



CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

AZ Corp. Commission



01603134

DUE ON OR BEFORE 04/19/2006

FY05-06

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.

RECEIVED

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

APR 20 2006

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

RECEIVED

MAY 24 2006

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: 7468 E. Jasmine Vine Way
City, State, Zip: Prescott Valley, AZ 86314

ACC USE ONLY

Fee \$ _____

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.

Roberta Howard

Signature of new Statutory Agent

Roberta K. Howard

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 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 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** 0 Class _____ Series Within Class (if any) _____

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** 0 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.**

NONE ☒ Name: _____ Name: _____

Name: _____ Name: _____

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

Name: William Gillam

Name: Tammara Palmer

Title: Board President

Title: Member

Address: P.O. Box 2457
Lakeside, AZ 85929

Address: 3848 Heather Dr.
Kingman, AZ 86401

Date taking office: 5-12-05

Date taking office: 2/04

Name: Stephen Bogan

Name: Rhonda Meade

Title: Board Vice President

Title: Member

Address: P.O. Box 294
Flagstaff, AZ 86002

Address: 250 N. 16th Ave #103
Shawlow, AZ 85901

Date taking office: 5-12-05

Date taking office: 2/04

8. DIRECTORS Please Type or Print Clearly. You Must List at Least One.

Name: Shirley Lockner

Name: [VACANCY]

Address: 5330 Wild Game Trail
Lakeside, AZ 85929

Address: [Secretary]

Date taking office: 3-11-06

Date taking office: _____

Name: Adam Brumbler

Name: _____

Address: 1710 Mesa Vista Dr.
Bullhead City, AZ 86442

Address: _____

Date taking office: 2/04

Date taking office: _____

NAZCARE

599 White Spar Rd
Prescott, AZ 86303
Phone: 928-442-9205
Fax: 928-442-3144
www.nazcare.org

June 28, 2006
Roberta L. Howard, CEO

Jamie Hogue, Deputy Director
Arizona Corporation Commission
1300 West Washington Street
Phoenix, Arizona 85007-2927

Dear Jamie Hogue;

Here is the information provided to me by both persons under "yes" disclosure.

Shirley Lochner

1. Shirley Ann Lochner; Shirley Ann Juras; Shirley Ann Spurlock and Shirley Ann Dorris.
2. Birth name – Shirley Ann Dorris
3. Address – 5330 Wild Game Trail, Lakeside, AZ 85929
4. Previous Addresses: 4870 Blue Spruce Lane, Lakeside, AZ 85929; 2580 S. Wapiti Lane, Pinetop, AZ 85935
5. Birth info- 02/26/1955 Kankakee, Ill
6. SS# 527-13-2237
7. 1 count class 5 felony, CR1997-008870-, Superior Court of AZ, Maricopa County, 8-11-97 Phoenix, AZ

Rhonda Meade

- 1 and 2 – Rhonda Rise Meade
3. 250 N. 16th Ave. #103, Show Low, AZ 85901
4. (her mother's home) 220 ½ N. 17th Pl., Show Low, AZ 85901
5. Birth info Los Angeles, CA 06-19-61
6. SS# 526-83-7493
7. Felony drugs 1998 (she doesn't have any information regarding this and doesn't remember much) She was given probation and this was dropped to a misdemeanor.

Please let me now if I can be of more help.

Sincerely,


Roberta L. Howard

Northern Arizona Consumers Advancing Recovery & Empowerment

Azpire Recovery Center
516 N Humphreys
Flagstaff, AZ 86001
Phone: 928-213-0742
Fax: 928-213-5516

Comfort Zone Recovery Center
753 N Main Street, Suite I
Cottonwood, AZ 86326
Phone: 928-634-1168
Fax: 928-634-1179

Discovery Center
481 South 11th St
Show Low, AZ 85901
Phone: 928-532-3108
Fax: 928-537-9025

New Directions Recovery Center
4380 Stockton Hill Rd, Ste E
Kingman, AZ 86401
Phone: 928-681-3360
Fax: 928-681-3361

New Hope Recovery Center
599 White Spar Road
Prescott, AZ 86303
Phone: 928-442-9203
Fax: 928-442-3144



NAZCARE

599 White Spar Rd
Prescott, AZ 86303
Phone: 928-442-9205
Fax: 928-442-3144
www.nazcare.org

May 10, 2006

William Gillam, President of the Board of Directors
Shirley Lochner, Secretary of the Board of Directors

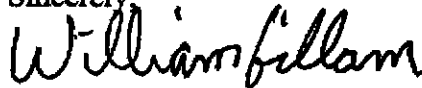
To Whom It May Concern:

In February of 2006, Roberta L. Howard became the Chief Executive Officer for NAZCARE, Inc. Roberta will be the Statutory Agent in all Business and Financial matters.

