



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

Arizona Corporation Commission



00630623

DUE ON OR BEFORE 01/13/2003

FY02-03

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.

1. -0060694-4

THE BEATITUDES CAMPUS
1610 W GLENDALE AVE
PHOENIX, AZ 85021

RECEIVED

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ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional.)

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

2. Statutory Agent: **DAVID G DAVIES**

Physical Address, If Different.

Mailing Address: **5110 N 40TH STREET, #236**

Physical Address:

City, State, Zip: **PHOENIX, AZ 85018**

City, State, Zip:

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:

(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 type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Science/Research |
| <input checked="" 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. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**. 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**. **Please Print or Type Clearly.**

Number of Shares/Certificates Authorized Class Series Within Class (if any)

N/A

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: N/A Name:

NONE ☒

Name: Name:

7. OFFICERS **Please Type or Print Clearly. You Must List at Least One.**

Name: See attached 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 **Please Type or Print Clearly. You Must List at Least One.**

Name: See attached Name:

Address: Address:

Date taking office: Date taking office:

Name: Name:

Address: Address:

Date taking office: Date taking office:



Beatitudes
Campus

**THE BEATITUDES CAMPUS
BOARD OF DIRECTORS
2002-2003**

OFFICERS

PAM PILLER	CHAIRWOMAN
RON EWING	CHAIRMAN ELECT
MARCIA LEE	SECRETARY
(VACANT)	TREASURER

MEMBERS

MEMBER	MAILING ADDRESS	TELEPHONE NUMBERS	PROFESSIONAL AFFILIATIONS
DR. WILLIAM ARNOLD (DOO: 9/99)	GERONTOLOGY PROGRAM ARIZONA STATE UNIVERSITY P.O. BOX 872902 TEMPE, AZ 85287-2902 Email: william.arnold@asu.edu	(B) 480-965-3225 (F) 480-965-9008	DIRECTOR GERONTOLOGY PROGRAM ARIZONA STATE UNIVERSITY P.O. BOX 872902 TEMPE, AZ 85287-2902
SHARI BURKEHOLDER (DOO: 9/00)	341 E. WAGON WHEEL DRIVE PHOENIX, AZ 85020 Email: vburkho@aol.com	(B) 602-364-7884 (H) 602-997-4436	LAWYER
DAVID DAVIES (DOO: 9/97)	DAVID G. DAVIES, LTD. 5110 N. 40 TH STREET SUITE 236 PHOENIX, AZ 85018	(B) 602-956-1521 (H) 480-922-6939 (F) 602-956-1765	LAWYER (SELF EMPLOYED) 5110 N. 40 TH STREET SUITE 236 PHOENIX, AZ 85018

**BEATITUDES CAMPUS OF CARE
BOARD ROSTER 2002-2003**

CHARLES DITSCH IMMEDIATE PAST CHAIR (DOO: 9/97)	250 E. SIERRA VISTA PHOENIX, AZ 85012 Email: c.ditsch@worldnet.att.net	(B) 602-265-7106 (F) 602-230-8497	LAWYER (SELF EMPLOYED) 250 E. SIERRA VISTA PHOENIX, AZ 85012
RONALD EWING CHAIRMAN ELECT (DOO: 9/97)	1636 E. CACTUS WREN DRIVE PHOENIX, AZ 85020 Email: ronewing@qwest.net	(B) 602-957-8366 (H) 602-331-0421 (F) 602-957-4740	C.P.A. RYND, CARNEAL & EWING 2813 E. CAMELBACK ROAD SUITE 425 PHOENIX, AZ 85016
BETTY-SUE GAGE (DOO: 9/97)	7319 N. 33RD AVENUE PHOENIX, AZ 85051 Email: gagefam@mindspring.com	(H) 602-973-1886	ACCOUNTANT (SELF EMPLOYED) 7319 N. 33 RD AVENUE PHOENIX, AZ 85051
SHEILA GERRY (DOO: 9/00)	JOHN C. LINCOLN HEALTH NETWORK 9108 N. 3 RD STREET PHOENIX, AZ 85020 Email: sgerry@jcl.com	(B) 602-870-6304 (H) 602-788-0023 (F) 602-944-8062	SENIOR VICE PRESIDENT JOHN C. LINCOLN HEALTH NETWORK 9108 N. 3 RD STREET PHOENIX, AZ 85020
DEAN GLASCO (DOO: 9/00)	1504 E. VILLA MARIA DRIVE PHOENIX, AZ 85022-1275 Email: DeanGlasco@msn.com	(H) 602-788-8800 (F) 602-788-8383	ARCHITECT (RETIRED)
AITHIA HARDT (DOO: 2002)	7211 NORTH 11TH PLACE PHOENIX, AZ 85020 E-mail: ahardt@hardtandjunc.k.com	(H) 602-870-1189	PARTNER IN HARDT AND JUNCCK ASSOCIATES, INC. SERVES AS A STRATEGIST AND MEDIA CONSULTANT FOR THE FIRM
LEE HOFMANN (DOO: 9/00)	HOFMANN, SALCITO & STEVENS 2800 N. CENTRAL AVENUE SUITE 1800 PHOENIX, AZ 85004 Email: hsslaw@aol.com	(B) 602-234-7800 (H) 602-870-9687 (F) 602-277-5595	LAWYER HOFMANN, SALCITO & STEVENS 302 E. CORONADO PHOENIX, AZ 85004

