

2.

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



DHE	ON	ΩR	BEFORE	10	/10	/2001
	UIN	UΠ	DEFURE	- 40	<i>,</i> _v.	<i>, </i>

FY01-02

FILING FEE \$10.00

NON-PROFIT CORPORATIONS

Charitable

Benevolent

Educational

Civio

Political

Social

Literary

Cultural

Athletic

Other_

Agricultural

13.

15. __

Science/Research

Animal Husbandry

Hospital/Health Care

Homeowner's Association

Professional, commercial

industrial or trade association

Religious

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 formet. **INSTRUCTIONS ON PAGE 4.**

-0129431-5 1. LA PALOMA FAMILY SERVICES, INC. PO BOX 41565 TUCSON, AZ 85717-1565

State of Domicile: ARIZONA

1. Accounting

2. Advertising

3. Aerospace

4. Agriculture

5. Architecture

8. Construction

9. Contractor

_11. Education

12. Engineering

15. Health Care

16. Hotel/Motel

18. Insurance

_ 17. lmport/Export

_ 19. Legal Services

13. Entertainment

14. General Consulting

_ 6. Banking/Finance

10. Credit/Collection

7. Barbers/Cosmetology

Business Phone: (170) 710-9667 (Business phone is optional)

20. Manufacturing

22. News Media

__ 23. Pharmaceutical

__ 26. Real Estate

__ 24. Publishing/Printing

27. Restaurant/Bar

__ 33. Television/Radio

__ 35. Transportation

__ 36. Utilities

__ 38. Other

28. Retail Sales

25. Ranching/Livestock

29. Science/Research

__ 30. Sports/Sporting Events

__ 31. Technology(Computers)

32. Technology(General)

34. Tourism/Convention Services

37. Veterinary Medicine/Animal Care

__21. Mining

Arizona Statutory Agent: PAT P LOPEZ III

OCT 1 0 2001

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

Stre	eet Address: 6262 N SWAN #200 TUCSON,, AZ 85718
Cits	7 _S State, Zip:
10	Use this box only if appointing a new Statutory Agent
ACC USE ONLY Fee \$ Penalty \$ Reinstate \$	If appointing a <u>new</u> 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.
Expedite \$	Signature of <i>new</i> Statutory Agent
3338)33 3. Secondary Address (Foreign Corporatio	
- REQUIRED to con this section.)	
	egory below which best describes the CHARACTER OF BUSINESS of your corporation. NON-PROFIT CORPORATIONS

Type of Corporation: NON-PROFIT

01294315

LA PALOMA FAMILY SERVICES Board of Directors / Officers Fiscal Year 2001 - 2002

NAME	<u>POSITION</u>	ADDRESS
David Bradley	President	6902 E. Soyaluna, Tucson, AZ 85715 took office 12/07/99
Dale Fuller	Treasurer	9892 E. Cisco Ct., Tucson, AZ 85748 took office 12/07/99
Debbie Hughes	Secretary	La Paloma Family Services P.O. Box 41565, Tucson, AZ 85717 took office 12/05/2000
Nina Knipe Daldrup	Director	3148 E. Lester, Tucson, AZ 85716 took office 12/07/99
Joseph Herrmann	Director	2518 E. Blanton Dr., Tucson, AZ 85717 took office 12/07/99
Herschella Horton	Director	2486 S. Saddleback Ave., Tucson, AZ 85710 took office 12/07/99
Tillie Arvizu	Director	Chicanos Por La Causa 200 N. Stone Ave., Tucson, AZ 85701 took office 12/08/98
Michael Cracovaner	Director	Internal Medicine Associates 6365 E. Tanque Verde, #120, Tucson, AZ 85715 took office 12/08/98
Kimberly Etchings	Director	Northwestern Mutual Life 1760 E. River Rd., #247, Tucson, AZ 85718 took office
Sherry Mullens	Director	6364 N. Camino Padre Isidoro, Tucson, AZ 85718 took office 12/02/97
Keith Provan	Director	University of Arizona P.O. Box 210108, Tucson, AZ 85721 took office 12/02/97

01294315

LA PALOMA FAMILY SERVICES, INC.

