



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

AZ Corp. Commission



01845947

DUE ON OR BEFORE 01/13/2007

FY06-07

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. -0060694-4  
THE BEATITUDES CAMPUS  
1610 W GLENDALE AVE  
PHOENIX, AZ 85021

RECEIVED  
JAN 04 2007

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Business Phone: 602-995-2611 (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: DAVID G DAVIES

Physical Address, if Different.

Mailing Address: 5110 N 40TH STREET, #236

Physical Address:

City, State, Zip: PHOENIX, AZ 85018

City, State, Zip:

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

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<br>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 <b>Authorized</b>	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 <b>Issued</b>	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.**

Name: N/A Name: \_\_\_\_\_

**NONE** ☒

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: \_\_\_\_\_



# 006 0094-4

<b>BEATITUDES CAMPUS</b> <b>BOARD OF DIRECTORS</b> <b>2006-2007</b>
---

Name/Office/Joined Church or Commty	Phone Numbers	Home Information	Occupational Information and Email
<b>Officers</b>			
<b>Jack Marks</b> <b>Chairman</b> (DOO: 9/01) <i>Church</i>	B) 602-343-3143 F) 602-352-3661 H) 602-253-6859 C) 602-621-0517	*1638 Palmcroft Way SW Phoenix, AZ 85007	Director of Development St. Mary's/Westside Food Bank Alliance 2831 N. 31 <sup>st</sup> Ave. Phoenix, AZ 85009 jmarks@firstfoodbank.org
<b>Mike Scheurich</b> <b>Chair-Elect</b> (DOO: 6/03) <i>Church</i>	B) 602-285-5011 F) 602-285-5100 H) 602-861-1276	7615 N. 10 <sup>th</sup> Ave. Phoenix, AZ 85021	Attorney Mariscal Weeks McIntyre & Friedlander *2901 N Central Ave #200 Phx AZ 85013 michael.scheurich@mwmf.com
<b>Cathy De Lisa</b> <b>Secretary</b> (DOO: 6/04) <i>Church</i>	B) 602-285-0505 x151 H) 623-583-7044 C) 602-999-8914	*12610 W. Canterbury Dr. El Mirage, AZ 85335	Prog. Dir., Foundation for Senior Living 1201 E. Thomas Rd. Phoenix, AZ 85014 cdelisa@fsl.org
<b>Ken Husband</b> <b>Treasurer</b> (DOO: 6/02) <i>Community</i>	B) 602-957-7503 F) 602-957-7798 H) 602-956-9519 C) 602-510-1775	*6340 N. 34 <sup>th</sup> Pl. Paradise Valley, AZ 85253	CPA (self employed) kenhusband@aol.com
<b>Ron Ewing</b> <b>Immed. Past Chair</b> (DOO: 9/97) <i>Church</i>	B) 602-957-8366 F) 602-957-4740 H) 602-331-0421	1636 E. Cactus Wren Dr. Phoenix, AZ 85020	CPA, Rynd, Carneal & Ewing *2833 E. Camelback Rd. #425 Phoenix, AZ 85016 ronewing@qwest.net
<b>Members</b>			
<b>John Christian</b> (DOO: 6/06) <i>Community</i>	B) 602-262-5805 F) 602-495-2609 H) 602-279-9181	123 E. San Miguel Ave. Phoenix, AZ 85012	Attorney, Jennings, Strouss & Salmon 201 E. Washington St. 11 <sup>th</sup> Floor Phoenix, AZ 85004-2385 jchristian@jsslaw.com
<b>David Davies</b> (DOO: 9/97) <i>Church</i>	B) 602-956-1521 F) 602-956-1765 H) 480-922-6939 C) 602-568-4452	7425 Gainey Ranch Rd. #22 Scottsdale, AZ 85258	Attorney, David G. Davies, Ltd. 5110 N. 40 <sup>th</sup> St. #236 Phoenix, AZ 85018 **No email, utilize fax **
<b>Chuck Ditsch</b> (DOO: 6/03) <i>Church</i>	B) 602-234-3128 F) 602-230-8497 H) 602-234-3128	*250 E. Sierra Vista Dr. Phoenix, AZ 85012 (COB, Phoenix Rotary 100)	Attorney (self employed) cditsch@cox.net
<b>Lee Hofmann</b> (DOO: 6/00) <i>Church</i>	B) 602-266-2002 F) 602-266-6908 H) 602-870-9689	7601 N. Central #32 Phoenix, AZ 85020	Attorney, Plattner Verderame, PC *316 E. Flower St. Phoenix, AZ 85012 hsslaw@aol.com
<b>Marcia Lee</b> (DOO: 9/97) <i>Church</i>	H) 602-266-3320	*1417 E. Marshall Ave. Phoenix, AZ 85014	School Teacher (retired) warmaraz@aol.com
<b>Mary Ann O'Neil</b> (DOO: 9/01) <i>Church</i>	B) 480-941-1225 H) 602-264-4072 C) 602-696-5413	*330 W. Solano Dr. Phoenix, AZ 85013	Field Guide, Desert Botanical Garden 1201 N. Galvin Parkway Phoenix, AZ 85008 ulsteroneil@yahoo.com

