



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

AZ Corp. Commission



01349494

DUE ON OR BEFORE 10/16/2005

FY05-06

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.

-0038907-4

UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC. SEP 30 2005
330 N COMMERCE PARK LOOP #200
PO BOX 86750
TUCSON, AZ 85754-6750

RECEIVED

RECEIVED
AUG - 8 2005

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Business Phone: _____

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2.

Statutory Agent: BARRY M COREY

Physical Address, If Different.

Mailing Address: 1 S CHURCH AV #830

Physical Address:

City, State, Zip: TUCSON, AZ 85701

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

Printed Name 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 checked="" 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 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 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)
---	-------	------------------------------

<u>n/a</u>		
------------	--	--

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)
---	-------	------------------------------

<u>n/a</u>		
------------	--	--

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 ☒ Name: _____ Name: _____

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:** _____

United Way of Tucson and Southern Arizona
Board of Directors
2005-2006

Last Name	First Name	BOD Position	Organization	Address	City	St	Zip	Orig Board Term Began
Garza Fernandez	Sally	Chair BOD	The Fernandez Group	6011 N Desert Moon Ct	Tucson	AZ	85750	7/1/94
Klemmedson	Adaline	Immediate Past Chair BOD	University Medical Center	PO Box 245082	Tucson	AZ	85724	7/1/98
Eckel	Neal	Corporate Secretary	Durazzo & Eckel, P.C.	45 N Tucson Blvd	Tucson	AZ	85716	7/1/94
Thachyk	Jean	Treasurer and Chair Finance	University Physicians, Inc.	515 E River Rd	Tucson	AZ	85704	7/1/01
Parker	Ed	President and CEO	United Way of Tucson and Southern Arizona	330 N. Commerce Park Loop, Ste 200	Tucson	AZ	85745	
Ashton	Hai	At Large	Diversified Design & Constr	3237 E Ft. Lowell Rd	Tucson	AZ	85716	7/1/97
Banzhaf	Steven	Chair - Human Resources	Banc of America Investment Services	9015 E Tanque Verde Rd	Tucson	AZ	85749	Adv 6/03 BOD 6/04
Boykins	Clarence	Chair - Diversity Initiatives	Tucson So Arizona Black Chamber of Commerce	1690 N Stone Avenue	Tucson	AZ	85705	9/1/00
Brenond	John H.	At Large	KB Home	250 S Craycroft Rd, # 300	Tucson	AZ	85711	4/1/04
Bullock	Rosalva	Chair - Community Development Chair - Impact Council - Families	TUSD/ Title 1 / Start Center	102 N Plumer	Tucson	AZ	85719	7/1/99
Burke	Bennett	At Large	SW Gas	PO Box 26500	Tucson	AZ	85726	7/1/05
Clarke	Ray	At Large	Tucson Urban League, Inc.	2305 S Park Avenue	Tucson	AZ	85713	7/1/04
Coyle	Joe	At Large	Raytheon Missile Company	P.O. Box 11337 (Bldg 807, MS H7)	Tucson	AZ	85734	7/1/02
Droegemeier	Eleanor	Chair - Impact Council - Children	TUSD Preschool Programs	102 N Plumer	Tucson	AZ	85719	12/1/04
Ebeling	Fred	Chair - Impact Council - Seniors	Community Volunteer	2519 E. 20th Street	Tucson	AZ	85716	7/1/05
Hargis	Ellen	At Large	Volunteer Center of So Arizona	924 N Alvernon Wy	Tucson	AZ	85711	7/1/95
Holmberg	Jim	At Large	Community Volunteer	5800 E Placita Rocosa	Tucson	AZ	85750	7/1/02
Jameson	Mike	At Large	Tucson Newspapers, Inc.	4850 S Park	Tucson	AZ	85714	5/27/04
Johnson	Richard	At Large	Community Volunteer	10151 N Inverrary	Oro Valley	AZ	85737	7/1/02
Martinez	Bobby	At Large	Pima Area Labor Federation	369 West Ajo Way PO Box 11337	Tucson	AZ	85713	3/4/04
Master-Judge	Alexandra	At Large	Raytheon Company	(Bldg 807, MS A8)	Tucson	AZ	85734	7/1/97
McDonald	Randy	At Large	Citi Cards	9060 S. Rita Road	Tucson	AZ	85747	7/1/05
Moret	Rich	At Large	Moret Advertising	4576 E. Camp Lowell	Tucson	AZ	85712	7/1/03
Ott	Jason	Alternate/Randy McDonald	Citi Cards	9060 S. Rita Road	Tucson	AZ	85747	07/05 Alt
Read	Bruce	At Large	MESA International, Inc.	7389 N Camino Sin Vacas	Tucson	AZ	85718	7/1/96
Rebenstorf, Jr.	Norman	At Large	National Bank of Arizona	335 N Wilmot Rd	Tucson	AZ	85711	7/1/03
Roof	Tom	At Large	Community Volunteer	4901 Camino Arenosa	Tucson	AZ	85718	7/1/95
Sable	Ronald K.	At Large	Concord Solutions Ltd	6561 H. Mesa View Dr.	Tucson	AZ	85718	7/1/05
Vance	Dan	At Large	Davan Investments	1208 W. Roger Rd	Tucson	AZ	85705	7/1/99

003 8907-4

Part IV Balance Sheets (See Instructions)

00389074

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
ASSETS	45 Cash — non-interest-bearing		45 170,995.
	46 Savings and temporary cash investments	2,693,122.	46 2,313,267.
	47 a Accounts receivable	47 a 57,213.	
	b Less: allowance for doubtful accounts	47 b 33,634.	47 c 57,213.
	48 a Pledges receivable	48 a 3,026,514.	
	b Less: allowance for doubtful accounts	48 b 376,235.	48 c 2,650,279.
	49 Grants receivable	66,331.	49 172,702.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51 a Other notes & loans receivable (attach sch)	51 a	
	b Less: allowance for doubtful accounts	51 b	51 c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	1,967.	53 2,117.
	54 Investments — securities (attach schedule). See St. 9. <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	818,155.	54 2,847,197.
	55 a Investments — land, buildings, & equipment: basis	55 a	
	b Less: accumulated depreciation (attach schedule)	55 b	55 c
56 Investments — other (attach schedule)	See Stmt. 10 764,100.	56 797,626.	
57 a Land, buildings, and equipment: basis	57 a 759,948.		
b Less: accumulated depreciation (attach schedule)	Statement 11 505,312.	57 c 254,636.	
58 Other assets (describe <input checked="" type="checkbox"/> See Statement 12	256,482.	58 245,827.	
59 Total assets (add lines 45 through 58) (must equal line 74)	8,373,931.	59 9,511,859.	
LIABILITIES	60 Accounts payable and accrued expenses	227,045.	60 371,467.
	61 Grants payable	108,695.	61 43,774.
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64 a Tax-exempt bond liabilities (attach schedule)		64 a
	b Mortgages and other notes payable (attach schedule)		64 b
	65 Other liabilities (describe <input checked="" type="checkbox"/> See Statement 13	2,319,686.	65 1,701,644.
66 Total liabilities (add lines 60 through 65)	2,655,426.	66 2,116,885.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	2,639,038.	67 3,524,227.
	68 Temporarily restricted	1,537,200.	68 2,476,977.
	69 Permanently restricted	1,542,267.	69 1,393,770.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	5,718,505.	73 7,394,974.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	8,373,931.	74 9,511,859.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

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?

[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 Edmund B. Parker Date 9/28/05 Name _____ Date _____

Signature Edmund B Parker Signature _____

Title President and CEO Title _____

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