



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

AZ Corp. Commission



01258871

DUE ON OR BEFORE 04/19/2005

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.

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1. -1025276-8
NAZCARE, INC.
599 WHITE SPAR RD
PRESCOTT, AZ 86303

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: _____

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: KATHLEEN PETERSON
Mailing Address: 520 SYCAMORE VISTA DR
City, State, zip: CHINO VALLEY, AZ 86323

Physical Address, if Different.
Physical Address:
City, State, Zip:

NOV 9 2005

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10.00
Penalty \$ _____
Reinstate \$ _____
Expedite \$ _____
Resubmit \$ _____

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

Printed Name of new Statutory Agent

3. Secondary Address: 980123
1035500

(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

- 1. Accounting
- 2. Advertising
- 3. Aerospace
- 4. Agriculture
- 5. Architecture
- 6. Banking/Finance
- 7. Barbers/Cosmetology
- 8. Construction
- 9. Contractor
- 10. Credit/Collection
- 11. Education
- 12. Engineering
- 13. Entertainment
- 14. General Consulting
- 15. Health Care
- 16. Hotel/Motel
- 17. Import/Export
- 18. Insurance
- 19. Legal Services
- 20. Manufacturing
- 21. Mining
- 22. News Media
- 23. Pharmaceutical
- 24. Publishing/Printing
- 25. Ranching/Livestock
- 26. Real Estate
- 27. Restaurant/Bar
- 28. Retail Sales
- 29. Science/Research
- 30. Sports/Sporting Events
- 31. Technology(Computers)
- 32. Technology(General)
- 33. Television/Radio
- 34. Tourism/Convention Services
- 35. Transportation
- 36. Utilities
- 37. Veterinary Medicine/Animal Care
- 38. Other

NON-PROFIT CORPORATIONS

- 1. Charitable
- 2. Benevolent
- 3. Educational
- 4. Civic
- 5. Political
- 6. Religious
- 7. Social
- 8. Literary
- 9. Cultural
- 10. Athletic
- 11. Science/Research
- 12. Hospital/Health Care
- 13. Agricultural
- 14. Animal Husbandry
- 15. Homeowner's Association
- 16. Professional, commercial
- 17. Industrial or trade association
- 17. ☒ Other Community Service Agency

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 Print or Type Clearly.**

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized.**

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
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5b. 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.**

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
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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.**

NONE <input checked="" type="checkbox"/>	Name: _____	Name: _____
	Name: _____	Name: _____

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

Name: <u>see attached</u>	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: _____	Name: _____
Address: _____	Address: _____
Date taking office: _____	Date taking office: _____
Name: _____	Name: _____
Address: _____	Address: _____
Date taking office: _____	Date taking office: _____

ORGANIZATIONAL BOARD OF DIRECTORS
**Northern Arizona Consumers Advancing
Recovery & Empowerment, Inc. (NAZCARE)**

Linda-Marie DiCianni, President
3150 Amherst Drive
Prescott, AZ 86301
928-777-7002
Date taking office: 6/28/04

Rhonda Meade, Director
3629 West White Mtn Blvd
Lakeside, AZ 85929
928-207-2067
Date taking office: 12/2/04

William Gillam, Vice President
PO Box 257
Lakeside, AZ 85929
928-368-8617
Date taking office: 12/2/04

Penny Rommel, Director
2031 Nugget Way, #201
Bullhead City, AZ 86443
928-754-5154
Date taking office: 1/13/05

David M. Wilson, Acting Treasurer
100 E. Union Street
Prescott, AZ 86301
928-771-1365
Date taking office: 2/27/03

Fred Trost, Director
1123 Fawn Ln
Prescott, AZ 86305
928-541-7790
Date taking office: 3/10/05

Adam Brumble, Secretary
1710 Mesa Vista Drive
Bullhead City, AZ 86442
928-704-1215
Date taking office: 1/13/05

Kathy Peterson, CEO
520 Sycamore Vista Dr
Chino Valley, AZ 86323
928-442-9205, Ext 3
Date taking office: 5/17/02

Gita Enders, Director
PO Box 893
Jerome, AZ 86331
928-639-0253
Date taking office: 6/28/04

