

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

**DUE ON OR BEFORE 04/14/2005** 

\_\_ 10. Credit/Collection

12. Engineering

\_\_ 13. Entertainment

... 15. Health Care

\_\_ \$7. Import/Export

\_\_ 16. Hotel/Motel

... 18. Insurance
\_\_ 19. Legal Services

\_\_ 14. General Consulting

\_\_ 11. Education

FY04-05

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 on page 4 for proper format.

1. -0715984-4
SONORA ENVIRONMENTAL RESEARCH INSTITUTE, INC. PO BOX 65782
TUCSON. AZ 85728-5782

29. Science/Research

\_\_ 32, Technology(General)

\_\_ 33. Television/Padio

35. Transportation

\_\_ 38. Other

\_\_ 30. Sports/Sporting Events

\_\_ 31. Technology(Computers)

34. Tourism/Convention Services

37. Veterinary Medicine/Animal Care

RECEIVED

APR - 8 2005

CONTROL COMP. COMMISSION

|                         | (Dusiness i                         | phone is optional.)  |
|-------------------------|-------------------------------------|--|
| State of Domicile: AF   | CIZONA Type of Cor                  | rporation: NON-PROFIT  |
| tatutory Agent: ANN M   | MARIE A WOLF                        | Physical Address, If Different.  |
| ailing Address: 5631    |                                     | Physical Address:  |
| ty, State, Zip: TUCSO   |                                     | City, State, Zip:  |
|                         |                                     |  |
|                         | Use this box onl                    | y if appointing a new Statutory Agent  |
| ACC USE ONLY            | ·                                   |  |
| Fee \$                  |                                     | tory agent, the new agent MUST consent to that   |
|                         | appointment by signing b            | O <del>o</del> low.  |
| Penalty \$              | I. (individual) or We. (corporation | or limited liability company) having been designated the new Statutory A   |
| Reinstate \$            | do hereby consent to this appoint   | ment until my removal or resignation pursuant to law.  |
|                         |                                     | •  |
| Expedite \$             | Signature of                        | new Statutory Agent  |
| Resubmit \$             | Oig. Mails of                       | The Committee of the Co |
|                         |                                     |  |
| 7 0508                  | Printed Name                        | e of <i>new</i> Statutory Agent  |
| econdary Address:       | 7                                   |  |
|                         |                                     | • • •  |
| (Foreign Corporations a | are.                                |  |
| REQUIRED to complet     |                                     |  |
| this section).          |                                     |  |
| 1110 0001101-7          |                                     |  |

10. Athletic 11. Science/Research

13. \_\_ Agricultural

17. \_\_ Other \_\_

12. \_ Hospital/Health Care

15. \_ Homeowner's Association

16. Professional, commercial

Industrial or trade association

14. ... Animal Husbandry

## Balance Sheet As of 12/31/04

| Accounts   | 12/31/04<br>Balance                        |  |  |  |  |
|--|--|--|--|--|--|
| Assets   | ".   |  |  |  |  |
| Cash and Bank Accounts<br>Checking<br>Petty Cash                         | 5,205.36<br>66.11                          |  |  |  |  |
| Total Cash and Bank Accounts   | 5,271.47                                   |  |  |  |  |
| Other Assets Capital Equipment Inventory Receivables  Total Other Assets | 822.89<br>2,073.00<br>6,296.00<br>9,191.89 |  |  |  |  |
| Total Assets  Liabilities & Equity                                       | 14,463.36                                  |  |  |  |  |
| Liabilities Other Liabilities FICA FTW Sales Tax STW Use Tax             | 438.82<br>60.00<br>0.00<br>45.00<br>96.12  |  |  |  |  |
| Total Other Liabilities  | 639.94                                     |  |  |  |  |
| Total Liabilities Equity   | 639.94<br>13,823.42                        |  |  |  |  |
| Total Liabilities & Equity   | 14,463.36                                  |  |  |  |  |