Members (cont.)			
<b>Herman Orcutt</b> (DOO: 6/06) Community	B) 602-257-1764 F) 602-257-9029 H) 602-997-9013 C) 602-616-6500	512 W. El Caminito Dr. Phoenix, AZ 85021	Partner, Architectural Firm The Orcutt/Winslow Partnership *1130 N. 2nd St. Phoenix, AZ 85004 <a href="mailto:orcutt.h@owp.com">orcutt.h@owp.com</a>
<b>Pam Piller</b> (DOO: 9/99) Church	H) 602-863-9855 F) 602-863-9855	*1402 W. Port-Au-Prince Ln. Phoenix, AZ 85023	Small Business Owner (retired) <a href="mailto:pillerspost@yahoo.com">pillerspost@yahoo.com</a>
<b>Scott Schaefer</b> (DOO: 6/06) Community	B) 602-808-5340 F) 602-808-5377 H) 480-502-2461 C) 602-509-1033	*27622 N. 65th Way Scottsdale, AZ 85262	President, Bank of Arizona 2398 E. Camelback Rd. Ste. 535 Phoenix, AZ 85016 <a href="mailto:sschaefer@bokf.com">sschaefer@bokf.com</a>
<b>Carl Spiekerman</b> (DOO: 6/06) Community	B) 602-230-1656 F) 602-230-1657 H) 602-952-8067 C) 602-818-0253	6200 N. 47th St. Paradise Valley, AZ 85253	Investor/Owner, CMJ, LLC *4425 N. 24th St. Phoenix, AZ 85016 <a href="mailto:carl@cmjllc.com">carl@cmjllc.com</a>
<b>Brad Stouffer</b> (DOO: 6/06) Church	B) 480-607-8735 F) 866-216-2892 H) 602-230-1781 C) 602-770-8735	1837 E. Berridge Ln. Phoenix, AZ 85016	Vice President; Sr. Financial Advisor Merrill Lynch *6730 N. Scottsdale Rd. #150, Scottsdale, AZ 85253 <a href="mailto:bradley_stouffer@ml.com">bradley_stouffer@ml.com</a>
<b>Neil Ward</b> (DOO: 6/06) Church	F) 602-943-4814 H) 602-943-4814 C) 602-885-1970	*7315 N. 1st St. Phoenix, AZ 85020	Physician (retired) <a href="mailto:wardnaz@cox.net">wardnaz@cox.net</a>

