



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

Arizona Corporation Commission



00138393

DUE ON OR BEFORE 04/26/2000

FY99-00

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.**

-0602268-4

1. VERDE VALLEY SANCTUARY
PO BOX 595
SEDONA, AZ 86339

RECEIVED

APR 11 2000

Business Phone: 520-634-2511 (Business phone is optional)
State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

2. Arizona Statutory Agent: GARY PASTER
Street Address: 1380 VISTA MONTANA #23
(NOT P.O. BOX)
City, State, Zip: SEDONA AZ 86336-

IPR

Use this box only if appointing a new Statutory Agent

ACC USE ONLY	
Fee	\$ 10
Penalty	\$
Renstate	\$
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

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

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

NON-PROFIT CORPORATIONS

- | |
|--|
| <input type="checkbox"/> 1. Charitable |
| <input checked="" type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Professional, commercial
industrial or trade association |
| <input type="checkbox"/> 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. (If no changes since last report, check here and go on to Section 6.)

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.

Name: _____ Name: _____

NONE ☒

Name: _____ Name: _____

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

Name: ~~GARY PASTER~~ WENDY LIPPMAN
 Title: PRESIDENT/CEO
P.O. BOX 1868
 Address: 1380 VISTA MONTANA #23
SEDONA, AZ 86336-86339-1868

Name: _____
 Title: _____
 Address: 777

Date taking office: ~~08/01/1998~~ 8-1-99

Name: ~~LISA SIVEY~~ PEG ABBOTT
 Title: SECRETARY
32 E DOVE WING
 Address: 1380 VISTA MONTANA #25
SEDONA, AZ 86336-

Date taking office: _____
 Name: ~~BANA W ODOM~~ KATHRYN L. MURRAY
 Title: TREASURER
115 ~~WYATT~~ CASTLE ROCK
 Address: 70 PAYNE PL STE 5 TRAIL
SEDONA, AZ 86336-6848

Date taking office: ~~08/01/1998~~ 1999

Date taking office: ~~08/01/1998~~ 1999

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

Name: BARB DINUNZIO
 Address: 125 KALLOF PL
SEDONA, AZ 86336-

Name: JANE HAUSNER
 Address: P O BOX 2036
SEDONA, AZ 86339-

Date taking office: 02/01/1999

Date taking office: 04/01/1998

Name: DR EULA DEAN
 Address: 601 BLACK HILLS DR
CLARKDALE, AZ 86324-

Name: PEG ABBOTT
 Address: 32 E DOVE WING
SEDONA, AZ 86336-

Date taking office: 05/01/1997

Date taking office: 03/01/1999

Verde Valley Sanctuary

Balance Sheet

As of March 31, 2000

04/07/00

	Mar 31, '00
ASSETS	
Current Assets	
Checking/Savings	
Operating Account	30,349.04
Basic Necessities Acct	475.48
Stockmen's Bank Acct.	58.65
Petty Cash	266.38
Total Checking/Savings	31,149.56
Accounts Receivable	
Accounts Receivable	5,841.39
Total Accounts Receivable	5,841.39
Total Current Assets	36,990.94
Fixed Assets	
Property & Equipment	
Buildings Org Cost	198,365.20
Accum Depreciation - Bldg.	-3,585.93
Computer	3,803.40
Accum Depreciation - Computer	-188.50
Equipment	
Xerox Machine	1,761.00
Equipment - Other	3,172.00
Total Equipment	4,933.00
Accum Depreciation - Copier	-178.10
Furniture & Fixtures	4,304.07
Accum Depreciation - Furniture	-380.92
Property & Equipment - Other	411.30
Total Property & Equipment	207,486.52
Total Fixed Assets	207,486.52
Other Assets	
Mutual Discovery Fund Class I	254.00
Net Tech. Infl.	8,821.00
Prepaid Deposits	585.00
Total Other Assets	9,670.00
TOTAL ASSETS	254,147.46
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	1,188.32
Total Accounts Payable	1,188.32
Other Current Liabilities	
Line of Credit	39,413.77
Payroll Liabilities	
Federal Withholding	76.97
Social Security Employee	-59.20
Medicare Employee	-30.83
AZ - Withholding	1,110.20
Social Security Company	-59.21
Medicare Company	-27.85
AZ - Unemployment	1,335.38
Payroll Liabilities - Other	42.30
Total Payroll Liabilities	2,387.76
Total Other Current Liabilities	41,801.53
Total Current Liabilities	42,989.85
Total Liabilities	42,989.85

Verde Valley Sanctuary**Balance Sheet****As of March 31, 2000**

04/07/00

	<u>Mar 31, '00</u>
Equity	
Opening Bal Equity	422,554.09
Prior Year's Surplus	-13,647.72
Retained Earnings	-214,284.02
Net Income	16,515.28
Total Equity	<u>211,157.61</u>
TOTAL LIABILITIES & EQUITY	<u>264,147.46</u>

(Keep for your records.) ☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.	
STATE OF ARIZONA	
DIVISION OF FINANCE	
1700 WASHINGTON ROOM 200	
PHOENIX AZ 85007	
TEL: 1-602-542-5601	
PAYER'S Federal identification number	RECIPIENT'S identification number
86-6004791	860741314
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code	
VERDE VALLEY SANCTUARY INC	
PO BOX 505	
SEDONA AZ 86330	
Account number (optional)	
18607413140	

OMB No. 1545-0115		Form 1099-MISC
1999		Miscellaneous Income
Department of the Treasury Internal Revenue Service		
1 Rents	\$.00	
2 Royalties	\$.00	
3 Other income	\$.00	
4 Federal income tax withheld	\$.00	
5 Fishing boat proceeds	\$.00	
6 Medical and health care payments	\$ 13.15	
7 Nonemployee compensation	\$ 169569.50	
8 Substitute payments in lieu of dividends or interest	\$.00	
9 Payer made direct sales of products to a buyer (recipient) for resale	<input type="checkbox"/>	
10 Crop insurance proceeds	\$.00	
11 State income tax withheld	\$.00	
12 State/Payer's state number	13	
	\$.00

Copy B
For Recipient
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

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. | 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 (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 ☒

If YES, enter the following:

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 <u>Wendy Lippman</u>	Date <u>4-5-2000</u>	Name <u>Kathryn L. Murray</u>	Date <u>4-5-2000</u>
Signature <u>Wendy Lippman</u>		Signature <u>Kathryn L. Murray</u>	
Title <u>President</u>		Title <u>Treasurer</u>	

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