

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

**2006**

Department of the Treasury  
Internal Revenue Service

For calendar year 2006 or tax year beginning \_\_\_\_\_, 2006, and ending \_\_\_\_\_, 20

<b>Use IRS label. Otherwise, print or type.</b>	Name <b>Big Park Regional Coordinating Council</b>	Employer identification number (see page 5) <b>86 : 0947848</b>
	Number, street, and room or suite no. (If a P.O. box, see page 5.) <b>P.O. Box 20248</b>	Date association formed <b>2000</b>
	City or town, state, and ZIP code <b>Sedona, AZ 86341-0248</b>	

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>B</b> Total exempt function income. Must meet 60% gross income test (see instructions)	<b>B</b>	<b>2413</b>
<b>C</b> Total expenditures made for purposes described in 90% expenditure test (see instructions)	<b>C</b>	<b>2668</b>
<b>D</b> Association's total expenditures for the tax year (see instructions)	<b>D</b>	<b>2668</b>
<b>E</b> Tax-exempt interest received or accrued during the tax year	<b>E</b>	

**Gross Income** (excluding exempt function income)

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

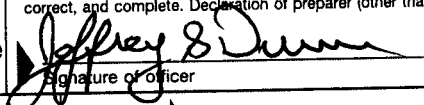
**Deductions** (directly connected to the production of gross income, excluding exempt function income)

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

**Tax and Payments**

<b>19 Taxable income.</b> Subtract line 18 from line 17	<b>19</b>	<b>0</b>
<b>20</b> Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	<b>20</b>	
<b>21</b> Tax credits (see instructions)	<b>21</b>	
<b>22 Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits.	<b>22</b>	<b>0</b>
<b>23 Payments:</b> a 2005 overpayment credited to 2006	<b>23a</b>	
b 2006 estimated tax payments	<b>23b</b>	
c Total	<b>23c</b>	
d Tax deposited with Form 7004	<b>23d</b>	
e Credit for tax paid on undistributed capital gains (attach Form 2439)	<b>23e</b>	
f Credit for federal tax on fuels (attach Form 4136)	<b>23f</b>	
g Credit for federal telephone excise tax paid (attach Form 8913)	<b>23g</b>	
h Add lines 23c through 23g	<b>23h</b>	
<b>24 Amount owed.</b> Subtract line 23h from line 22. See instructions for depository method of tax payment	<b>24</b>	
<b>25 Overpayment.</b> Subtract line 22 from line 23h	<b>25</b>	
<b>26</b> Enter amount of line 25 you want: <b>Credited to 2007 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>26</b>	

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**  **5-1-07**  
Signature of officer Date

**Treasurer**  
Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if 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**



UE ON OR BEFORE 05/19/2006

FY05-06

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. **OUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information in the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

-0800710-5  
BIG PARK REGIONAL COORDINATING COUNCIL, INC.  
% BARBARA BENSON  
PO BOX 20248  
SEDONA, AZ 86341

*MAILED  
5/1/2006*

Business Phone: \_\_\_\_\_ (Business phone is optional.)

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

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

**I. Secondary Address:**

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

**I. 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? One box **must** be marked: YES  NO

**[Underlined portion pertains to business corporations only]**

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 5/1/2006 Name \_\_\_\_\_ Date \_\_\_\_\_  
 Signature [Signature] Signature \_\_\_\_\_  
 Title TREASURER Title \_\_\_\_\_



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



DUE ON OR BEFORE 05/19/2007

FY06-07

FILING FEE \$10.00

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 % BARBARA BENSON  
 PO BOX 20248  
 SEDONA, AZ 86341

*Mailed  
5-2-07*

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: PO BOX 20248 Physical Address: 56 W CORTEZ DR STE A  
 City, State, Zip: SEDONA, AZ 86341 City, State, Zip: SEDONA, AZ 86351