Ex-Officio			
<b>Lou Jennings</b> (DOO: 6/06) Church President	B) 602-254-1191 F) 602-252-9037 H) 602-861-4760 C) 602-725-9168	*727 W. Townley Ave. Phoenix, AZ 85021-4587	Exec. VP, Metro Mechanical, Inc. 407 S. 17th Ave. Phoenix, AZ 85007-3330 <a href="mailto:lej@metromechanical.com">lej@metromechanical.com</a>
<b>Peggy Mullan</b> (DOO: 6/97) Campus President	B) 602-995-6106 F) 602-995-4854 H) 602-956-3101 C) 602-319-5643	3427 E. Meadowbrook Ave. Phoenix, AZ 85018	President & CEO, Beatitudes Campus *1610 W. Glendale Ave. Phoenix, AZ 85021 <a href="mailto:pmullan@beatitudescampus.org">pmullan@beatitudescampus.org</a>
<b>Sylvia Mellott</b> (DOO: 6/04) Resident Council President	H) 602-274-8488	*1640 W. Glendale Ave. #42 Phoenix, AZ 85021	<a href="mailto:gramamamellott@cox.net">gramamamellott@cox.net</a>
<b>Arlene Ring</b> (DOO: 6/05) Auxiliary President	H) 623-937-4672	*9502 W. Long Hills Dr. Sun City, AZ 85351	Executive Secretary (retired) <a href="mailto:ringhouse2@juno.com">ringhouse2@juno.com</a>
<b>Tom Stiers</b> (DOO: 3/05) Interim Sr. Pastor	B) 602-264-1221 F) 602-222-9330 H) 602-266-8411	77 E. Missouri Ave. #4 Phoenix, AZ 85012	Interim Sr. Pastor, Church of the Beatitudes *555 W. Glendale Ave. Phx, AZ 85021 <a href="mailto:tstiers@beatitudeschurch.org">tstiers@beatitudeschurch.org</a>

Staff (Fax# 602-995-4854)			
<b>Tara Bethell</b> Executive Asst	B) 602-995-6114 C) 602-512-5849 <a href="mailto:tbethell@beatitudescampus.org">tbethell@beatitudescampus.org</a>	<b>Scott Mardian</b> Redev't Director	B) 602-995-6138 C) 602-677-3660 <a href="mailto:smardian@beatitudescampus.org">smardian@beatitudescampus.org</a>
<b>Allen Bloch</b> CFO	B) 602-995-6112 C) 480-759-0096 <a href="mailto:abloch@beatitudescampus.org">abloch@beatitudescampus.org</a>	<b>David Weaver</b> Pastoral Care	B) 602-995-6109 C) 602-748-8848 <a href="mailto:dweaver@beatitudescampus.org">dweaver@beatitudescampus.org</a>
<b>Chad Hansen</b> AL Administrator	B) 602-335-8496 C) 602-509-2437 <a href="mailto:chanson@beatitudescampus.org">chanson@beatitudescampus.org</a>		
<b>Michelle Just</b> Dev't Director	B) 602-995-6120 C) 480-251-1526 <a href="mailto:mjust@beatitudescampus.org">mjust@beatitudescampus.org</a>	<b>Richard Young</b> IL Administrator	B) 602-995-6111 C) 602-292-9187 <a href="mailto:ryoung@beatitudescampus.org">ryoung@beatitudescampus.org</a>
<b>Paul Loomans</b> Mktg Director	B) 602-995-8487 C) 602-400-9584 <a href="mailto:ploomans@beatitudescampus.org">ploomans@beatitudescampus.org</a>	<b>Scott Wynn</b> COO	B) 602-995-6115 C) 602-334-5491 <a href="mailto:swynn@beatitudescampus.org">swynn@beatitudescampus.org</a>

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2004

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning 10/01, 2004, and ending 09/30/2005

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>THE BEATTITUDES CAMPUS</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1610 W. GLENDALE AVE.</b> City or town, state or country, and ZIP + 4 <b>PHOENIX, AZ 85021</b>	D Employer identification number <b>86-0912846</b>
		E Telephone number <b>(602) 995-2611</b>
		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) <input type="checkbox"/>