## Income Statement 1/1/04 through 12/31/04

| Category                            | 1/1/04-<br>12/31/04 |  |  |  |  |
|-------------------------------------|---------------------|--|--|--|--|
| Income/Expenses                     |                     |  |  |  |  |
| Income                              |                     |  |  |  |  |
| Donations                           | 700.00              |  |  |  |  |
| Grants                              | 69,076.82           |  |  |  |  |
| Loan                                | -1,000.0            |  |  |  |  |
| Workstudy                           | 3,624.00            |  |  |  |  |
| Total Income                        | 72,400.82           |  |  |  |  |
| Expenses                            |                     |  |  |  |  |
| Benefits:                           |                     |  |  |  |  |
| Dental:                             | 450.00              |  |  |  |  |
| Wolf                                | 153.96<br>          |  |  |  |  |
| Total Dental<br>Health:             | 153.96              |  |  |  |  |
| Wolf                                | 1,663.63            |  |  |  |  |
| Total Health                        | 1,663.63            |  |  |  |  |
| Benefits - Other                    | 550.00              |  |  |  |  |
| Total Benefits                      | 2,367.59            |  |  |  |  |
| Conference                          | 157.00              |  |  |  |  |
| Consultant:<br>Wolf                 | 10,450.00           |  |  |  |  |
| T-4-1 O                             | 40.450.00           |  |  |  |  |
| Total Consultant<br>Copying-Faxxing | 10,450.00<br>874.92 |  |  |  |  |
| Equipment:                          | 0,4.02              |  |  |  |  |
| Depreciation                        | 770.60              |  |  |  |  |
| Total Equipment                     | 770.60              |  |  |  |  |
| Fee                                 | 41.22               |  |  |  |  |
| Government Fee                      | 10.00               |  |  |  |  |
| Insurance                           | 635.00              |  |  |  |  |
| Internet<br>Journals                | 1,384.09<br>149.00  |  |  |  |  |
| Legal Fee                           | 4,140.85            |  |  |  |  |
| Meeting                             | 294.99              |  |  |  |  |
| Membership<br>Payroll:              | 85.00               |  |  |  |  |
| FICA:                               |                     |  |  |  |  |
| Overtime                            | 13.01               |  |  |  |  |
| FIÇA - Other                        | 1,420.28            |  |  |  |  |
| Total FICA                          | 1,433.29            |  |  |  |  |
| FTW                                 | 4.58                |  |  |  |  |
| Gross:                              | 210.00              |  |  |  |  |
| Overtime<br>Gross - Other           | 210.00<br>22,894.25 |  |  |  |  |
| <br>Total Gross                     | 23,104.25           |  |  |  |  |
| Medicare:                           |                     |  |  |  |  |
| Overtime                            | 3.04                |  |  |  |  |

## Income Statement 1/1/04 through 12/31/04

| Category   | 1/1/04-<br>12/31/04<br>331.94<br>334.98                      |  |  |  |  |
|--|--|--|--|--|--|
| Medicare - Other   |  |  |  |  |  |
| Total Medicare   |  |  |  |  |  |
| Total Payroll Penalty Postage Printing ProServices: Analysis ProServices - Other | 24,877.10<br>0.03<br>392.52<br>81.23<br>1,900.00<br>1,664.75 |  |  |  |  |
| Total ProServices<br>Rent:<br>Office<br>P.O. Box                                 | 3,564.75<br>7,191.00<br>38.00                                |  |  |  |  |
| Total Rent<br>Service charge<br>Stipend<br>Supplies:                             | 7,229.00<br>189.87<br>160.00                                 |  |  |  |  |
| Books Laboratory Office Training   | 166.14<br>75.38<br>4,885.14<br>179.61                        |  |  |  |  |
| Total Supplies<br>Telephone:   | 5,306.27   |  |  |  |  |
| cell<br>Telephone - Other  | 1,598.36<br>1,321.94   |  |  |  |  |
| Total Telephone<br>Travel:   | 2,920.30   |  |  |  |  |
| Lodging Meals Mileage Transportation   | 150.70<br>61.77<br>578.00<br>1,272.50                        |  |  |  |  |
| Total Travel<br>Usetax<br>Expenses - Other                                       | 2,062.97<br>96.12<br>0.00                                    |  |  |  |  |
| Total Expenses   | 68,240.42  |  |  |  |  |
| Total Income/Expenses  | 4,160.40   |  |  |  |  |

