



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

Arizona Corporation Commission



00211172

DUE ON OR BEFORE 10/13/2000

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.**

-0096556-1

1. **PINAL-GILA COUNCIL FOR SENIOR CITIZENS**
PO BOX 11452
CASA GRANDE, AZ 85230-1452

Business Phone: 520-836-2758 (Business phone is optional)

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

RECEIVED

2. Arizona Statutory Agent: **JIM NORRIS**
Street Address: **908 N LEHMBERG**
(NOT P.O. BOX)
City, State, Zip: **CASA GRANDE AZ 85222-**

OCT - 5 2000

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10.00

Penalty \$

Reinstate \$

Expedite \$

Resubmit \$

IPR

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 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 checked="" 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.

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. **Please Type or Print Clearly.**

Name: _____

Name: _____

NONE ☐

Name: _____

Name: _____

7. OFFICERS **Please Type or Print Clearly.**Name: Mary Lou RosalesName: Jim NorrisTitle: ChairpersonTitle: Vice-ChairpersonAddress: P.O. Box 160Address: 908 N. LehmbergCoolidge, AZ 85228Casa Grande, AZ 85222Date taking office: 5/99Date taking office: 5/99Name: Mary Lou ColemanName: Beulah BlairTitle: SecretaryTitle: TreasurerAddress: P.O. Box 5346Address: P.O. Box 982Oracle, AZ 85623Claypool, AZ 85532Date taking office: 5/99Date taking office: 5/99**8. DIRECTORS** **Please Type or Print Clearly.**Name: Dorothy PowellName: Maggie YutzlerAddress: 321 Orange Dr.Address: 35453 N. Schnepf Dr.Casa Grande, AZ 85222Queen Creek, AZ 85242Date taking office: 5/99Date taking office: 4/99Name: Cliff AxtName: Jim GallagherAddress: 10322 E. BreathlessAddress: 102 Saguaro PlGold Canyon, AZ 85219Superior, AZ 85273Date taking office: 5/00Date taking office: 5/99

Pinal-Gila Council for Senior Citizens, Inc.
STATEMENT OF FINANCIAL POSITION
June 30, 1999

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
ASSETS			
Cash	\$121,611	\$ -0-	\$121,611
Grants receivable (Note B)	104,077	294,879	398,956
Other receivables	152	-0-	152
Deposits	<u>5,519</u>	<u>-0-</u>	<u>5,519</u>
Total assets	<u>\$231,359</u>	<u>\$294,879</u>	<u>\$526,238</u>
LIABILITIES AND NET ASSETS			
Accounts payable and accruals	\$ -0-	\$ 31,144	\$ 31,144
Due to subcontractors (Note C)	-0-	245,590	245,590
Funds held for Elder Abuse	-0-	800	800
Unearned revenue	<u>-0-</u>	<u>4,315</u>	<u>4,315</u>
Total liabilities	<u>-0-</u>	<u>281,849</u>	<u>281,849</u>
Net assets			
Unrestricted	231,359	-0-	231,359
Temporarily restricted	-0-	13,030	13,030
Permanently restricted	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Total net assets	<u>231,359</u>	<u>13,030</u>	<u>244,389</u>
Total liabilities and net assets	<u>\$231,359</u>	<u>\$294,879</u>	<u>\$526,238</u>

The accompanying notes are an integral part of this statement.

Pinal-Gila Council for Senior Citizens, Inc.
STATEMENT OF ACTIVITIES
For the year ended June 30, 1999