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: **WWW.BEATTITUDESCAMPUS.ORG**J Organization type (check only one) ☒ 501(c) (3) (insert no.) 4947(a)(1) or 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ☐H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ NoI Group Exemption Number ☐M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **14,844,592.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	350,493.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 349,493. noncash \$ 1,000.)	1d	350,493.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	14,080,703.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	18,577.	
	5 Dividends and interest from securities	5		
	6a Gross rents	6a	57,448.	
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	57,448.	
7 Other investment income (describe <input type="checkbox"/> )	7			
Expenses	8a Gross amount from sales of assets other than inventory	(A) Securities	8a	
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a Gross sales of inventory, less returns and allowances	10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	Net Assets	11 Other revenue (from Part VII, line 103)	11	337,371.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	14,844,592.	
13 Program services (from line 44, column (B))		13	12,124,013.	
14 Management and general (from line 44, column (C))		14	3,434,323.	
15 Fundraising (from line 44, column (D))		15		
16 Payments to affiliates (attach schedule)		16		
17 Total expenses (add lines 16 and 44, column (A))		17	15,558,336.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)		18	-713,744.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	6,079,237.	
20 Other changes in net assets or fund balances (attach explanation) <b>STMT 1</b>		20	35,754.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	5,401,247.		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> Grants and allocations (attach schedule)				
(cash \$ _____ noncash \$ _____)				
<b>23</b> Specific assistance to individuals (attach schedule)	2,250.	2,250.	STMT 2	
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25</b> Compensation of officers, directors, etc.	526,679.		526,679.	
<b>26</b> Other salaries and wages	6,409,472.	5,851,142.	558,330.	
<b>27</b> Pension plan contributions	200,013.	110,741.	89,272.	
<b>28</b> Other employee benefits	1,545,509.	1,469,728.	75,781.	
<b>29</b> Payroll taxes	684,089.	622,521.	61,568.	
<b>30</b> Professional fundraising fees	133,932.	121,878.	12,054.	
<b>31</b> Accounting fees	32,071.		32,071.	
<b>32</b> Legal fees	18,962.		18,962.	
<b>33</b> Supplies	448,510.	426,085.	22,425.	
<b>34</b> Telephone	100,318.	95,302.	5,016.	
<b>35</b> Postage and shipping	16,075.	12,860.	3,215.	
<b>36</b> Occupancy	36,163.	36,163.		
<b>37</b> Equipment rental and maintenance	142,649.	114,119.	28,530.	
<b>38</b> Printing and publications	5,181.		5,181.	
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings	49,294.		49,294.	
<b>41</b> Interest	292,575.		292,575.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	784,204.		784,204.	
<b>43</b> Other expenses not covered above (itemize): <b>STMT 3</b>	4,130,390.	3,261,224.	869,166.	
b _____				
c _____				
d _____				
e _____				
<b>44</b> Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	15,558,336.	12,124,013.	3,434,323.	

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)What is the organization's primary exempt purpose? **STMT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

<b>a</b> <u>DIETARY SERVICES PROVIDED TO APPROXIMATELY 525 RESIDENTS PLUS 165 CHILDREN.</u>	(Grants and allocations \$ _____)	2,424,802.
<b>b</b> <u>NURSING SERVICES PROVIDED TO APPROXIMATELY 224 RESIDENTS.</u>	(Grants and allocations \$ _____)	7,274,408.
<b>c</b> <u>HOUSEKEEPING AND LAUNDRY SERVICES PROVIDED TO APPROXIMATELY 525 RESIDENTS.</u>	(Grants and allocations \$ _____)	969,921.
<b>d</b> <u>RECREATION, ACTIVITIES, AND REHAB SERVICES PROVIDED TO APPROXIMATELY 475 RESIDENTS.</u>	(Grants and allocations \$ _____)	848,681.
<b>e</b> Other program services (attach schedule) <b>STMT 5</b>	(Grants and allocations \$ _____)	606,201.
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services).		12,124,013.

**Part IV Balance Sheets** (See page 25 of the instructions.)**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
<b>Assets</b>	45 Cash - non-interest-bearing	656,489.	45	322,252.
	46 Savings and temporary cash investments	1,029,520.	46	150,131.
	47a Accounts receivable	953,217.		
	b Less: allowance for doubtful accounts	66,381.	47c	886,836.
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	175,516.	52	136,927.
	53 Prepaid expenses and deferred charges	73,326.	53	116,677.
	54 Investments - securities (attach schedule) <b>STMT 6</b> <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	2,000.	54	3,000.
	55a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
56 Investments - other (attach schedule)	115,384.	56	115,384.	
57a Land, buildings, and equipment: basis	23,581,564.			
b Less: accumulated depreciation (attach schedule)	14,250,251.	57c	9,331,313.	
58 Other assets (describe <b>STMT 8</b> )	64,711.	58	49,639.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	12,175,679.	59	11,112,159.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	1,654,073.	60	1,535,557.
	61 Grants payable		61	
	62 Deferred revenue	245,893.	62	232,983.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) <b>STMT 9</b>	3,897,982.	64b	3,606,430.
	65 Other liabilities (describe <b>STMT 10</b> )	298,494.	65	335,942.
66 <b>Total liabilities</b> (add lines 60 through 65)	6,096,442.	66	5,710,912.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	4,936,462.	67	4,265,021.
	68 Temporarily restricted	1,142,775.	68	1,136,226.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	6,079,237.	73	5,401,247.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	12,175,679.	74	11,112,159.

