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

Arizona Corporation Commission
Arizona Corporation Commission

00163467

DUE ON OR BEFORE 01/30/2000

D2.3D

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. [redacted] 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.

RECEIVED

JUN 21 2000

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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

MISSING 1999 ANNUAL REPORT; CONTACT THE COMMISSION AT 542-3285!

Corporation File Number: [redacted] -0187071-1

Business Phone: _____

State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

RECEIVED

FEB - 1 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-

NO 3-22-00

2.3.00

[redacted]

Use this box only if appointing a new Statutory Agent

[redacted]

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

RECEIVED

APR 21 2000

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

3. Secondary Address: 00111416

[redacted]

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:** [redacted]
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:** [redacted]
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.

Name: _____ Name: _____

NONE ☐

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: 12-06-95

Name: SUE LARKIN
Title: SECRETARY
Address: 6313 E SANDRA TER
SCOTTSDALE, AZ 85254-
Date taking office: 12-06-95

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

Name: ROBERT DILLARD
Title: TREASURER
Address: 20279 N 52ND DR
GLENDALE, AZ 85302-
Date taking office: 12-06-95

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: 03-01-97

Name: GERALD H HEUETT JR
Address: 2643 E UNIVERSITY
PHOENIX, AZ 85034-
Date taking office: 03-01-97

See last

Name: DON CROSS
Address: 77 E MISSOURI #1
PHOENIX, AZ 85012-
Date taking office: 03-01-93

Name: DAN KAMMRATH
Address: 21616 N 58TH DR
GLENDALE, AZ 85308-
Date taking office: 12-01-94

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
~~1615 W. University Dr. #133~~ 2449 Chambers St.
~~Tempe, AZ 85281~~ Phoenix 85040

ARIZONA FORM **99**

Arizona Exempt Organization Annual Information Return 1997

For calendar year 1997 or taxable year beginning 10/1/ , 19 97 , and ending 09/30/ , 1989 .

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 CENTER

Number and street: 10451 W. PALMERAS DRIVE

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

Business telephone number:

Federal employer ID number: 86-0551514

AZ withholding tax number: 07-320701J

AZ transaction privilege tax number: N/A

For DOR use only

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

Check box if: [ ] 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 $ NON TAXABLE INCOME
E Check federal form filed: 990 [X] 990BL [ ] Other, specify
Enclose copy of federal form with this return.

88 | 81 | 66

Sources of Income	1 Gross sales or receipts from business activities	1	127,421	00		
	2 Less: Cost of goods sold or of operations - *attach itemized statement*	2	62,587	00		
	3 Gross profit from business activities - *subtract line 2 from line 1*	3	64,834	00		
	4 Interest	4	17,716	00		
	5 Dividends	5	731	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	1,182,465	00		
	11 Other income - *attach itemized statement* GOVT. CONTRIBUTIONS	11	2,311,164	00		
	12 Total income - *add lines 3 through 11*				12	3,576,910 00
Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	13	82,627	00		
	14 Salaries and wages - *other than amounts included on line 2*	14	204,321	00		
	15 Interest	15	14,532	00		
	16 Taxes	16	45,890	00		
	17 Rent expense	17	12,340	00		
	18 Depreciation - *attach schedule*	18	6,015	00		
	19 Miscellaneous expenses - *attach itemized statement*	19	147,581	00		
	20 Total expenses - *add lines 13 through 19*				20	513,306 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 SEE STATEMENT	25	2,285,504	00		
	26 Total - *add lines 21 through 25*				26	2,285,504 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	7,260 00
Accumulation of Income	34 Accumulation of income in current year - *line 12 minus the sum of lines 20, 26, 32, and 33*				34	770,840 00
	35 Accumulation of income at beginning of year				35	629,527 00
	36 Accumulation of income at end of year - *add lines 34 and 35*				36	1,400,367 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			171,587 00	A1	205,441 00
A2a Accounts receivable	A2a	425,159	290,524 00	A2c	425,159 00
b Less: allowance for doubtful accounts	A2b				
A3a Other notes and loans receivable - *attach schedule*	A3a			A3c	
b Less: allowance for doubtful accounts	A3b		00		00
A4 Inventories			00	A4	00
A5 Investments - securities - *attach schedule*			81,432 00	A5	119,491 00
A6 Investments - other - *attach schedule*			4,650 00	A6	10,038 00
A7a Land, buildings, and equipment; basis	A7a	1,273,469		A7c	
b Less: accumulated depreciation - *attach schedule*	A7b	321,614	582,786 00		951,855 00
A8 Other assets - *describe* SEE SCHEDULE			5,531 00	A8	10,521 00
A9 **Total assets - *add lines A1 through A8***			1,136,510 00	A9	1,722,505 00
Liabilities					
A10 Accounts payable and accrued expenses			261,013 00	A10	45,890 00
A11 Mortgages and other notes payable - *attach schedule*			172,364 00	A11	158,558 00
A12 Other liabilities - *describe* SEE SCHEDULE			73,606 00	A12	117,690 00
A13 **Total liabilities - *add lines A10 through A12***			506,983	A13	322,138
Net Assets					
A14 Capital stock or trust principal				A14	
A15 Paid-in or capital surplus			00	A15	00
A16 Retained earnings or accumulated income			629,527 00	A16	1,400,367 00
A17 **Total net assets - *add lines A14 through A16***			629,527 00	A17	1,400,367 00
A18 **Total liabilities and net assets - *add lines A13 and A17***			1,136,510 00	A18	1,722,505 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.

COPY

Please Sign here

Signature of officer | Date | Title

Paid Preparer's Use Only

Preparer's signature | Date

Firm's name (or preparer's, if self-employed): McCONACHIE & MOORE, CPA'S | Preparer's TIN: 514-42-6043

Firm's address: 17220 Boswell Blvd., #109, Sun City, Arizona 85373 | ZIP code

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) [redacted]

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?

[redacted] **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]**

[redacted] **YES** ☐ **NO** ☒

[redacted] Chapter _____ Date Filed _____ Case Number _____

[redacted]

12. SIGNATURES

[redacted]

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 Zaken Date 1-29-00 Name _____ Date _____

Signature J. Donald Zaken Signature _____

Title President Title _____

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