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
REVENUE, GAINS, AND OTHER SUPPORT:			
Arizona Department of Economic Security	\$ -0-	\$ 1,872,869	\$ 1,872,869
Pinal-Gila Behavioral Health Association	-0-	87,298	87,298
ALTCS, Ventana, and WACOG	-0-	108,993	108,993
FEMA	-0-	638	638
Gila County	-0-	21,000	21,000
United Way	-0-	15,000	15,000
Other	-0-	7,056	7,056
In-kind	-0-	7,050	7,050
Project income	-0-	15,505	15,505
Interest and dividend income	4,174	-0-	4,174
Net assets released for restrictions:			
Satisfaction of program restrictions	2,112,840	(2,112,840)	-0-
Satisfaction of equipment acquisition restrictions	<u>25,091</u>	<u>(25,091)</u>	<u>-0-</u>
Total revenues, gains, and other support	<u>2,142,105</u>	<u>(2,522)</u>	<u>2,139,583</u>
EXPENSES:			
Program Expenses:			
Congregate meals	(202,957)	-0-	(202,957)
Home delivered meals	(300,140)	-0-	(300,140)
Case management	(224,630)	-0-	(224,630)
Home care	(466,482)	-0-	(466,482)
Legal	(106,360)	-0-	(106,360)
Respite	(54,039)	-0-	(54,039)
Transportation	(94,286)	-0-	(94,286)
Tobacco and tax program	(60,285)	-0-	(60,285)
Behavioral Health	(89,920)	-0-	(89,920)
Benefits, Entitlements, and Advocacy	(45,752)	-0-	(45,752)
Ombudsman	(46,593)	-0-	(46,593)
Home Repair	(14,587)	-0-	(14,587)
Senior Employment Program	(113,339)	-0-	(113,339)
Program development and program administration	<u>(326,965)</u>	<u>-0-</u>	<u>(326,965)</u>
Total expenses	<u>(2,146,335)</u>	<u>-0-</u>	<u>(2,146,335)</u>
Change in net assets	(4,230)	(2,522)	(6,752)
Net assets at beginning of year	<u>235,589</u>	<u>15,552</u>	<u>251,141</u>
Net assets at end of year	<u>\$ 231,359</u>	<u>\$ 13,030</u>	<u>\$ 244,389</u>

The accompanying notes are an integral part of this statement.

Pinal-Gila Council for Senior Citizens, Inc.
STATEMENT OF SUPPORT, REVENUE, AND EXPENDITURES
For the year ended June 30, 1999

	Title III-B	Congregate Meals	Home Delivered Meals	Title V	Elder Abuse/ Ombudsman	Title XX Case Management & Home Care
Support and revenue:						
Support						
Arizona Department of Economic Security (Note A1)	\$277,506	\$146,243	\$ 71,702	\$113,339	\$6,713	\$318,471
Pinal-Gila Behavioral Health Association	-0-	-0-	-0-	-0-	-0-	-0-
ALTCS, Ventana, WACOG	43,596	-0-	65,397	-0-	-0-	-0-
FEMA	-0-	-0-	638	-0-	-0-	-0-
Gila County	-0-	6,000	6,000	-0-	-0-	-0-
United Way	5,000	-0-	10,000	-0-	-0-	-0-
Other	2,400	-0-	-0-	-0-	-0-	-0-
In-kind	7,050	-0-	-0-	-0-	-0-	-0-
Total support	<u>335,552</u>	<u>152,243</u>	<u>153,737</u>	<u>113,339</u>	<u>6,713</u>	<u>318,471</u>
Revenue						
Project income	15,490	-0-	-0-	-0-	-0-	-0-
Interest income	-0-	-0-	-0-	-0-	-0-	-0-
Total revenue	<u>15,490</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Total support and revenue	<u>351,042</u>	<u>152,243</u>	<u>153,737</u>	<u>113,339</u>	<u>6,713</u>	<u>318,471</u>
Expenditures:						
Payments to providers	96,766	152,243	146,202	56,370	-0-	268,594
Personnel	140,099	-0-	7,535	52,457	3,562	25,422
Employee related expenditures	30,153	-0-	-0-	4,512	922	6,233
Professional and outside services	13,506	-0-	-0-	-0-	65	2,053
Travel	7,946	-0-	-0-	-0-	716	1,276
Space	18,601	-0-	-0-	-0-	359	6,757
Equipment (Note A4)	15,459	-0-	-0-	-0-	-0-	1,531
Materials and supplies	10,021	-0-	-0-	-0-	267	2,211
Operating services	18,491	-0-	-0-	-0-	822	4,394
Total expenditures	<u>351,042</u>	<u>152,243</u>	<u>153,737</u>	<u>113,339</u>	<u>6,713</u>	<u>318,471</u>
Change in net assets	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ -0-</u>

The accompanying notes are an integral part of this statement.