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.

## Part IV-B

### Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Return (See page 27 of the instructions.)		
<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . ▶	<b>a</b> 14,844,592.
<b>b</b>	Amounts included on line a but not on line 12, Form 990:	
	(1) Net unrealized gains on investments . . \$ _____	
	(2) Donated services and use of facilities \$ _____	
	(3) Recoveries of prior year grants . . . . \$ _____	
	(4) Other (specify): _____ _____ \$ _____	
	Add amounts on lines (1) through (4) ▶	<b>b</b>
<b>c</b>	Line a minus line b . . . . . ▶	<b>c</b> 14,844,592.
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:	
	(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____	
	(2) Other (specify): _____ _____ \$ _____	
	Add amounts on lines (1) and (2) . . ▶	<b>d</b>
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	<b>e</b> 14,844,592.

<b>a</b>	Total expenses and losses per audited financial statements . . . . . ▶	<b>a</b>	15,558,336.
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
	(1) Donated services and use of facilities \$ _____		
	(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$ _____		
	(3) Losses reported on line 20, Form 990 \$ _____		
	(4) Other (specify): _____ _____ \$ _____		
	Add amounts on lines (1) through (4) . . ▶	<b>b</b>	
<b>c</b>	Line a minus line b . . . . . ▶	<b>c</b>	15,558,336.
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____		
	(2) Other (specify): _____ _____ \$ _____		
	Add amounts on lines (1) and (2) . . ▶	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	<b>e</b>	15,558,336.

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

[illegible]

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No  
If "Yes," attach schedule - see page 28 of the instructions.



**Part VI Other Information** (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization <u>STMT 14</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions.	81a	NONE
b Did the organization file Form 1120-POL for this year?	81b	X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>NONE</u> ; section 4912 <u>NONE</u> ; section 4955 <u>NONE</u>		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		NONE
90a List the states with which a copy of this return is filed <u>ARIZONA</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	300
91 The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>602-995-2611</u> Located at <u>1610 W. GLENDALE AVE., PHOENIX, AZ</u> ZIP + 4 <u>85021</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		NONE

Form 990 (2004)

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <u>PATIENT SVS. REV.</u>					4,763,271.
b <u>RENTAL &amp; SVS REV.</u>					3,863,449.
c <u>ENTRANCE FEES</u>					51,657.
d <u>AUXILIARY SERVICE</u>					386,817.
e _____					
f Medicare/Medicaid payments . . . . .					1,123,930.
g Fees and contracts from government agencies . . . . .					3,891,579.
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	18,577.	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .			03	11,218.	46,230.
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b <u>STMT 15</u>				304,163.	33,208.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				333,958.	14,160,141.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					14,494,099.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
16	STMT 16

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please  
Sign  
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: B. Allen Bloch Date: 8/15/06

Type or print name and title: B. ALLEN BLOCH CFO

Paid  
Preparer's  
Use Only

Preparer's signature: [Signature] Date: 8/14/2006 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: CBIZ ATA OF PHOENIX, LLC EIN: 34-1884125

3101 N. CENTRAL AVE., STE 300 Phone no.: 602-264-6835

PHOENIX, AZ 85012

Form 990 (2004)

**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 Margaret M. Mullen Date 1/2/07 Name John R Marks Date 1/2/07

Signature Margaret M. Mullen

Signature John R Marks

Title President, CEO

Title Board Chairman

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

This is the instruction sheet for the annual reporting process for all corporations doing business in Arizona. Every corporation must submit an annual report once a year. This annual report must be correctly filled out and submitted by the assigned due date or the corporation may be administratively dissolved or have its authority revoked by the State of Arizona. This is the only notice you will receive. According to A.R.S. §10-1622.F, penalties accrue on business corporation annual reports which are submitted late (after the due date). Corporations must use the annual report form prescribed by the Corporation Commission. **No other format is allowed.**

