



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



DUE ON OR BEFORE 10/08/2000

FY00-01

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.**

-0100649-8

1. **DESERT FOOTHILLS LIBRARY ASSOCIATION**  
**BOX 4070**  
**CAVE CREEK, AZ 85331**

RECEIVED

SEP 29 2000

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

Business Phone: 480-488-5821 (Business phone is optional.)

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

2. Arizona Statutory Agent: **BARBARA METZGER**  
Street Address: **38443 N SCHOOL HOUSE RD**  
(NOT P.O. BOX)  
City, State, Zip: **CAVE CREEK AZ 85327-**

ACC USE ONLY

Fee \$ 10  
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

3. Secondary Address: 148189  
(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 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 checked="" 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.

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

NA

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. Please Type or Print Clearly.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

NONE ☒

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**7. OFFICERS**

Please Type or Print Clearly.

Name: RICHARD MARRName: GERALD SAMOSTitle: PRESIDENTTitle: VICE PRESIDENTAddress: 4855 E. WINDSTONE TR  
CAVE CREEK AZ 85331Address: P.O. Box 3562  
CAREFREE AZ 85377Date taking office: 1-1-00Date taking office: 1-1-00Name: BARBARA L. METZGER

Name: \_\_\_\_\_

Title: Sec. - TREAS.

Title: \_\_\_\_\_

Address: P.O. Box 6031  
CAREFREE AZ 85377

Address: \_\_\_\_\_

Date taking office: 1-1-00

Date taking office: \_\_\_\_\_

**8. DIRECTORS**

Please Type or Print Clearly.

Name: BARBARA JOYName: RALPH MULLENAddress: P.O. Box 5906  
CAREFREE AZ 85377Address: 40815 N. 108<sup>th</sup> WAY  
SCOTTSDALE AZ 85362Date taking office: 1-1-98Date taking office: 1-1-98Name: EDWIN WALKERName: CARRIE ZOLLERAddress: P.O. Box 1782  
CAVE CREEK AZ 85327Address: 38058 INOIO CR  
CAVE CREEK AZ 85331Date taking office: 1-1-99Date taking office: 1-1-00

**ARIZONA FORM 99 Arizona Exempt Organization Annual Information Return 1998**

For calendar year 1998 or  
 taxable year beginning JULY 1, 19 98, and ending JUNE 30, 19 99.  
 Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE	
Original <input checked="" type="checkbox"/>	Amended <input type="checkbox"/>
CHECK ONE	
Calendar yr. <input type="checkbox"/>	Fiscal yr. <input checked="" type="checkbox"/>
Federal employer ID number	
51-0153556	
AZ withholding tax number	
AZ transaction privilege tax no.	

Business telephone number

(602) 488-2286

 Name  
 Place  
 print  
 or  
 type

DESERT FOOTHILLS LIBRARY ASSOCIATION  
 Number and street  
 P.O. BOX 4070  
 City or town, state and ZIP code  
 CAVE CREEK, AZ 85327

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

Check box W: ☐ This is a first return ☐ Name change ☐ Address change

Information A Date Arizona operations began 06/01/1975

B Date of letter granting exemption from Arizona income tax

C Nature of business income activity

D If you file an AZ Form 997, enter taxable income from Form 997, line 3

E Check federal form filed: ☒ 990 ☐ Other, specify

For DOR use only

Enclose copy of federal form with this return.

B1

B1

Source of Income	Line	Amount	Total
1 Gross sales or receipts from business activities	1	00	
2 Less: Cost of goods sold or of operations - attach itemized statement	2	00	
3 Gross profit from business activities - subtract line 2 from line 1	3	00	
4 Interest	4	00	
5 Dividends	5	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	00	
11 Other income - attach itemized statement	11	00	
12 Total income - add lines 3 through 11	12	536,514	00
Administrative Expenses			
13 Compensation of officers, directors, trustees, etc.	13	00	
14 Salary and wages - other than amounts included on line 2	14	00	
15 Interest	15	00	
16 Taxes	16	00	
17 Rent expense	17	00	
18 Depreciation - attach schedule	18	00	
19 Miscellaneous expenses - attach itemized statement	19	00	
20 Total expense - add lines 13 through 19	20	175,944	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	25	00	
26 Total - add lines 21 through 25	26	48,100	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		00
Accumulation of Income			
34 Accumulation of income in current year - line 12 minus the sum of lines 20, 26, 32, and 33	34	312,470	00
35 Accumulation of income at beginning of year	35	1,889,672	00
36 Accumulation of income at end of year - add lines 34 and 35	36	2,202,142	00
Penalty			
37 Penalty for late filing or incomplete filing (\$500.00)	37		00

ADOR 08-022 (08) 115 EXEMPT ORGANIZATION IS SUBJECT TO A \$500 PENALTY IF THIS RETURN IS FILED LATE OR HAS NOT BEEN COMPLETED. ARS SECTION 42-136J  
 AZ996551

LL1

Form 99 (Rev. 1998)

## DESERT FOOTHILLS LIBRARY ASSOCIATION FEIN : 51-0153556

FORM 99 (1998) Page 2

## 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
<b>Assets</b>			
A1	Cash		A1
A2a	Accounts receivable	A2a	A2c
b	Less: allowance for doubtful accounts	A2b	
A3a	Other notes and loans receivable - attach schedule	A3a	
b	Less: allowance for doubtful accounts	A3b	
A4	Inventories		
A5	Investments - securities - attach schedule		
A6	Investments - other - attach schedule		
A7a	Land, buildings, and equipment; basis	A7a	A7c
b	Less: accumulated depreciation - attach schedule	A7b	
A8	Other assets - describe		A8
A9	Total assets - add lines A1 through A8	1,484,786	A9 2,227,432
<b>Liabilities</b>			
A10	Accounts payable and accrued expenses		A10
A11	Mortgages and other notes payable - attach schedule		A11
A12	Other liabilities - describe		A12
A13	Total liabilities - add lines A10 through A12		A13
<b>Net Assets</b>			
A14	Capital stock or trust principal		A14
A15	Paid-in or capital surplus		A15
A16	Retained earnings or accumulated income		A16
A17	Total net assets - add lines A14 through A16		A17
A18	Total liabilities and net assets - add lines A13 and A17	1,484,786	A18 2,227,432

**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.

Please

Sign here

Signature of officer

Date

Title

Paid

Preparer's

Use Only

Preparer's signature

Date

PAUL G. SEVERS, P.C. CPA

Firm's name (or preparer's, if self-employed)

86-0575105

Preparer's TIN

7315 NORTH 16TH STREET, SUITE 201 PHOENIX AZ

Firm's address

85020-

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) 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** ☒

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 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>GERARD J. SAMPS</u>	Date <u>20 Sept. 2000</u>	Name <u>Barbara Metzger</u>	Date <u>20 SEPT. 2000</u>
Signature <u>[Signature]</u>		Signature <u>[Signature]</u>	
Title <u>Vice President</u>		Title <u>Secretary</u>	

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