**BEATITUDES CAMPUS OF CARE
BOARD ROSTER 2002-2003**

KEN HUSBAND (DOO: 2002)	6340 NORTH 34TH PLACE PARADISE VALLEY, ARIZONA 85253 Email: kenhusband@aol.com	(B) 602-957-7503 (H) 602-956-9519 (F) 602-957-7798	CPA (SELF-EMPLOYED) KENNETH W. HUSBAND CPA
BEVERLY JUDIE (DOO: 9/99)	1052 SAN JOSE, NO. 3 MESA, AZ 85202 Email: bjudie@hs.state.az.us	(B) 602-542-7503 (H) 480-969-3696 (F) 602-542-7516	PROGRAM DIRECTOR ARIZONA DEPARTMENT OF HEALTH SERVICES 2700 N. 3 RD STREET, SUITE 4050 PHOENIX, AZ 85004
MARCIA LEE SECRETARY (DOO: 9/97)	1417 E. MARSHALL AVENUE PHOENIX, AZ 85014 Email: warmaraz@aol.com	(H) 602-266-3320	SCHOOL TEACHER (RETIRED)
JACK MARKS (DOO: 9/01)	1638 PALMCROFT WAY, S.W. PHOENIX, AZ 85007 Email: jmarks@bgclubs-phx.org	(B) 602-954-8182 EXT. 252 (H) 602-253-6859 (F) 602-343-1352	DIRECTOR OF DEVELOPMENT BOYS AND GIRLS CLUBS OF METROPOLITAN PHOENIX 2645 N. 24 TH STREET PHOENIX, AZ 85008
DR. GLENN MOE (DOO: 9/00)	8239 W. HATFIELD ROAD PEORIA, AZ 85383 Email: gdmoe@yahoo.com	(B) 602-995-2225 (H) 623-825-2653	PSYCHOLOGIST (SELF-EMPLOYED) 8433 N. BLACK CANYON HWY SUITE 100 PHOENIX, AZ 85021

**BEATITUDES CAMPUS OF CARE
BOARD ROSTER 2002-2003**

MARY ANN O'NEIL (DOO: 9/01)	330 W. SOLANO DRIVE PHOENIX, AZ 85013 Email: murfbud@prodigy.net	(B) 602-696-5413 (H) 602-264-4072	SCHOOL TEACHER
PAM PILLER CHAIRWOMAN (DOO: 9/99)	1402 W. PORT-AU-PRINCE LANE PHOENIX, AZ 85023 EMAIL: PILLERSPOST@YAHOO.COM	(H) 602-863-9855 (F) 6902-863-9855	SMALL BUSINESS OWNER (RETIRED)
BRENT SMITH (DOO: 2002)	4841 WEST ELLIOT ROAD LAVEN, AZ 85339 Email: bs0926@aol.com	(H) (602-237-2692	