Please verify the business address and statutory agent and agent address information on page one. Strike out incorrect information. Correct information should be legibly written above or to the side of struck, incorrect information. Complete the remainder of the form - use the corporation's original articles of incorporation, amendment documents and corporate minutes as guides for the stock questions. **IMPORTANT:** The entirety of this document is public record, including addresses cited. **\*Use black or blue ink.**

- ☒ **Section 1.** All corporations must state their name, address, zip code, domicile state, and type (e.g., nonprofit, business, sole, professional, business trust). Please list a business phone number.
- ☒ **Section 2.** All corporations must state the name and address of the current Statutory Agent for the corporation. Correct information about the Statutory Agent is vital to the legitimate authority and status of the corporation. The statutory agent must provide both a physical and mailing address. If statutory agent has a P.O. Box, then they must provide a physical description of their street address/location. New Statutory Agents must consent to their appointment by signing the appropriate line. A corporation must amend their records at the Commission anytime the Statutory Agent is changed or whenever the Agent's designated mailing address changes. Do not sign in the space provided, unless you are appointing a new agent.
- ☒ **Section 3.** Foreign (out-of-state/country) corporations must state their known place of business in this state and in the jurisdiction in which they are incorporated. List the primary address in Section 1, and the secondary address in Section 3.
- ☒ **Section 4.** All corporations must check the category that best describes the character of their corporation in the applicable business or nonprofit corporation area.
- ☒ **Section 5.** All business corporations must indicate the number of shares which they have authorized and issued, the class and series. All business trusts must indicate the number of transferable certificates held by trustees.
- ☒ **Section 6.** All business corporations must indicate the list of applicable shareholders.
- ☒ **Section 7.** Please list all principal officers. All corporations must have at least **one** duly authorized officer, with address.
- ☒ **Section 8.** Please list all directors. All corporations must have at least **one** director per A.R.S. §§10-803.A & 10-3803.A.
- ☒ **Section 9.** All Nonprofit corporations must file a financial disclosure statement. Nonprofit corporations meet their obligation by **attaching** one of the following documents: 1) Their most recent copy of Page 2, Form 99 filed with the Arizona Department of Revenue; OR 2) A copy of the corporation's Charitable Organization Financial Statement as filed with the Arizona Secretary of State pursuant to A.R.S. §44-6552; OR 3) A copy of the corporation's Treasurer's Report/Financial Statement prepared for the current fiscal year; OR 4) A copy of the financial statement prepared for the corporation's members; OR 5) A statement that the corporation conducted no business in Arizona in the past year. All other types of corporations are exempt from filing a financial disclosure. **All Nonprofit Corporations** must also indicate whether or not the corporation has members.
- ☒ **Section 10.** All corporations must check either YES or NO in the Certificate of Disclosure. Those who check the "YES" box must supply the attachment required as explained in section 10.
- ☒ **Section 11.** All corporations must check either YES or NO in the Statement of Bankruptcy, Receivership or Charter Revocation (both A and B). Those who check the "YES" box must supply the attachment required as explained in section 11.
- ☒ **Section 12.** All corporations must read the declarations in this section. If they have complied, and if they have completed the Annual Report, then the applicable officer(s) listed in section 7 **must** acknowledge by signing and dating the report. The signer(s) shall be at least one duly authorized officer.
- ☒ **Sign, Date & Mail the Check and Annual Report.** Business corporations must send **\$45**, Nonprofit corporations **\$10**. Credit cards are **not** accepted. Business/profit corporations are subject to penalties if their report is submitted after its assigned due date. Contact the Annual Report section at **602-542-3285 (Phoenix)** or **520-628-6560 (Tucson)** or by FAX at **602-542-0082** for the penalty amount due.

MAKE CHECK PAYABLE TO:  
MAIL OR DELIVER TO:

ARIZONA CORPORATION COMMISSION  
c/o Annual Reports - Corporations Division  
1300 West Washington  
Phoenix, AZ 85007-2929

Seek professional advice from your accountant, attorney, or other knowledgeable source if you need help with any section. The Commission's web site ([www.cc.state.az.us](http://www.cc.state.az.us)) has more general information about annual reports and reporting requirements. The Annual Reports Section of the Corporations Division cannot give legal or tax advice, but you may call them with your other questions regarding this form at (602) 542-3285.