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07/01/05
Accrual Basis

NAZCARE, Inc.
Balance Sheet
As of May 30, 2005

	May 30, 05
ASSETS	
Current Assets	
Checking/Savings	
1010 · Checking Account - Compass Bank	39,562.93
1015 · Checking Acct - Stockmen's Bank	500.18
1020 · Money Market Acct - Stockmen's	3,288.73
1030 · Checking Acct - New Hope	1,416.25
1035 · Checking Acct - Discovery	41.53
1050 · Checking Acct - Comfort Zone	74.47
Total Checking/Savings	44,884.09
Accounts Receivable	
1110 · Accounts Receivable	1,137.23
Total Accounts Receivable	1,137.23
Other Current Assets	
1120 · Prepaid Expenses	8,196.06
Total Other Current Assets	8,196.06
Total Current Assets	54,217.38
Fixed Assets	
1600 · Real Estate	535,206.00
1605 · Accum Depr - Real Estate	-5,701.00
1610 · Equipment	26,147.51
1615 · Accum Depr - Equipment	-1,594.00
1650 · Vehicles	83,900.00
1655 · Accum Depr - Vehicles	-14,980.00
Total Fixed Assets	622,978.51
TOTAL ASSETS	677,195.89
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2010 · Accounts Payable	15,726.14
Total Accounts Payable	15,726.14
Other Current Liabilities	
2110 · Direct Deposit Liabilities	13.20
2130 · Accrued Payroll Taxes Payable	110.19
2155 · Accrued Employee Benefits	9,995.21
2160 · Payroll Liabilities - Benefits	-19.48
2170 · Stockmen's Bank Loan	16,777.76
Total Other Current Liabilities	26,876.88
Total Current Liabilities	42,603.02
Long Term Liabilities	
2300 · AzDOH Pre-development Loan	10,785.00
2400 · NARBHA Advance	27,199.66
2500 · Mortgage Payable - Stockmen's	163,130.97
2510 · Mortgage Payable - T & L	158,020.09
Total Long Term Liabilities	359,135.72
Total Liabilities	401,738.74
Equity	
3010 · Retained Earnings	292,659.60
Net Income	-17,202.45
Total Equity	275,457.15
TOTAL LIABILITIES & EQUITY	677,195.89

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07/01/05
Accrual Basis

NAZCARE, Inc.
Statement of Activities - NAZCARE
July 1, 2004 through May 30, 2005

	Jul 1, '04 - May 30, 05
Ordinary Income/Expense	
Income	
4000 · Contributions	
4140 · Contributions - Cash	3,697.18
4150 · Contributions - In Kind Goods	9,000.00
4170 · Contributions - Restricted	1,469.31
Total 4000 · Contributions	14,166.49
4500 · Earned Revenues	
4510 · NARBHA Contract - TXIX	699,500.00
4590 · Interest Earned	1,129.98
4500 · Earned Revenues - Other	585.62
Total 4500 · Earned Revenues	701,215.60
4700 · Fund Raising - Members	2,223.26
Total Income	717,605.35
Expense	
5000 · Personnel Expenses	
5010 · Personnel - Administrative	
5015 · CEO Salary	69,316.67
5020 · Director of Operations Salary	37,759.52
5030 · Claims Manager Wages	8,310.88
5035 · Clerical Support Wages	11,250.16
5040 · Community Relations Coord Wages	4,080.00
Total 5010 · Personnel - Administrative	130,717.23
5050 · Personnel - Program	
5060 · Director of Programs Salary	35,907.54
5062 · Asst Director of Programs Wages	3,345.00
5063 · Director of Training & Develop	34,999.99
5065 · Center Manager Wages	66,302.19
5066 · Asst Center Manager Wages	705.90
5070 · Peer Support Specialist Wages	17,592.55
5075 · Program Assistant Wages	8,668.18
5080 · Warmline Team Leader Wages	2,506.00
5085 · Warmline Mentor Wages	15,127.36
Total 5050 · Personnel - Program	185,154.71
5102 · FICA/Medicare - Employer	24,804.10
5105 · Employee Benefits	35,265.77
5110 · Unemployment Taxes	152.25
5120 · Worker's Compensation	2,143.00
5160 · Employee Recognition	6,506.28
Total 5000 · Personnel Expenses	384,743.34
6100 · Contract & Professional	
6105 · Accounting Fees	6,000.00
6107 · Housing Development	4,460.00
6110 · Legal Fees	10,504.86
6115 · Professional Fees - Other	223.00
6120 · Technical Support	9,942.58
6125 · Temporary Help - Contract	595.00
Total 6100 · Contract & Professional	31,725.44
6200 · Occupancy	
6205 · Building Repair & Maintenance	5,551.96
6210 · Cleaning & Janitorial	1,969.45
6213 · Mortgage Interest	22,610.77
6215 · Rent	41,091.60
6220 · Utilities	12,757.61
Total 6200 · Occupancy	83,981.39
6300 · Travel Expenses	
6310 · Conference & Meeting Fees	1,852.52
6320 · Gasoline	6,741.09