**BEATITUDES CAMPUS OF CARE
BOARD ROSTER 2002-2003**

EX-OFFICIO

ALLEN BLOCH CHIEF FINANCIAL OFFICER (DOO: 4/1/02)	BEATITUDES CAMPUS OF CARE 1610 W. GLENDALE AVENUE PHOENIX, AZ 85021 Email: abloch@beatitudescampus.org	B) 602-995-2611 EXT. 112 (F) 602-995-4854	CHIEF FINANCIAL OFFICER BEATITUDES CAMPUS OF CARE 1610 W. GLENDALE AVENUE PHOENIX, AZ 85021
DEAN CANNON PRESIDENT, RESIDENT COUNCIL (DOO: 9/01)	1694 W. GLENDALE AVENUE APT. 565 PHOENIX, AZ 85021	(H) 602-864-6283	ENTREPRENEUR (RETIRED)
MARYLENE LEE AUXILIARY PRESIDENT (DOO: 9/01)	1694 W. GLENDALE AVENUE APT. 454 PHOENIX, AZ 85021 Email: maryleneflee@aol.com	(H) 602-995-0436 (C) 602-622-9613	SMALL BUSINESS OWNER (RETIRED)
PEGGY MULLAN PRESIDENT AND CEO (DOO: 6/89)	BEATITUDES CAMPUS OF CARE 1610 W. GLENDALE AVENUE PHOENIX, AZ 85021 Email: pmullan@beatitudescampus.org	(B) 602-995-2611 EXT. 106 (F) 602-995-4854	PRESIDENT AND CEO BEATITUDES CAMPUS OF CARE 1610 W. GLENDALE AVENUE PHOENIX, AZ 85021 MASTER OF NONPROFIT MANAGEMENT REGIS UNIVERSITY AUGUST 2002
REV. STEVE STERNER SENIOR PASTOR (DOO: 9/97)	CHURCH OF THE BEATITUDES 555 W. GLENDALE AVENUE PHOENIX, AZ 85021 Email: sssterner2000@yahoo.com	(B) 602-264-1221 (F) 602-222-9330	SENIOR PASTOR CHURCH OF THE BEATITUDES 555 W. GLENDALE AVENUE PHOENIX, AZ 85021
SCOTT WYNN CHIEF OPERATIONS OFFICER (DOO: 5/01)	BEATITUDES CAMPUS OF CARE 1610 W. GLENDALE AVENUE PHOENIX, AZ 85021 Email: swynn@beatitudescampus.org	(B) 602-995-2611 EXT. 210 (F) 602-995-4854	CHIEF OPERATIONS OFFICER BEATITUDES CAMPUS OF CARE 1610 W. GLENDALE AVENUE PHOENIX, AZ 85021

THE BEATITUDES CAMPUS
(DETAIL INCOME STATEMENT NOVEMBER 2002)
(UNAUDITED FIGURES)

	2ND MONTH	YTD ACTUAL	YTD BUDGET	VARIANCE	% Variance to Budget	Favorable or Unfavorable to Budget
APARTMENT REVENUE	304,322	595,022	614,833	(19,811)	-3%	U
ASSISTED LIVING REVENUE	145,143	285,771	295,722	(9,951)	-3%	U
HEALTHCARE REVENUE						
Health Center - Medicare	49,953	74,934	79,674	(4,740)	-6%	U
Health Center - ALTCS, Mgd Care, Private	736,595	1,495,068	1,509,008	(13,940)	-1%	U
Total Healthcare Revenue	786,548	1,570,002	1,588,682	(18,680)	-1%	U
ANCILLARY REVENUE						
Health Center - Medicare	54,976	120,470	128,455	(7,985)	-6%	U
Health Center - ALTCS, Mgd Care, Private	56,537	126,085	180,067	(53,982)	-30%	U
Total Ancillary Revenue	111,513	246,555	308,522	(61,967)	-20%	U
CONTRACTUAL ALLOWANCES						
Health Center - Medicare	(14,677)	(30,395)	(59,212)	28,817	49%	F
Health Center - ALTCS, Mgd Care, Private	(89,113)	(185,520)	(308,179)	122,659	40%	F
Total Contractual Allowances	(103,790)	(215,915)	(367,391)	151,476	41%	F
NET HEALTH CENTER REVENUE	794,271	1,600,642	1,529,813	70,829	5%	F
NET RESIDENT REVENUE	1,243,736	2,481,435	2,440,368	41,067	2%	F
OTHER REVENUE						
General Billing	8,630	18,599	18,474	125	0%	F
Food Service	21,758	54,018	50,846	3,172	6%	F
Foundation Contributions	15,973	28,473	25,069	3,404	14%	F
Interest Income	830	1,668	2,493	(825)	-33%	U
Beauty Shop	14,978	31,281	27,534	3,747	14%	F
Senior Synergy	661	1,676	1,733	(57)	-3%	U
Other Revenue	23,459	46,542	57,675	(11,133)	-19%	U
Total Other Revenue	86,289	182,257	183,824	(1,567)	-1%	U
TOTAL REVENUE	1,330,025	2,663,692	2,624,192	39,500	2%	F
SALARIES & WAGES						
Payroll - Reg	545,674	1,162,319	1,126,143	(36,176)	-3%	U
Payroll - OT	63,017	102,649	77,614	(25,035)	-32%	U
Payroll - Pastoral Care	6,403	11,692	16,608	4,916	30%	U
Total Payroll	615,094	1,276,660	1,220,365	(56,295)	-5%	U
EMPLOYEE BENEFITS						
Fringe Benefits	96,236	191,464	159,732	(31,732)	-20%	U
Payroll Related	102,518	202,102	221,327	19,225	9%	F
Total Employee Benefits	198,754	393,566	381,059	(12,507)	-3%	U
% of Salaries	32.3%	30.8%	31.2%	0.40%		

