

## **WEB FORM** COPY

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





DUE ON OR BEFORE 6/22/2015

FILING FEE	FIL	ING	FEE
------------	-----	-----	-----

\$10.00

PLEASE READ ALL INSTRUCTIONS. 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.

1	YING ON MERCHANTS	AND LABOR BENEVOLENT	ASSOCIATION OF TUCSON
••	1935 S 6TH AVE	<b>=</b> # # # # # # # # # # # # # # # # # # #	IVED

1935 S 6TH AVE		BENEVOLENT ASSOCIATION OF TUCSON
TUCSON, AZ 85	5713	MAR 0 7 2016
Business Phone: State of Domicile		CORPORATIONS DIVISION Type of Corporation: NON-PROFIT
Mailing Address:	JAMES GONG 1935 S 6TH AVE TUCSON, AZ 85713	RECESTATUTO PAgent's Street or Physical Address, If Different.  MAR 0 7 2016  ARIZONA CORP. COMMISSION
ACC USE ONLY	If appointing a ne	CORPORATIONS DIVISION  w statutory agent, the new agent MUST consent to that igning below. Note that the agent address must be in Arizona.
Penalty \$ 25 Reinstate \$	I, (individual) or We, (con	poration or limited liability company) having been designated the new Statutory Agent, appointment until my removal or resignation pursuant to law.
	Sign	nature of new Statutory Agent
Expedite \$	· •	

(Foreign Corporations are REQUIRED to complete this section).

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

ıΠ	eck the one catedory	ウニ・ウィ	t Million pest describes are or but to or Elv or	200	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00 01 Juli 00 bo and
	BUSINESS CORPORATION			<u>NC</u>	N-PI	ROFIT CORPORATIONS
	1. Accounting		Manufacturing ·	1.	<u>L</u>	Charitable
	2. Advertising	21.	Mining			Benevolent
	3. Aerospace	<u>1</u> 22.	News Media			Educational
	4. Agriculture	亘 23.	Pharmaceutical			
	5. Architecture	፲፰ 24.	Publishing/Printing			Political
	6. Banking/Finance	☑ 25.	Ranching/Livestock			Religious
	7. Barbers/Cosmetology	C 26.	Real Estate			Social
	8. Construction	☆ 27.	Restaurent/Bar			iterary
	9. Contractor	<u>1</u> 28.	Retail Sales			Cultural
•	10. Credit/Collection	□ 29	Science/Research			Athletic
	☐ 11. Education	<b>3</b> 0.	Sports/Sporting Events			Science/Research
	12. Engineering	;;;; 31.	Technology(Computers)			lospital/Health Care
	13. Entertainment	□ 32.	Technology(General)			Agricultural
~	14. General Consulting	□ 33	Television/Radio			Cooperative Marketing Association
	15. Health Care	□ 34	Tourism/Convention Services			Animal Husbandry
	☐ 16. Hotel/Motel	<u>r</u> 35.	Transportation			Homeowner's Association
	17. Import/Export		Utilities	17.		Professional, commercial
	□ 18. Insurance	37.	Veterinary Medicine/Animal Care			ndustrial or trade association
	T 10 Logal Services		Other	18.		Other

## (For-profit Corporations and Business Trusts are REQUIRED to complete this section.) 5. CAPITALIZATION: Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. PLEASE PRINT OR TYPE CLEARLY. 5a. Please examine the corporation's original Articles of Incorporation for the amount of shares authorized. Number of Shares/Certificates Authorized Series Within Class (if anv) Class 5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of shares issued. Series Within Class (if any) Number of Shares/Certificates Issued Class (For-profit Corporations and Business Trusts are REQUIRED to complete this section.) 6. SHAREHOLDERS: 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: 7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE. **CHUNG F DUN** BILL YU Name: Name: PRESIDENT OTHER OFFICER Title: Title: Address: 8781 E PERRILLO PLACE Address: 3125 W SAGURO W TUCSON, AZ 85710 **TUCSON, AZ 85745** Date taking office: 01/01/2010 Date taking office: 01/01/2010 ALBERTO CHU WENDY KARAHALIOS Name: Name: VICE-PRESIDENT **SECRETARY** Title: Title: Address: 7074 W DESERAMA DRIVE Address: 6882 N LA PLACE **TUCSON, AZ 85743 TUCSON, AZ 85750** Date taking office: 01/01/2010 Date taking office: 01/01/2009 8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE. Name: YEN H LOW **ALBERTO CHU** Name: Address: 394 S VIA DE LOS CAMPOS Address: 7074 W DESERAMA DRIVE **TUCSON, AZ 85711 TUCSON, AZ 85743** Date taking office: 01/01/2008 Date taking office: 01/01/2010 Name: Name: Address: Address: Date taking office: Date taking office:

05069300 YING ON MERCHANTS AND LABOR BENEVOLENT ASSOCIATION OF TUCSON Page 2

Please Enter Corporation Name: YING ON MERCHANTS AND LABOR BENEVOLENT ASSOCIATION OF TUCSON File number 05069300 Page 3				
9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9))  Nonprofits – financial disclosure is no longer required. Cooperative marketing associations – must submit a financial statement. All other types of corporations are not required to file a financial statement.				
ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION:  9A. MEMBERS (A.R.S. §10-11622(A)(6))  This corporation DOES DOES NOT D have members				
10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7))  A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:				
<ol> <li>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?</li> <li>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?</li> <li>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:         <ul> <li>(a) fraud or registration provisions of the securities laws of that jurisdiction, or</li> <li>(b) the consumer fraud laws of that jurisdiction, or</li> <li>(c) the antitrust or restraint of trade laws of that jurisdiction?</li> </ul> </li> </ol>				
One box must be marked: YES INO OF IT "YES" to A, 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 birth name.  2. Full present name and prior names used.  3. Present home address.  4. All prior addresses for immediately preceding 7 year period.  5. Date and location of birth.  The nature and description of each conviction or judicia action; the date and location; the court and public agence involved; and the file or cause number of the case.				
B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation?  One box must be marked: YES U NOUL If "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement above.  (a) Name and address of each corporation and the persons involved.  (b) State(s) in which it: (i) was incorporated and (ii) transacted business.  (c) Dates of corporate operation.				
11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623)				
A. Has the <u>corporation</u> filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES Q NO Q  If "Yes" to A, the following information must be submitted as an attachment to this report:  1. All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for bankruptcy or the appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder possessing or controlling twenty per cent of the issued and outstanding shares or twenty per cent of any proprietary, beneficial or membership interest in the corporation.				
<ol> <li>Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:         <ul> <li>(a) Name and address of each corporation;</li> <li>(b) States in which it: (i) was incorporated and (ii) transacted business.</li> <li>(c) Dates of operation.</li> </ul> </li> </ol>				
42 SIGNATURES. Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.				
12. <u>SIGNATURES:</u> Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected. I declare, under penalty of perjury, 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 perjury 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 Lugier Date Date Date Date				
Signature Signature Signature				
Title Title (Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)				
Arizona Cornoration Commissio				