

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

2005

Department of the Treasury
Internal Revenue Service

For calendar year 2005 or tax year beginning , 2005, and ending , 20

| | | |
|---|---|---|
| Use IRS label. Otherwise, print or type. | Name Big Park Regional Coordinating Council | Employer identification number (see page 5) |
| | Number, street, and room or suite no. (if a P.O. box, see page 5.) PO Box 20248 | Date association formed |
| | City or town, state, and ZIP code Sedona, AZ 86341-0248 | |

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 | 2985 |
| 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 | 0 |

Gross Income (excluding exempt function income)

| | | |
|---|----------|----------|
| 1 Dividends | 1 | |
| 2 Taxable interest | 2 | |
| 3 Gross rents | 3 | |
| 4 Gross royalties | 4 | |
| 5 Capital gain net income (attach Schedule D (Form 1120)) | 5 | |
| 6 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) | 6 | |
| 7 Other income (excluding exempt function income) (attach schedule) | 7 | |
| 8 Gross income (excluding exempt function income). Add lines 1 through 7 | 8 | 0 |

Deductions (directly connected to the production of gross income, excluding exempt function income)

| | | |
|---|-----------|-----------------|
| 9 Salaries and wages | 9 | |
| 10 Repairs and maintenance | 10 | |
| 11 Rents | 11 | |
| 12 Taxes and licenses | 12 | |
| 13 Interest | 13 | |
| 14 Depreciation (attach Form 4562) | 14 | |
| 15 Other deductions (attach schedule) | 15 | |
| 16 Total deductions. Add lines 9 through 15 | 16 | |
| 17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8 | 17 | |
| 18 Specific deduction of \$100 | 18 | \$100 00 |

Tax and Payments

| | | |
|---|-----------|---|
| 19 Taxable income. Subtract line 18 from line 17 | 19 | 0 |
| 20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.) | 20 | |
| 21 Tax credits (see instructions) | 21 | |
| 22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits. | 22 | |
| 23 Payments: a 2004 overpayment credited to 2005 | 23a | |
| b 2005 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 2006 estimated tax Refunded | 26 | |

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.

| | | | |
|---------------------------------|--|---------------|---|
| Sign Here | <i>[Signature]</i> | 5/1/2005 | Treasurer |
| | Signature of official | Date | Title |
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> |
| | Firm's name (or yours if self-employed), address, and ZIP code | EIN | Preparer's SSN or PTIN |
| | | Phone no. () | |



STATE of Arizona
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE



DUE ON OR BEFORE 05/19/2005

FY04-05

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
 PO BOX 20248
 SEDONA, AZ 86341

*Mailed
5/9/2005*

Business Phone: _____ (Business phone is optional.)

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

2. Statutory Agent: BARBARA BENSON
 Mailing Address: PO BOX 20248
 City, State, Zip: SEDONA, AZ 86341

Physical Address, If Different.
 Physical Address: 56 W CORTEZ DR STE A
 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.

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. ___ Hospital/Health Care
- 13. ___ Agricultural
- 14. ___ Animal Husbandry
- 15. Homeowner's Association
- 16. ___ Professional, commercial industrial or trade association
- 17. ___ 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 other 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 John Gillam Date 5/9/2005 Name _____ Date _____
Signature JOHN GILLAM Signature _____

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

Income/Expense - Last year:5
1/1/2005 through 12/31/2005

5/1/2006

Page 1

| Category Description | 1/1/2005- 12/31/2005 | OVERALL TOTAL |
|-----------------------|-------------------------|------------------|
| INCOME | | |
| Annual Dues | 2,240.00 | 2,240.00 |
| Donations | 745.00 | 745.00 |
| TOTAL INCOME | 2,985.00 | 2,985.00 |
| EXPENSES | | |
| Uncategorized | 0.00 | 0.00 |
| Copies | 186.11 | 186.11 |
| Greeting Cards | 5.64 | 5.64 |
| Insurance | 1,125.00 | 1,125.00 |
| Misc | 40.00 | 40.00 |
| PO Box | 66.00 | 66.00 |
| Postage | 123.57 | 123.57 |
| Room Rental | 310.00 | 310.00 |
| TOTAL EXPENSES | 1,856.32 | 1,856.32 |
| OVERALL TOTAL | 1,128.68 | 1,128.68 |

