



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

AZ Corp. Commission



01717559

DUE ON OR BEFORE 04/12/2006

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. -0233291-9
NATIVE AMERICAN GRANT SCHOOL ASSOCIATION, INC.
901 N KINLANI RD
FLAGSTAFF, AZ 86001

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APR 13 2006

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

Business Phone:

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: BARBARA BENALLY
Mailing Address: 6900 JAY LN
City, State, Zip: FLAGSTAFF, AZ 86004

Physical Address, if Different.

Physical Address:

City, State, Zip:

No \$42/06

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.

Signature of new Statutory Agent

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Printed Name of new Statutory Agent

JUN 21 2006

3. Secondary Address:

(Foreign Corporations are
REQUIRED to complete
this section).

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

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
- 18. Other

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ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

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)
N/A		

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)
N/A		

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: _____ Name: _____

NONE ☒

Name: _____ Name: _____

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

Name: <u>David Laughter</u>	Name: <u>Todd Honyama, Sr.</u>
Title: <u>President</u>	Title: <u>Vice President</u>
Address: <u>901 N. Kinkani</u>	Address: <u>901 N. Kinkani</u>
<u>Flagstaff AZ 86001</u>	<u>Flagstaff, AZ 86001</u>
Date taking office: <u>7/1/03</u>	Date taking office: <u>7/1/03</u>
Name: <u>Gilene Begay</u>	Name: <u>Phyllis Redhorse</u>
Title: <u>Secretary</u>	Title: <u>Treasurer</u>
Address: <u>901 N. Kinkani</u>	Address: <u>901 N. Kinkani</u>
<u>Flagstaff, AZ 86001</u>	<u>Flagstaff, AZ 86001</u>
Date taking office: <u>7/1/02</u>	Date taking office: <u>7/1/03</u>

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

Name: <u>David Laughter</u>	Name: <u>Todd Honyama, Sr.</u>
Address: <u>901 N. Kinkani</u>	Address: <u>901 N. Kinkani</u>
<u>Flagstaff, AZ 86001</u>	<u>Flagstaff, AZ 86001</u>
Date taking office: <u>7/1/03</u>	Date taking office: <u>7/1/03</u>
Name: <u>Gilene Begay</u>	Name: <u>Phyllis Redhorse</u>
Address: <u>901 N. Kinkani</u>	Address: <u>901 N. Kinkani</u>
<u>Flagstaff, AZ 86001</u>	<u>Flagstaff, AZ 86001</u>
Date taking office: <u>7/1/02</u>	Date taking office: <u>7/1/03</u>

DICKMAN & COMPANY, CPAs, P.C.
2710 N. Steves Blvd. Ste. C
Flagstaff, AZ 86004
(928) 526-2500

April 6, 2006

Native American Grant School Association, Inc.
Flagstaff, Arizona

We have compiled the accompanying statement of assets, liabilities, and net assets of Native American Grant School Association, Inc. (a nonprofit Arizona corporation) as of December 31, 2005, and the related statement of revenue and expenses for the year then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The financial statements have been prepared on the income tax basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

Management has elected to omit substantially all of the disclosures and the statement of cash flows required by generally accepted accounting principles. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Organization's assets, liabilities, net assets, cash flows, revenues, and expenditures. Accordingly, these financial statements are not designed for those who are not informed about such matters.

We are not independent with respect to Native American Grant School Association, Inc.

Dickman & Company, CPAs, P.C.
Dickman & Company, CPAs, P.C.

NATIVE AMERICAN GRANT
SCHOOL ASSOCIATION, INC.
Statement of Assets, Liabilities, and Net Assets
December 31, 2005

Assets

Current assets	
Cash - checking	\$ 45,837.86
Total Assets	<u>\$ 45,837.86</u>

Liabilities and Net Assets

Net Assets	
Net assets - beginning of year	\$ 55,134.57
Net income (loss)	<u>(9,296.71)</u>
Total Liabilities and Net Assets	<u>\$ 45,837.86</u>

See accompanying accountants' compilation report.
Statement prepared on income tax basis.

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NATIVE AMERICAN GRANT
SCHOOL ASSOCIATION, INC.
Statement of Revenue and Expenses
For the year ended December 31, 2005

		%
Operating revenue		
Conference income	\$ 14,216.88	34.92
Membership fees	<u>26,500.00</u>	<u>65.08</u>
Total Operating revenue	<u>40,716.88</u>	<u>100.00</u>
Operating expenses		
Conference expenses	10,243.85	25.16
Scholarships	2,625.00	6.45
Stipends - board members	6,900.00	16.95
Executive director fees	9,750.00	23.95
Supplies	1,548.62	3.80
Travel expenses	4,495.33	11.04
Accounting fees	1,813.00	4.45
Contract labor	2,389.98	5.87
Legal fees	6,328.29	15.54
Secretarial expense	2,144.00	5.27
Meals	1,666.03	4.09
Bank fees	109.27	0.27
Total Operating expenses	<u>50,013.37</u>	<u>122.83</u>
Net income (loss)	\$ <u>(9,296.71)</u>	<u>(22.83)</u>

See accompanying accountants' compilation report.
Statement prepared on income tax basis.

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 David Lougher Date 4/6/06 Name _____ Date _____
Signature [Signature] Signature _____
Title President Title _____

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