

**U.S. Income Tax Return
for Homeowners Associations**

2003

Department of the Treasury
Internal Revenue Service

For calendar year 2003 or tax year beginning _____, 2003, and ending _____, 20

Use IRS label. Other- wise, print or type.	Na	JF 86-0947848 DEC2003 29 813990 V	I R S	Employer identification number (see page 4)
	Nt	BIG PARK REGIONAL COORDINATING 70 RICHARD BYRNES PRES		Date association formed
	Cti	PO BOX 20248 SEDONA AZ 86341-0248		2000

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

A Check type of homeowners association: Condominium management association Residential real estate association Timeshare association

B Total exempt function income. Must meet 60% gross income test (see instructions)	B	2245		
C Total expenditures made for purposes described in 90% expenditure test (see instructions)	C	1856		
D Association's total expenditures for the tax year (see instructions)	D	1856		
E Tax-exempt interest received or accrued during the tax year	E			

Gross Income (excluding exempt function income)				
1	Dividends			
2	Taxable interest			
3	Gross rents			
4	Gross royalties			
5	Capital gain net income (attach Schedule D (Form 1120))			
6	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)			
7	Other income (excluding exempt function income) (attach schedule)			
8	Gross income (excluding exempt function income). Add lines 1 through 7			

Deductions (directly connected to the production of gross income, excluding exempt function income)				
9	Salaries and wages			
10	Repairs and maintenance			
11	Rents			
12	Taxes and licenses			
13	Interest			
14	Depreciation (attach Form 4562)			
15	Other deductions (attach schedule)			
16	Total deductions. Add lines 9 through 15			
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8			
18	Specific deduction of \$100			\$100 00

Tax and Payments				
19	Taxable income. Subtract line 18 from line 17			
20	Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)			
21	Tax credits (see instructions)			
22	Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits			
23	Payments: a 2002 overpayment credited to 2003	23a		
	b 2003 estimated tax payments	23b		
	c Total	23c		
	d Tax deposited with Form 7004	23d		
	e Credit for tax paid on undistributed capital gains (attach Form 2439)	23e		
	f Credit for Federal tax on fuels (attach Form 4136)	23f		
	g Add lines 23c through 23f	23g		
24	Tax due. Subtract line 23g from line 22. See instructions for depository method of tax payment	24		
25	Overpayment. Subtract line 22 from line 23g	25		
26	Enter amount of line 25 you want: Credited to 2004 estimated tax ▶	26		
	Refunded ▶			

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 2-20-04 Title: Treasurer

May the IRS discuss this return with the preparer shown below (see instructions)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Paid Preparer's Use Only	Preparer's signature	Date	Check self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ()	



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



DUE ON OR BEFORE 05/19/2004

FY03-04

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 on page 4 for proper format.

1. -0800710-5
BIG PARK REGIONAL COORDINATING COUNCIL, INC.
% BARBARA BENSON
~~56 W CORTEZ DR STE A~~ **P.O. Box 20248**
SEDONA, AZ 86351
 41

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

2. **Statutory Agent:** BARBARA BENSON **Physical Address, If Different.**
Mailing Address: ~~56 W CORTEZ DR STE A~~ **P.O. Box 20248** **Physical Address:** **56 W Cortez Dr. Ste. A**
City, State, zip: SEDONA, AZ ~~86351~~ **86341** **City, State, zip:** Sedona, AZ 86351

ACC USE ONLY

Fee \$ _____

Penalty \$ _____

Reinstate \$ _____

Expedite \$ _____

Resubmit \$ _____

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

 Printed Name of new Statutory Agent

3. **Secondary Address:**

(Foreign Corporations are **REQUIRED** to complete this section).

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

- | <u>BUSINESS CORPORATIONS</u> | | <u>NON-PROFIT CORPORATIONS</u> |
|---|--|---|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing | 1. <input type="checkbox"/> Charitable |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining | 2. <input type="checkbox"/> Benevolent |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media | 3. <input type="checkbox"/> Educational |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical | 4. <input type="checkbox"/> Civic |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing | 5. <input type="checkbox"/> Political |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock | 6. <input type="checkbox"/> Religious |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate | 7. <input type="checkbox"/> Social |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar | 8. <input type="checkbox"/> Literary |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales | 9. <input type="checkbox"/> Cultural |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research | 10. <input type="checkbox"/> Athletic |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events | 11. <input type="checkbox"/> Science/Research |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) | 12. <input type="checkbox"/> Hospital/Health Care |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) | 13. <input type="checkbox"/> Agricultural |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio | 14. <input type="checkbox"/> Animal Husbandry |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services | 15. <input checked="" type="checkbox"/> Homeowner's Association |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation | 16. <input type="checkbox"/> Professional, commercial industrial or trade association |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities | 17. <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care | |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other _____ | |

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

Nonprofit corporations **must attach** a financial statement (e.g. income expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6)

Only Nonprofit Corporations must answer this question.

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/or 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 business 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. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 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. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623)

A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box **must** be marked: YES NO

B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity **OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation** which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

[Underlined portion pertains to business corporations only] One box **must** be marked: YES NO

If "YES" to A and/or B, 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. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they 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 James Trueheart Date 4/14/04 Name _____ Date _____

Signature [Signature] Signature _____

Title Treasurer Title _____

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