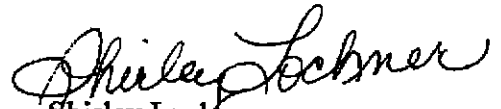
Roberta reports to the Board of Directors and keeps the Board informed of all matter at monthly Board meetings and between meetings with direct contact with the Executive Board Members.

If there are any questions, Please feel free to contact William Gillam at 928-242-5233 or Shirley Lochner at 928-532-3204.

Sincerely,



William Gillam
President of the Board



Shirley Lochner
Secretary of the Board



Northern Arizona Consumers Advancing Recovery & Empowerment

NAZCARE

Interim Cash Flow Worksheet 1/31/06

Income					Current Rate (annual)	Proposed Increase (annual)	Actual Rem Cost
	Current Spent	Budget	Balance				
NARBHA - Title XIX	539000	924000	385000	58.33%			
Other Earned Income		44715	3000	0.00%			
Contributions	36188	11000		328.98%			
Grants - Yavapai County	12000	110000		10.91%			
Fund Raising	890	7000		12.71%			
Interest	431	500	100	86.20%			
TOTAL Income	588509	1097215	388100	53.64%			
Expenses					Current Rate (annual)	Proposed Increase (annual)	Actual Rem Cost
	Current Spent	Budget	Balance				
Personnel							
KP	50985	59,926	8,941	85.08%			13127
Fred	17000	13,100	(3,900)	129.77%			4000
CEO - start 11/1 \$50K		30,770	30,770	0.00%			20000
D of O - \$4400 raise in January	27,138	46,300	19,162	58.61%	4,400	4,400	20,519
HR Professional	465	10,000	9,535	4.65%			7,260
Admin Asst - \$5000 raise in January	12,840	21,840	9,000	58.79%	5,000	5,000	11,000
Claims - Salary, 30 hrs	5,712	15,000	9,288	38.08%			3,960
Comm Rel Coord - \$.50 raise in Jan, 25 hrs	5,564	10,808	5,244	51.48%	6,160	6,160	4,675
Dir of Train & Dev - \$6000 raise in Jan	24,615	43,000	18,385	57.24%	11,135	11,135	19,461
Dir of Programs	16,644	17,831	1,187	93.34%	6,000	6,000	12,608
Asst Dir of Programs - 2 salary, 30 hrs	12,028	35,000	22,972	34.37%	2,000	2,000	3,080
Director of Housing - start January		20,000	20,000	0.00%			35,960
Data Entry Clerk		3,000	3,000	0.00%			4,320
Center Managers	32,024	72,638	40,614	44.09%	3,000	3,000	10,120
Asst Center Managers	1,400	22,477	21,077	6.23%			1,980
Peer Support Specialists	13,378	9,848	(3,530)	135.84%	500	500	14,465
Program Assistants	3,509	6,560	3,051	53.49%	250	250	4,564
Cooks	846	4,000	3,154	21.15%			4,004
Drivers	10,030	26,280	16,250	38.17%			6,996
Janitors	487	3,800	3,313	12.82%	1,310	1,310	
Warmline Team Leader	182	3,696	3,514	4.92%			
Warmline Mentors	11,477	17,962	6,485	63.90%	3,380	3,380	
Subtotal Personnel	246,324	493,836	247,512	49.88%	43,135	43,135	202,099