THE BEATITUDES CAMPUS
(DETAIL INCOME STATEMENT NOVEMBER 2002)
(UNAUDITED FIGURES)

	2ND MONTH	YTD ACTUAL	YTD BUDGET	VARIANCE	% Variance to Budget	Favorable or Unfavorable to Budget
PURCHASE SERVICES						
Contract Labor - Therapy (PT< OT< ST)	29,793	61,507	35,198	(26,309)	-75%	U
Purch Svcs - Registry	28,504	44,915	28,976	(15,939)	-55%	U
Purch Svcs - Other	31,358	49,182	29,480	(19,702)	-67%	U
Total Purchase Services	89,655	155,604	93,654	(61,950)	-66%	U
SUPPLIES						
Raw Food/Production	76,305	148,562	151,426	2,864	2%	F
Office & General Supplies	23,044	43,651	37,270	(6,381)	-17%	U
Medical Supplies	26,567	53,116	51,044	(2,072)	-4%	U
Total Supplies	125,916	245,329	239,740	(5,589)	-2%	U
OTHER EXPENSES						
Recruitment/Retention/Train	1,205	9,826	23,798	13,972	59%	F
Prof Fees - Medical Consulting	2,625	6,550	3,488	(3,062)	-88%	U
Prof Fees - Sodexho	18,851	36,166	21,001	(15,165)	-72%	U
Ancillary Fees	18,882	39,281	52,788	13,507	26%	F
Maintenance/Plant Ops	39,994	89,913	103,426	13,513	13%	F
Utilities	60,779	122,635	117,159	(5,476)	-5%	U
Insurance	19,144	38,288	43,524	5,236	12%	F
Interest	28,356	55,380	66,520	11,140	17%	F
Bad Debt & Charity	5,271	11,000	11,000	-	0%	
Audit & Legal	18,504	22,924	5,834	(17,090)	-293%	U
Other Expenses	14,405	43,120	33,902	(9,218)	-27%	U
Total Other Expenses	228,016	475,083	482,440	7,357	2%	F
TOTAL EXPENSES	1,257,435	2,546,242	2,417,258	(128,984)	-5%	U
NET INCOME	72,590	117,450	206,934	(89,484)	-43%	U
RESTRICTED CONTRIBUTIONS	-	1,000,000	3,278	996,722	30406%	F
UNRESTRICTED CONTRIBUTIONS	15,631	16,995	46,859	(29,864)	-64%	U
DEPRECIATION & AMORTIZATION	(68,528)	(136,993)	(138,156)	1,163	1%	F
INCOME WITH CONTRIBUTIONS LESS DEPR & AMORTIZATION	19,693	997,452	118,915	878,537	739%	F

GENERAL BILLING Includes: Housekeeping, Maintenance, Laundry Machines,
Personal Laundry, Carport

OTHER REVENUE Includes: Entrance Fees Amort., CSO Participation Fee, Guest Apartment Rental
Rental Property, Misc. Revenue, Interest Income, Facility Usage Charge

OTHER EXPENSES Includes: Public Service, Strawberry Festival, Landlord
Expenses, Center DOAR Contribution, Age Link Contribution, Masterpay Fee
AAOD Software Support, Senior Synergy Expense, Bank Fees and Facility Usage Adjustment

PURCHASE SRVCS - OTHER Includes: Beauty Shop Expense, Temporary Department Staffing

FRINGE BENEFITS Includes: Health, Dental and Life Insurance, Child Care Subsidy, Uniforms, Pension, Workers' Comp, Unemployment

PAYROLL RELATED Includes: Vacation, Holiday, Personal Day, Sick, Bereavement, Jury Duty, Taxes

