation of Income	34	Accumulation of income in current year - *line 12 minus the sum of lines 20, 26, 32, and 33*			34	392,546 00
	35	Accumulation of income at beginning of year			35	00
	36	Accumulation of income at end of year - *add lines 34 and 35*			36	392,546 00
Penalty	37	Penalty for late filing or incomplete filing ($500.00)			37	00

THE EXEMPT ORGANIZATION IS SUBJECT TO A $500 PENALTY IF THIS RETURN IS FILED LATE OR HAS NOT BEEN COMPLETED. ARS SECTION 42-136J

Schedule A Balance Sheet

Note: *Amounts used in attached schedules and in description column should be end of year amounts.*			(a) Beginning of year			(b) End of year	
Assets							
A1 Cash			47,871	00	A1	171,587	00
A2 a Accounts receivable	A2a	290,524 00	203,427	00	A2c	290,524	00
b Less: allowance for doubtful accounts	A2b	00					
A3 a Other notes and loans receivable - *attach schedule*	A3a	00		00	A3c		00
b Less: allowance for doubtful accounts	A3b	00					
A4 Inventories				00	A4		00
A5 Investments - securities - *attach schedule*				00	A5	81,432	00
A6 Investments - other - *attach schedule* MONEY MARKET			41,155	00	A6	4,650	00
A7 a Land, buildings, and equipment; basis	A7a	825,235 00					
b Less: accumulated depreciation - *attach schedule*	A7b	242,449 00	331,971	00	A7c	582,786	00
A8 Other assets - *describe* DEPOSITS				00	A8	5,531	00
A9 **Total assets - *add lines A1 through A8***			624,424	00	A9	1,136,510	00
Liabilities							
A10 Accounts payable and accrued expenses			240,851	00	A10	261,013	00
A11 Mortgages and other notes payable - *attach schedule*			57,475	00	A11	172,364	00
A12 Other liabilities - *describe*			89,117	00	A12	73,606	00
A13 **Total liabilities - *add lines A10 through A12***			387,443	00	A13	506,983	00
Net Assets							
A14 Capital stock or trust principal				00	A14		00
A15 Paid-in or capital surplus				00	A15		00
A16 Retained earnings or accumulated income			236,981	00	A16	629,527	00
A17 **Total net assets - *add lines A14 through A16***			236,981	00	A17	629,527	00
A18 **Total liabilities and net assets - *add lines A13 and A17***			624,424	00	A18	1,136,510	00

Certification 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 a true, correct, and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign here

Signature of officer | Date | Title

Paid Preparer's Use Only

Preparer's signature | Date

MCCONACHIE & MOORE | 86-0744156

Firm's name (or preparer's, if self-employed) | Preparer's TIN

17220 BOSWELL BLVD, #109, SUN CITY, AZ | 85373

Firm's address | ZIP code

MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTER, INC.
FORM 99
SEPTEMBER 30, 1997

LINE 2 – COST OF OPERATIONS – THRIFT SHOP

COMMISSION – PENNYWISE	22,499
OUTSIDE SERVICES	1,982
GENERAL MAINTENANCE	351
RENT	24,666
TELEPHONE	842
PROMOTION	1,044
SUPPLIES	855
UTILITIES	4,966
TOTAL	57,205

LINE 19 – MISCELLANEOUS EXPENSES

OTHER EMPLOYEE BENEFITS	23,668
ACCOUNTING FEES	28,858
LEGAL FEES	10,361
TELEPHONE	8,740
POSTAGE	4,625
EQUIPMENT RENTAL AND MAINTENANCE	13,634
PRINTING AND PUBLICATIONS	5,421
BAD DEBT EXPENSE	16,770
STAFF TRAINING	4,987
OUTSIDE SERVICES	9,684
MISCELLANEOUS	11,012
ADVERTISING	13,074
INSURANCE	943
SUBSCRIPTIONS	703
SUPPLIES	2,677
PURCHASED SERVICES	433
TOTAL	155,590

MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTER, INC.
FORM 99
SEPTEMBER 30, 1997

LINE 26 – OTHER DISBURSEMENTS FROM CURRENT INCOME

WAGES AND SALARIES	950,393
EMPLOYEE BENEFITS	49,630
PAYROLL TAXES	99,029
TELEPHONE	14,795
OCCUPANCY	207,272
EQUIPMENT RENTAL AND MAINTENANCE	68,378
PRINTING AND PUBLICATIONS	200
TRAVEL	34,717
DEPRECIATION	51,758
PERSONAL CLOTHING	15,770
PERSONAL GROOMING	2,262
RECREATION EXPENSES	10,013
FOOD SERVICES	61,795
MEDICAL EXPENSES	12,802
OUTSIDE SERVICES	70,444
MISCELLANEOUS	96,967
CLEANING AND KITCHEN SUPPLIES	16,841
HORSES RENTAL AND MAINTENANCE	53,040
LAUNDRY	11,678
VEHICLE EXPENSE	54,015
BOOKS AND SCHOOL SUPPLIES	7,343
PURCHASED SERVICES	6,773
TOTAL	1,895,915

LINE 33 – OTHER DISBURSEMENTS

EXPENSES NOT INCLUDED ON FORMS 990 OR 99

DEPRECIATION	5,291
INTEREST EXPENSE – POINTS	1,100
ROUNDING	(4)
TOTAL	6,387

MINGUS MOUNTAIN ESTATE RESIDENTIAL CENTER, INC.
FORM 99
SEPTEMBER 30, 1997

LINE A5 – INVESTMENTS – SECURITIES

FIRST CHICAGO NBD	15,205
DECATUR INCOME FUND A	52,667
US TREASURY NOTES	11,080
ALLIANCE CAPITAL RESERVE	2,480
TOTAL	81,432

LINE A12 – OTHER LIABILITIES

BEGINNING OF THE YEAR

DIRECTOR'S LOAN	11,271
ACCRUED PAYROLL	13,213
ACCRUED PAYROLL TAXES	47,155
GARNISHMENT OF WAGES	339
RESTRICTED ENDOWMENT ANNUITY	17,139
TOTAL	89,117

END OF THE YEAR

DIRECTOR'S LOAN	1,271
ACCRUED PAYROLL TAXES	5,704
ACCRUED PAYROLL	62,986
GARNISHMENT OF WAGES	247
DES PAYABLE	3,398
TOTAL	73,606

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)
Only nonprofit corporations must **attach** a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only.

This corporation **does ☐ does not ☒** have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)
Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:
[Underlined portion pertains to profit corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:

(a) fraud or registration provisions of the securities laws of that jurisdiction, or
(b) the consumer fraud laws of that jurisdiction, or
(c) the antitrust or restraint of trade laws of that jurisdiction?

One box **must** be marked: **YES ☐** **NO ☒**

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

1. Full name and prior names used.
2. Full birth name.
3. Present home address.
4. Prior addresses (for immediate preceding 7 year period).
5. Date and location of birth.
6. Social Security Number
7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case.

11. STATEMENT OF BANKRUPTCY (A.R.S. §§10-202.D.2 & 10-3202.02)
Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? **[Underlined portion pertains to profit corporations only]**

One box **must** be marked: **YES ☐** **NO ☒**

Chapter _____ Date Filed _____ Case Number _____

If "YES", the following information must be submitted as an attachment to this report for each person subject to the statement above. 1) The names and addresses of each corporation and the person or persons involved. 2) The state in which each corporation was a) incorporated b) transacted business. 3) The dates of corporate operation.

12. SIGNATURES

CAUTION: Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures will be rejected.

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name J. Donald Larkin **Date** 6-15-10 **Name** _____ **Date** _____

Signature J. Donald Larkin **Signature** _____

Title President **Title** _____

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)