U.S.D.A. Cash in lieu of Commodities	Supplemental Payment Program	Tobacco Tax	Title III-F Health Promotion/ Benefits Medigap Counseling Program	Behavioral Health	Other State Programs	Admini- stration	Total
\$90,355	\$107,739	\$59,985	\$45,747	\$ -0-	\$535,042	\$100,027	\$1,872,869
-0-	-0-	-0-	-0-	87,298	-0-	-0-	87,298
-0-	-0-	-0-	-0-	-0-	-0-	-0-	108,993
-0-	-0-	-0-	-0-	-0-	-0-	-0-	638
-0-	-0-	-0-	-0-	-0-	9,000	-0-	21,000
-0-	-0-	-0-	-0-	-0-	-0-	-0-	15,000
-0-	-0-	300	-0-	-0-	-0-	4,356	7,056
-0-	-0-	-0-	-0-	-0-	-0-	-0-	7,050
<u>90,355</u>	<u>107,739</u>	<u>60,285</u>	<u>45,747</u>	<u>87,298</u>	<u>544,042</u>	<u>104,383</u>	<u>2,119,904</u>
-0-	-0-	-0-	5	-0-	-0-	10	15,505
-0-	-0-	-0-	-0-	-0-	-0-	4,174	4,174
-0-	-0-	-0-	5	-0-	-0-	4,184	19,679
<u>90,355</u>	<u>107,739</u>	<u>60,285</u>	<u>45,752</u>	<u>87,298</u>	<u>544,042</u>	<u>108,567</u>	<u>2,139,583</u>
90,355	107,739	-0-	-0-	-0-	469,113	-0-	1,387,382
-0-	-0-	3,254	20,447	61,111	43,825	58,078	415,790
-0-	-0-	304	4,254	9,634	9,275	10,262	75,549
-0-	-0-	56,727	678	1,000	1,203	10,578	85,810
-0-	-0-	-0-	6,168	7,186	5,151	3,231	31,674
-0-	-0-	-0-	2,422	4,468	4,551	9,384	46,542
-0-	-0-	-0-	6,849	-0-	1,252	-0-	25,091
-0-	-0-	-0-	1,299	2,899	3,025	5,256	24,978
-0-	-0-	-0-	3,635	3,522	6,647	16,008	53,519
<u>90,355</u>	<u>107,739</u>	<u>60,285</u>	<u>45,752</u>	<u>89,820</u>	<u>544,042</u>	<u>112,797</u>	<u>2,146,335</u>
<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ (2,522)</u>	<u>\$ -0-</u>	<u>\$ (4,230)</u>	<u>\$ (6,752)</u>

Pinal-Gila Council for Senior Citizens, Inc.
STATEMENT OF CASH FLOWS
For the year ended June 30, 1999

Cash flows from operating activities

Change in net assets \$(6,752)

Adjustments to reconcile change in net assets
to net cash provided by operating activities:

Changes in assets and liabilities:

Increase in deposits	(1,642)
Increase in grants receivable	(101,225)
Increase in funds held for Elder Abuse	800
Decrease in accounts payable and accruals	(2,501)
Increase in due to subcontractors	119,750
Decrease in due to Department of Economic Security	(3,619)
Increase in unearned revenue	<u>3,100</u>

Net cash provided by operating activities 7,911

Net decrease in cash 7,911

Cash balance, beginning of year 113,700

Cash balance, end of year \$121,611

The accompanying notes are an integral part of this statement.

Pinal-Gila Council for Senior Citizens, Inc.
NOTES TO FINANCIAL STATEMENTS
June 30, 1999

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies applied in the preparation of the accompanying financial statements follows:

1. Organization

Pinal-Gila Council for Senior Citizens, Inc. is a private, non-profit agency which contracts with the Arizona Department of Economic Security (DES) to provide nutrition and other programs to the aging community through its sixteen (16) subcontractors and its own centers. Pinal-Gila Council for Senior Citizens, Inc.'s contracts with the Department of Economic Security are funded by the U.S. Department of Health and Human Services, the U.S. Department of Agriculture, and the U. S. Department of Labor. Pinal-Gila Council for Senior Citizens, Inc. is economically dependent on the DES.