THE BEATITUDES CAMPUS
BALANCE SHEET
NOVEMBER 2002

	UNAUDITED 11/30/2002	UNAUDITED 9/30/2002	VARIATION
ASSETS			
Current Assets			
Cash	164,505	634,951	(470,446)
Accounts & Notes Receivable (Net)	875,131	731,177	143,954
Inventory (At Cost)	103,398	93,427	9,971
Prepaid Expenses & Other	65,770	90,136	(24,366)
Total Current Assets	<u>1,208,804</u>	<u>1,549,691</u>	<u>(340,887)</u>
Assets Whose Use Is Limited			
Resident's Security Deposits	200,038	197,255	2,783
Capital Campaign Receivable/Pledge	500,000	0	500,000
Capital Campaign Redevelopment Reserve	501,712	1,501	500,211
Property & Equipment (Net)	8,942,931	9,060,303	(117,372)
Other Investments - CCIC Captive Insurance	100,000	100,000	0
TOTAL ASSETS	<u><u>11,453,485</u></u>	<u><u>10,908,750</u></u>	<u><u>544,735</u></u>
LIABILITIES AND FUND BALANCES			
Current Liabilities			
Accounts Payable & Accrued Liabilities	425,521	598,473	(172,952)
Salaries and Benefits Payable	916,112	1,152,059	(235,947)
Current Portion of Long Term Debt	340,641	340,641	0
Other Current Liabilities	43,317	35,122	8,195
Total Current Liabilities	<u>1,725,591</u>	<u>2,126,295</u>	<u>(400,704)</u>
Residents' Security Deposits & Entrance Fees	210,651	208,891	1,760
Long Term Debt Payable (Less Current Portion)	3,707,375	3,761,149	(53,774)
Total Liabilities	<u>5,643,617</u>	<u>6,096,335</u>	<u>(452,718)</u>
Fund Balance			
General	5,725,953	4,727,220	998,733
Restricted Contributions	83,915	85,195	(1,280)
Total Fund Balance	<u>5,809,868</u>	<u>4,812,415</u>	<u>997,453</u>
TOTAL LIABILITIES AND FUND BALANCE	<u><u>11,453,485</u></u>	<u><u>10,908,750</u></u>	<u><u>544,735</u></u>

THE BEATITUDES CAMPUS
CASH FLOW STATEMENT
NOVEMBER 2002

	2ND MONTH	YEAR TO DATE
CASH FLOWS FROM OPERATING ACTIVITIES:		
Revenue Over Expenses (Including Contributions)	19,694	997,453
Add: Depreciation	67,244	134,426
Gain (Loss) on Sale of Assets	0	0
Cash from Operations	<u>86,938</u>	<u>1,131,879</u>
Changes In Assets		
Accounts Receivable (Net)	(70,444)	(143,954)
Inventory	(3,254)	(9,971)
Prepaid Expenses and Other	11,055	24,366
Resident's Security Deposits	(7,273)	(2,783)
Capital Campaign Contributions	(211)	(1,000,211)
		0
Changes In Liabilities		0
Accounts Payable and Accrued Liabilities	(158,655)	(172,952)
Salaries and Benefits Payable	(257,333)	(235,947)
Other Current Liabilities	10,010	8,195
Current Portion of Long Term Debt	0	0
Residents' Security Deposits and Entrance Fees	9,784	1,760
Deferred Annuities Payable	0	0
Net Cash From Operating Activities	<u>(379,383)</u>	<u>(399,618)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of Property and Equipment	(6,477)	(17,054)
Proceeds From Sale of Property and Equipment	0	0
Purchases of Investments	0	0
CCIC - Captive Insurance Company Investment	0	0
Net Cash From Investing Activities	<u>(6,477)</u>	<u>(17,054)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds From Notes Payable (Less current portion)	0	0
Repayment of Notes Payable	(28,387)	(53,774)
Net Cash From Financing Activities	<u>(28,387)</u>	<u>(53,774)</u>
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	<u>(414,247)</u>	<u>(470,446)</u>
CASH AND CASH EQUIVALENTS (Beginning)	578,752	634,951
CASH AND CASH EQUIVALENTS (Ending)	164,505	164,505
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	<u>(414,247)</u>	<u>(470,446)</u>

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

Nonprofit corporations **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Only Nonprofit Corporations must answer this question.

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/or 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 business 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, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.02, 10-1623 & 10-11623)

A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box **must** be marked: **YES** ☐ **NO** ☒

B) Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or 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 business corporations only]

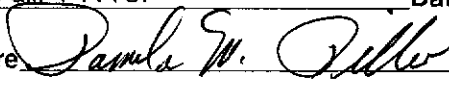
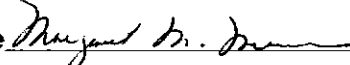
One box **must** be marked: **YES** ☐ **NO** ☒

If "YES" to A and/or B, 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. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they 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>Pam Piller</u>	Date _____	Name <u>Margaret M. Mullan</u>	Date <u>1/02/03</u>
Signature <u></u>		Signature <u></u>	
Title <u>Chairwoman of the Board</u>		Title <u>President/CEO</u>	

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