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ \_\_\_\_\_  
 Penalty \$ \_\_\_\_\_  
 Reinstate \$ \_\_\_\_\_  
 Expedite \$ \_\_\_\_\_  
 Resubmit \$ \_\_\_\_\_

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

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- \_\_\_ 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)
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**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 Jeffrey S Dunn Date 5-1-2007 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature Jeffrey S Dunn Signature \_\_\_\_\_

Title Treasurer Title \_\_\_\_\_

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

**BIG PARK REGIONAL COORDINATING COUNCIL  
Treasurer's Report**

2006 Calendar Year

	2006 Calendar Year												YTD	Memo: BUDGET					
	Actual	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.			Dec.				
<b>REGULAR ACCOUNT</b>																			
C/O From Prior Year	\$ 1,925.26	\$ 2,457.83	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,457.83	\$ 2,457.83	
Income:																			
Dues	2,250.00	375.00	1,500.00	500.00	-	-	-	-	-	-	-	-	-	-	-	-	2,375.00	2,375.00	
Misc																	38.19	38.19	
Cash Receipts	\$ 4,175.26	\$ 2,832.83	\$ 1,500.00	\$ 500.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,413.19	\$ 4,832.83	
Expenses:																			
AZ Corporation Comm.	\$ 10.00	\$ -	\$ -	\$ -	\$ -	\$ 10.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10.00	10.00
Liability Insurance	1,125.00	-	-	-	-	-	-	1,125.00	-	-	-	-	-	-	-	-	-	1,125.00	1,300.00
Office Supplies	5.64	15.43	44.47	-	-	-	-	-	-	-	-	-	-	-	-	-	5.32	65.22	140.00
Postage/Printing/PO Box	148.27	-	95.89	21.27	-	12.94	-	-	-	-	-	-	-	-	-	-	200.00	620.00	350.00
Meeting Rooms Rental	310.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	183.56	306.00	500.00
Standing Committee Support	78.52	-	-	39.67	-	-	-	-	-	-	-	-	-	-	-	-	38.19	188.37	150.00
Miscellaneous	40.00	35.77	73.80	-	-	-	-	32.81	-	-	-	-	-	-	-	-	45.99	-	-
TOTAL Expenses	\$ 1,777.43	\$ 51.20	\$ 214.16	\$ 60.94	\$ -	\$ 10.00	\$ 12.94	\$ 1,202.39	\$ 420.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 388.88	\$ 2,444.69	\$ 2,082.83
Present Balance:	\$ 2,457.83	\$ 2,781.63	\$ 4,067.47	\$ 4,506.53	\$ 4,506.53	\$ 4,496.53	\$ 4,483.59	\$ 3,281.20	\$ 2,861.20	\$ 2,861.20	\$ 2,861.20	\$ 2,823.01	\$ 2,815.21	\$ 2,426.33	\$ 2,426.33	\$ 1,477.41	\$ 1,254.07	\$ 1,254.07	
<b>RECREATION ACCOUNT:</b>																			
C/O From Prior Year	\$ 881.30	\$ 1,477.41	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,477.41	\$ 1,477.41
Income:																			
Donations	\$ 745.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cash Receipts	\$ 1,626.30	\$ 1,477.41	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,477.41	\$ 1,477.41
Expenses:																			
Copies	\$ 148.89	\$ -	\$ -	\$ 74.45	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 37.22	\$ 223.34
Liability Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL Expenses	\$ 148.89	\$ -	\$ -	\$ 74.45	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 37.22	\$ 223.34	\$ -
Present Balance:	\$ 1,477.41	\$ 1,477.41	\$ 1,477.41	\$ 1,402.96	\$ 1,402.96	\$ 1,402.96	\$ 1,402.96	\$ 1,402.96	\$ 1,402.96	\$ 1,402.96	\$ 1,365.74	\$ 1,291.29	\$ 1,291.29	\$ 1,254.07	\$ 1,254.07	\$ 1,254.07	\$ 1,254.07	\$ 1,254.07	