NAZCARE

Interim Cash Flow Worksheet
1/31/06

	Current Spent	Budget	Balance		
FICA/Medicare	16800	34,854	18,054	48.20%	25,406
Employee Benefits	26587	76,100	49,513	34.94%	28,206
Workers Compensation	726	3,731	3,005	19.46%	4,227
IRA	2731	6,834	4,103	39.96%	4,981
Employee Recognition	1679	5,400	3,721	31.09%	1,500
Recruiting	479	3,700	3,221	12.95%	1,000
Total Personnel Expenses	295326	624455	329129	47.29%	43135
Total 6100 · Contract & Professional					267419
Total 6200 · Occupancy					
Total 6300 · Travel Expenses					
6400 · Operating Expenses					
6405 · Bank Service Charges	329	350	21	94.00%	
Total 6410 · Computers & Technology					
6425 · Dues and Subscriptions	2,996	11420	8,424	26.23%	
6427 · Fees & Licenses	571	3056	2,485	18.68%	
6427 · Finance Charges	71	500	429	14.20%	
6429 · Fund Raising Expenses	84	360	276	23.33%	
Total 6430 · Insurance					
6434 · Interest	467	1600	1,133	29.19%	
6435 · Meals and Refreshments	11,364	15150	3,786	75.01%	
6436 · Miscellaneous	875	1520	645	57.57%	
6437 · Newsletters and Publications	2,438	5900	3,462	41.32%	
6438 · Office Machine Rental & Repair	2,270	9500	7,230	23.89%	
6438 · Office Supplies	-	4200	4,200	0.00%	
6445 · Postage, Shipping, Delivery	25	5000	4,975	0.50%	
6445 · Printing & Copying	5,943	15000	9,057	39.62%	
6450 · Program Expenses	629	1200	571	52.42%	
6451 · Activities	1,569	5518	3,949	28.43%	
6451 · Advertising	1,385	4050	2,665	34.20%	
6452 · Donations - Members	237	2700	2,463	8.78%	
6455 · Education	300	2000	(300)	0.00%	

NAZCARE

Interim Cash Flow Worksheet 1/31/06

6455 · Events	910	910	0.00%
6457 · Food & Supplies	25,554	51320	25,768
6464 · Office Supplies	3,084	7400	4,316
6465 · Office Machines	1,599	5000	3,401
6466 · Reference & Training Materials	601	4485	3,884
6468 · Training & Development	385	2600	2,215
Total 6470 · Volunteers	17,531	23410	5,879
Total 6480 · Telephone & Telecommunications	15,541	23355	7,814
Total 6490 · Vehicles	19,790	39787	19,997
Total Other Expenses	246,840	465,764	218,924
Total Expense	542,166	1,090,219	548,053
Net Income	46,343	6,996	49.73%
Payable - Stockmen's Loan	3,889		
Payable - NARBHA	5,000		
Personnel Remaining Cost	267,419		
Other Expense Remaining Budget	218,924		
Total Cash Needed 05-06	495,232		
	(388,100)		
	110,232		

NAZCARE Assets

Date Acquired	Description	Purchase Price or FMV	Notes
Real Estate:			
10/27/2003	481 S 11th St, Show Low	120,206.00	
1/16/2004	599 White Spar Rd, Prescott	415,000.00	
<i>Subtotal Real Estate</i>		<i>535,206.00</i>	
Equipment:			
7/1/2003	Phone system	6,000.00	donated
7/1/2003	Computer server/system	15,831.00	donated
9/30/2003	Xerox Color Printer	1,969.00	
1/19/2005	Dell Latitude D505 Laptop	2,347.51	
<i>Subtotal Equipment</i>		<i>26,147.51</i>	
Vehicles:			
7/1/2003	2003 Dodge Caravan	18,000.00	donated
7/1/2003	2003 Nissan Sentra	13,000.00	donated
7/1/2003	2002 Nissan Sentra	12,000.00	donated
7/1/2003	2001 Nissan Sentra	10,500.00	donated
7/1/2003	2001 Nissan Sentra	10,500.00	donated
7/1/2003	2001 Nissan Sentra	10,000.00	donated
12/17/2003	1993 Ford Club Wagon Van	900.00	
7/30/2004	1998 Chevy Astro Van	9,000.00	donated
<i>Subtotal Vehicles</i>		<i>83,900.00</i>	
GRAND TOTAL Assets		645,253.51	

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 William Gillam Date 4/17/06 Name _____ Date _____

Signature William Gillam Signature _____

Title Board President Title _____

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