| Please                    | a Enter Corpo  | ration Name:   | Savara  | Enveror   | \ <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>                       | what K  | eseurch<br>wheethe   | File numbe   | er <u>0 7\5984</u>  | <u> </u>                         | Page 3                        |
|---------------------------|--|--|---|---|---|---|--|--|---|----------------------------------|-------------------------------|
| Nonpro                    | ofit corporations  | CLOSURE (A<br>must attach a<br>are exempt fro  | i financial stat  | ement (e.g. ind   | come/e  |   | atement, balanc  | e sheet includi  | ing assets, llabi   | lities).                         | All other                     |
|                           |  | .R.S. § 10-116   |   | tin-  | This  |   | tion <b>DOES</b> [   | T DOES!  | NOT 🕅 hav   | e men                            | nhere                         |
| Only                      | Nonprofit Corp   | orations must a  | answer this qu  | lestion.  | 11118   | s corpora   | uon <b>DOLG</b> L  | J DOLO   | HOI PO Hav  | e men                            | 10013.                        |
| Has AN<br>than 10         | NY person servi<br>D% of the issue   | OF DISCLOS<br>ng either by elected and outstand<br>ortion pertains                                 | ction or appoir<br>ing common s   | ntment as an o<br>chares or 10%   | officer, of any   | director, to<br>other pro   | 2.A.7) rustee, incorpora prietary, benefic   | ator <u>and/or per</u><br>ial or member                | son controlling<br>ship interest in                       | or hold<br>the co                | ing more<br>rporation         |
| 2. (<br>3. (              | rear period imn<br>Convicted of a f<br>or monopoly in<br>Or are subject t<br>mmediately pre<br>(a) fraud or<br>(b) the con | nediately precedelony, the esset any state or fectors an injunction.                               | ding the exect<br>ntial elements<br>deral jurisdicti<br>, judgment, de<br>on of this certi<br>ovisions of the<br>ws of that juris | ution of this ce<br>of which cons<br>on within the<br>ecree or perma<br>ficate where s<br>e securities la<br>adiction, or | ertificat<br>sisted o<br>seven y<br>anent o<br>such inj<br>tws of t | te?<br>of fraud, m<br>year perio<br>order of ar<br>Junction, ju<br>that jurisdi | or antitrust in an<br>isrepresentation<br>d immediately p<br>ny state or feder<br>idgment, decree<br>ction, or | n, theft by false<br>preceding exec<br>al court enters | e pretenses or r<br>aution of this ce<br>ad within the se | estrain<br>ertificate<br>wen yea | t of trade<br>e?<br>ar period |
|                           | (¢) me ann   | ilusi Or Teeliairi   | ir Oi ilage iaw.  | o or mac junioc   | aroutoi i i   |   | ne box <b>must</b> b   | e marked:  | YES 🗇   | NO                               | Ø                             |
| If "YÉ<br>of the          | S", the follow<br>actions stated   | wing informat<br>d in Items 1. th  | t <b>ion <u>must b</u><br/>hrough 3. ab</b>   | e submitted<br>ove.   | asan  | L   | ent to this repo   |  | 1   |                                  | !                             |
| 1.<br>2.<br>3.<br>4.      | Full birth nar<br>Present hom<br>Prior address<br>preceding 7  | e address.<br>ses (for immed<br>year period).  | late  | 5<br>6<br>7   | 3.<br>7.  | Social S<br>The natu<br>the date<br>the file o                                  | I location of birt<br>ecurity Number<br>ire and description<br>and location; the<br>ricause number             | on of each con<br>e court and put<br>of the case.      | olic agency inve  | olved, a                         | ind                           |
|                           |  | OF BANKRUP   | TCY, RECE   | IVERSHIP o  | or CHA  | ARTER F   | <u>REVOCATION</u>  | (A.R.S. §§10   | )-202.D.2, 10   | -3202.                           | D.2, 10-                      |
|                           | & 10-11623)  | a filed a natitica   | n for bankruði  | try or appoint  | ed a re   | eceiver?  | One box mus  | t he marked:   | YES   | NO                               | X)                            |
| B) Has<br>over 2<br>comor | any person se  | erving as an officed and outstar   | cer, director, t  | trustee or inco<br>n shares, or 2   | orporate<br>20% of  | or of the c   | orporation serve<br>r proprietary, be<br>evoked, or admir  | ed in any such<br>eneficial or me                      | capacity OR <u>h</u><br>mbership inter                    | <u>est in a</u>                  | <u>iny other</u>              |
| [Unde                     | rlined portion   | pertains to bu   | siness corpo  | orations only   | ·)  |   | One box mus  | t be marked:   | YES 🗇   | NO!                              | <b>X</b> J                    |
| 1                         | ment above. The name stockholde The state i The dates If any invo address of Date, Case                                    | s and address<br>or)<br>n which each or<br>of corporate op<br>Ived person (lis<br>each corporation | es of each or orporation wateration. sted in #1) has on. Court where the  | orporation and<br>s a) Incerpora<br>s been involve<br>le bankruptcy   | d the cated b)  | person or<br>transacted<br>any other t  | an attachment to<br>persons involve<br>d business.<br>pankruptcy proc<br>liver appointed.                      | ed. (e.g. office                                       | er, director, tru   | stee or                          | major                         |
| 12. <u>S</u> I            | GNATURES:  | Annual Rep   | orts must be  | signed and  | dated   | by at leas  | st one duly aut  | horized office   | er or they will   | be reje                          | cted.                         |
| filed v<br>certifi        | vith the Arizon<br>cate, including   | ia Department<br>g any attachme  | of Revenue.<br>ents, and to t   | I further de<br>the best of m   | clare (<br>y (our   | under per<br>r) knowled   | ed by Title 43 o<br>alty of law that<br>ige and belief t   | t I (we) have (<br>hey are true,                       | examined this<br>correct and c                            | report<br>omplet                 | and the<br>te.                |
| Name                      | _ hij hay  | Alley  | D   | ate <u> ५   २/ ०</u> 5  | ∑ Nar   | me  |  |  | Date  |                                  | _                             |
| Signa                     | Ann Mo<br>nture  | A.   | WOLF  | <del></del>   | _ Sig   | gnature_  |  |  | <b>-</b> 007  |                                  | _                             |
|                           |  |  |   |   |   |   | (s) listed in sec  |  |   |                                  |                               |