2. Fund Accounting

The accounts of the Pinal-Gila Council for Senior Citizens, Inc. are organized on the basis of fund groups, each of which is considered a separate accounting entity. The operations of each fund are accounted for with a separate set of self-balancing accounts that comprise its revenues and expenditures, as appropriate. Government resources are allocated to and accounted for in individual funds based upon the purposes for which they are to be spent and the means by which spending activities are controlled.

3. Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

4. Equipment

Acquisitions of non-expendable property are treated as expenditures of funds in the period incurred. Property acquired is used by Pinal-Gila Council for Senior Citizens, Inc. in programs for which it was purchased, or in future authorized programs. The United States government has reversionary interest in property purchased with federal funds. Acquisition of the above type during the current contract year amounted to \$25,091.

5. Income Taxes

Pinal-Gila Council for Senior Citizens, Inc. is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code of 1954 as amended and from the state income taxes under ARS 43-147.

Pinal-Gila Council for Senior Citizens, Inc.
NOTES TO FINANCIAL STATEMENTS (Cont'd.)
June 30, 1999

6. Cash and Cash Equivalents

Cash and cash equivalents consist of petty cash, cash held in checking accounts, and certificates of deposit. At year end and throughout the year, the Organization's cash balances were deposited in several banks. Management believes the Organization is not exposed to any significant credit risk on cash and cash equivalents.

7. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimates.

NOTE B - GRANT RECEIVABLE

The grant receivable consists of the following:

Department of Economic Security	\$363,173
United Way	7,500
Ventana Health Systems Inc.	5,174
WACOG	13,507
Pinal County Administrative Services-ALTCS	8,476
Other	<u>1,126</u>
Total	<u>\$398,956</u>

NOTE C - AMOUNTS DUE TO SUBCONTRACTORS

Amounts due to subcontractors consist of the following:

Catholic Community Services - Nutrition	\$ 32,394
Catholic Community Services	15,893
LHS Home and Community Care	12,266
City of Casa Grande	11,464
City of Globe	10,610
Payson Multipurpose Senior Center Development Association, Inc.	10,240
Town of Miami	9,131
Pinal County - Long Term Care	26,351
Horizon Home Care	60,215
Copper Communities Resource and Development, Inc.	19,285
Community Action Human Resource Agency	2,380
Gila County C.A.P.	3,725
Mesa Senior Center	8,558
Town of Superior	13,210
Pinal County - Palm Villa Daycare	3,040
Payson Regional Home Health	<u>6,828</u>
	<u>\$245,590</u>

Pinal-Gila Council for Senior Citizens, Inc.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
For the year ended June 30, 1999

SUMMARY OF AUDITOR'S RESULTS

Financial Statements

Type of audit report issued on the financial statements:

Unqualified Opinion

Internal control over financial reporting:

Material weakness identified?

☐ Yes

☒ No

Reportable conditions identified that are not considered to be material weaknesses?

☐ Yes

☒ None reported

Noncompliance material to financial statements noted?

☐ Yes

☒ No

Federal Awards

Internal control over major programs:

Material weakness identified?

☐ Yes

☒ No

Reportable conditions identified that are not considered to be material weaknesses?

☐ Yes

☒ None reported

Type of auditor's report issued on compliance for major programs:

Unqualified Opinion

Any audit findings disclosed that are required to be reported in accordance with section 510(a) of Circular A-133?

☐ Yes

☒ No

Identification of major programs:

CFDA Numbers

Name of Federal Program

93.044

Aging Programs - Titles III-B, IIC1, and IIC2

93.677

Social Services Block Grant - Title XX

Dollar threshold used to distinguish between Type A and Type B programs: \$300,000.

Auditee qualified as a low-risk auditee?

☒ Yes

☐ No

**FINDINGS REQUIRED TO BE REPORTED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS**

None noted.

FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS

None noted.

SCHEDULE OF PRIOR AUDIT FINDINGS

There were no prior audit findings.

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>Mary Lou Rosales</u>	Date <u>9/29/00</u>	Name <u>Mary Lou Coleman</u>	Date <u>9/29/2000</u>
Signature <u>Mary Lou Rosales</u>		Signature <u>Mary Lou Coleman</u>	
Title <u>Chairperson</u>		Title <u>Secretary</u>	

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