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Accrual Basis

NAZCARE, Inc.
Statement of Activities - NAZCARE
 July 1, 2004 through May 30, 2005

	Jul 1, '04 - May 30, 05
6330 · Lodging	6,893.02
6340 · Meals	4,289.33
6350 · Transportation	2,946.18
6355 · Travel Allowance	769.93
Total 6300 · Travel Expenses	23,492.07
6400 · Operating Expenses	
6405 · Bank Service Charges	161.00
6410 · Computers & Technology	
6411 · Computer Maintenance & Repairs	127.38
6415 · Hardware & Software Purchases	2,435.84
6418 · Internet Services	3,984.28
Total 6410 · Computers & Technology	6,547.50
6425 · Dues & Subscriptions	2,557.76
6427 · Fees and Licenses	490.99
6428 · Finance Charges	825.44
6429 · Fund Raising Expenses	714.98
6430 · Insurance	
6431 · Directors & Officers Insurance	1,902.94
6432 · Liability & Property Insurance	6,098.38
6433 · Professional & Other Insurance	4,247.02
Total 6430 · Insurance	12,248.34
6434 · Interest	250.00
6435 · Meals and Refreshments	2,851.65
6436 · Miscellaneous	6,910.65
6438 · Office Machine Rental & Repair	75.00
6440 · Office Supplies	14,574.11
6445 · Postage, Shipping, Delivery	1,143.21
6448 · Printing & Copying	3,434.78
6450 · Program Expenses	
6451 · Activities	4,239.49
6452 · Advertising & Public Relations	1,124.85
6453 · Donations - Members	345.00
6455 · Events	10.00
6457 · Food & Supplies	39,227.28
6464 · Office Supplies	5,022.62
6465 · Office Machines	5,189.03
6466 · Reference & Training Materials	3,089.16
6468 · Training & Development	1,441.71
6470 · Volunteers	
6475 · Volunteer Recognition	196.66
6478 · Volunteer Reimbursements	34,082.75
Total 6470 · Volunteers	34,279.41
Total 6450 · Program Expenses	93,968.55
6480 · Telephone & Telecommunications	
6482 · Basic Phone Service	9,427.21
6485 · Long Distance	4,251.84
6488 · Wireless Service	9,198.79
Total 6480 · Telephone & Telecommunications	22,877.84
6490 · Vehicles	
6492 · Auto Insurance	10,213.66
6494 · Gasoline	8,236.46
6496 · Maintenance & Repairs	20,013.24
6498 · Registration & License	419.54
6499 · Vehicle Supplies	84.58
Total 6490 · Vehicles	38,967.48
Total 6400 · Operating Expenses	208,599.28
6500 · Other expenses	90.00
6600 · Taxes	2,176.28

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Accrual Basis

NAZCARE, Inc.
Statement of Activities - NAZCARE
July 1, 2004 through May 30, 2005

	Jul 1, '04 - May 30, 05
Total Expense	734,807.80
Net Ordinary Income	-17,202.45
Net Income	-17,202.45

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.D.2, 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 as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

One box must be marked: YES ☐ NO ☒

(Underlined portion pertains to business corporations only)

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 LINDA MARIE DiCANNI Date 4/15/05 Name _____ Date _____

Signature Linda Marie DiCanni Signature _____

Title PRESIDENT, BOARD OF DIRECTORS Title _____

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