STATEMENTS OF FINANCIAL POSITION

June 30, 2001 and 2000

ASSETS

	<u>2001</u>	<u>2000</u>
CURRENT ASSETS		
Cash and cash equivalents	\$ 366,739	\$ 252,853
Grants and contracts receivable	397,141	373,882
Notes receivable		5,587
Prepaid expenses and other assets	47,400	45,303
Total current assets	811,280	677,625
PROPERTY AND EQUIPMENT, NET	1,085,488	1,006,369
OTHER ASSETS		
Deposits	9,116	<u>9,116</u>
Total assets	\$ <u>1,905,884</u>	\$ <u>1,693,110</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 48,657	\$ 57,502
Accrued compensated absences	76,499	73,208
Accrued salaries	91,125	88,006
Accrued expenses	19,422	9,565
Clothing and personal allowance	41,346	32,555
Current maturities, long-term debt	70,204	39,606
Total current liabilities	_347,253	300,442
LONG-TERM DEBT, LESS CURRENT MATURITIES	496,665	453,676
Total liabilities	843,918	754,118
NET ASSETS – UNRESTRICTED	1,061,966	938,992
Total liabilities and net assets	\$ <u>1,905,884</u>	\$ <u>1,693,110</u>

The Notes to Financial Statements are an integral part of these financial statements

Please Enter Corporation Name: LA PALOMA FAMIL	Y SERVICES, INC.	Page 3				
	012560	_				
 FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-1 Nonprofit corporations <u>must attach</u> a financial statement (balance) 	be sheet including assets, liabilities and equity). All other for	orms of				
corporations are exempt from filing a financial disclosure.						
9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corpora	tions Only					
This corporation does : does not 6	have members.					
40 0-0-1-10 1-1- 0- 01001 00110- /4 0 0 0040 4000 4	0.0.10.11000.0.001					
10. <u>CERTIFICATE OF DISCLOSURE</u> (A.R.S. §§10-1622.A Has ANY person serving either by election or appointment as an officer		orethan				
10% of the issued and outstanding common shares or 10% of any othe [Underlined portion pertains to profit corporations only]						
· · · · · · · · · · · · · · · · · · ·						
 Convicted of a felony involving a transaction in securities, consumperiod immediately preceding the execution of this certificate? 		en year				
2. Convicted of a felony, the essential elements of which consisted or	ffraud, misrepresentation, theft by false pretenses or restraint of t					
monopoly in any state or federal jurisdiction within the seven : 3. Or are subject to an injunction, judgment, decree or permanent						
immediately preceding execution of this certificate where such	n injunction, judgment, decree or permanent order involved th	e violation of:				
(a) fraud or registration provisions of the securities laws of	of that jurisdiction, or					
(b) the consumer fraud laws of that jurisdiction, or(c) the antitrust or restraint of trade laws of that jurisdiction	on?					
One box must be marked: YES	NO 🖾					
If "YES", the following information must be submitted as an attachme in Items 1. through 3. above.	nt to this report for each person subject to one or more of the actions	stated				
1. Full name and prior names used. 5.	Date and location of birth.					
 Full birth name. Present home address. 	Social Security Number The nature and description of each conviction or judicial act	ion; the				
 Prior addresses (for immediate preceding 7 year period). 	date and location; the court and public agency involved, and or cause number of the case.					
preceding r year periody.	of cause number of the case.					
11. STATEMENT OF BANKRUPTCY (A.R.S. §§10-202.D.2	2 & 10-3202 02)					
Has ANY person serving either by election or appointment as an of	fficer, director, trustee, incorporator and person controlling or i	nolding				
more than 20% of the issued and outstanding common shares or 2 corporation served in such capacity or held a 20% interest in an	ny other corporation during the bankruptcy, receivership, or	<u>t in the</u> charter				
revocation of the other corporation? [Underlined portion pertain						
One box <u>must</u> be marked: YES 🗇	NO 🗵					
Chapter Date Filed	Case Number					
If "YES", the following information must be submitted as an a						
 The names and addresses of each corporation and the person. 	or persons involved. 2) The state in which each corporation is	vas				
a) incorporated b) transacted business. 3) The dates of corporate	ореганоп;					
12. SIGNATURES						
 <u>CAUTION</u>: Annual Reports must be signed by a dul signatures will be rejected. 	y authorized officer. Annual Reports submitted with inco	жест				
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 Dale L. Fuller Date /0/9/0/	NameDate					
Signature Signature Signature Signature						
	Title					
INIOPSTORICE MILET BO MILLY AUTHORISES ASSACT	are orrication lictor in eaction 7 of this report \					