



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

Arizona Corporation Commission



00130722

DUE ON OR BEFORE 04/12/1999

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. ~~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.~~

1. NATIVE AMERICAN GRANT SCHOOL ASSOCIATION, INC.  
% BORDERTOWN DORMITORY  
BOX 609  
FLAGSTAFF, AZ 86002

Corporation File Number:

Business Phone: ~~XXXXXXXXXX~~  
State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: BARBARA BENALLY  
Street Address: 6900 JAY LN  
(NOT P.O. BOX)  
City, State, Zip: FLAGSTAFF AZ 86004-

Use this box only if appointing a new Statutory Agent

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:

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 checked="" 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  |

RECEIVED

NOV 30 1999

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

RECEIVED

MAR 29 2000

ARIZONA CORP COMMISSION  
CORPORATIONS DIVISION

**5. CAPITALIZATION:** ~~Business Corporations and Partnerships 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) |
|--|-------|------------------------------|
| None                                     |       |                              |

| Number of Shares/Certificates Issued | Class | Series Within Class (if any) |
|--------------------------------------|-------|------------------------------|
| None                                 |       |                              |

**6. SHAREHOLDERS:** ~~Business Corporations and Partnerships 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.

**NONE** ☒ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

**7. OFFICERS** (Attach additional sheets if necessary.) See Attached

|                           |                           |
|---------------------------|---------------------------|
| Name: _____               | Name: _____               |
| Title: _____              | Title: _____              |
| Address: _____            | Address: _____            |
| Date taking office: _____ | Date taking office: _____ |
| Name: _____               | Name: _____               |
| Title: _____              | Title: _____              |
| Address: _____            | Address: _____            |
| Date taking office: _____ | Date taking office: _____ |

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

|   |                                     |
|---|-------------------------------------|
| Name: <u>THOMAS BARBONE</u>                   | Name: <u>DANIEL PEACHES</u>         |
| Address: <u>P O BOX 679</u>                   | Address: <u>P O BOX 1801</u>        |
| <u>CROWNPOINT, NM 87313-</u>                  | <u>KAYENTA, AZ 86033-</u>           |
| Date taking office: <u>07-01-96</u>           | Date taking office: <u>10-01-92</u> |
| Name: <u>CORNELIA ESCHIEF</u>                 | Name: <u>KENNETH MILES</u>          |
| Address: <u>C/O BLACKWATER COMMUNITY SCHO</u> | Address: <u>P O BOX 160</u>         |
| <u>COLLIDGE, AZ 85228-</u>                    | <u>TUBA CITY, AZ 86045-</u>         |
| Date taking office: <u>07-01-96</u>           | Date taking office: <u>07-01-95</u> |

7 8. Directors: *officers*

Name: Freddie Howard, President

Address: P. O. Box 1615

Window Rock, AZ. 86515

Date Taking Office: 07/01/99

Name: Diana L. Shebala, Secretary

Address: P. O. Box 724

Hotevilla, AZ. 86030

Date Taking Office: 07/01/99

Name: Colbert Dayzie, Member

Address: P. O. Box 5

Tonalea, AZ. 86044

Date Taking Office: 07/01/98

Name: Larry Schurz, Vice Pres.

Address: 11896 E. Glenrosa

Scottsdale, AZ 85256

Date Taking Office: 07/01/99

## **8. Directors:**

Name: Freddie Howard

Address: P. O. Box 1615

Window Rock, AZ. 86515

Date Taking Office: 07/01/99

Name: Thomas Walker, Jr.

Address: P. O. Box 294

Winslow, AZ. 86047

Date Taking Office: 07/01/98

Name: Diana L. Shebala

Address: P. O. Box 724

Hotevilla, AZ. 86030

Date Taking Office: 07/01/99

Name: Larry Schurz

Address: 11896 E. Glenrosa

Scottsdale, AZ 85256

Date Taking Office: 07/01/99

Balance Sheets (See Specific Instructions on page 18.)

| Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.  |  |     | (A)<br>Beginning of year |     | (B)<br>End of year |
|---|--|-----|--------------------------|-----|--------------------|
| 45  | Cash - non-interest-bearing .....  |     | 19,874                   | 45  | 8,387              |
| 46  | Savings and temporary cash investments .....   |     |                          | 46  |                    |
| 47a   | Accounts receivable .....  | 47a |                          |     |                    |
| b   | Less: allowance for doubtful accounts .....  | 47b |                          | 47c |                    |
| 48a   | Pledges receivable .....   | 48a |                          |     |                    |
| b   | Less: allowance for doubtful accounts .....  | 48b |                          | 48c |                    |
| 49  | Grants receivable .....  |     |                          | 49  |                    |
| 50  | Receivables from officers, directors, trustees, and key employees (attach sch) .....   |     |                          | 50  |                    |
| 51a   | Other notes and loans receivable (attach schedule) .....   | 51a |                          |     |                    |
| b   | Less: allowance for doubtful accounts .....  | 51b |                          | 51c |                    |
| 52  | Inventories for sale or use .....  |     |                          | 52  |                    |
| 53  | Prepaid expenses and deferred charges .....  |     |                          | 53  |                    |
| 54  | Investments - securities (attach schedule) .....   |     |                          | 54  |                    |
| 55a   | Investments - land, buildings, and equipment: basis .....  | 55a |                          |     |                    |
| b   | Less: accumulated depreciation (attach schedule) .....   | 55b |                          | 55c |                    |
| 56  | Investments - other (attach schedule) .....  |     |                          | 56  |                    |
| 57a   | Land, buildings, and equipment: basis .....  | 57a | 342                      |     |                    |
| b   | Less: accumulated depreciation (attach schedule) STMT .3 .....   | 57b |                          | 57c | 342                |
| 58  | Other assets (describe ► .....   |     |                          | 58  |                    |
| 59  | <b>Total assets (add lines 45 through 58) (must equal line 74) .....</b>   |     | 19,874                   | 59  | 8,729              |
| 60  | Accounts payable and accrued expenses .....  |     |                          | 60  |                    |
| 61  | Grants payable .....   |     |                          | 61  |                    |
| 62  | Deferred revenue .....   |     |                          | 62  |                    |
| 63  | Loans from officers, directors, trustees, and key employees (attach schedule) .....  |     |                          | 63  |                    |
| 64a   | Tax-exempt bond liabilities (attach schedule) .....  |     |                          | 64a |                    |
| b   | Mortgages and other notes payable (attach schedule) .....  |     |                          | 64b |                    |
| 65  | Other liabilities (describe ► .....  |     |                          | 65  |                    |
| 66  | <b>Total liabilities (add lines 60 through 65) .....</b>   |     | 0                        | 66  | 0                  |
| <b>NET ASSETS OR FUND BALANCES</b><br>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. |  |     |                          |     |                    |
| 67  | Unrestricted .....   |     |                          | 67  |                    |
| 68  | Temporarily restricted .....   |     |                          | 68  |                    |
| 69  | Permanently restricted .....   |     |                          | 69  |                    |
| Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.   |  |     |                          |     |                    |
| 70  | Capital stock, trust principal, or current funds .....   |     |                          | 70  |                    |
| 71  | Paid-in or capital surplus, or land, building, and equipment fund .....  |     |                          | 71  |                    |
| 72  | Retained earnings, endowment, accumulated income, or other funds .....   |     | 19,874                   | 72  | 8,729              |
| 73  | <b>Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) .....</b> |     | 19,874                   | 73  | 8,729              |
| 74  | <b>Total liabilities and net assets/fund balances (add lines 66 and 73) .....</b>  |     | 19,874                   | 74  | 8,729              |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Navajo American Grant Schools Association  
901 N. Kinlani Rd.  
Flagstaff, Arizona 86001

January 10, 2000

Arizona Corporation Commission  
Corporations Division  
1300 West Washington  
Phoenix, AZ. 85007-2929

Re: File # -0233291-9

Just a note to advise you that our address has changed to:

Native American Grant Schools Association  
901 N Kinlani Rd.  
Flagstaff, AZ. 86001

Please change your records accordingly as P. O. Box 609 is now closed.

Sincerely,

*Barbara A. Benally*

Enclosure

*See other enclosures*

**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 & 10-2505.A)**

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:

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)**

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?

~~One box must be marked:~~

**YES** ☐

**NO** ☒

~~If YES, enter the following:~~

Chapter \_\_\_\_\_ Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_

~~For each corporation listed in section 7, attach to this report 1) the name and address of each corporation; and 2) the date of incorporation or the date of the transaction in which the corporation was involved.~~

**12. SIGNATURES**

~~**CAUTION: Annual Report 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>Freddie Howard</u>      | Date <u>11/99</u> | Name <u>Diana Shebala</u>      | Date <u>11/99</u> |
| Signature <u>Freddie Howard</u> |                   | Signature <u>Diana Shebala</u> |                   |
| Title _____                     |                   | Title _____                    |                   |

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