



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

AZ Corp. Commission



01967259

DUE ON OR BEFORE 04/27/2007

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.

-0721188-6

RIM COUNTRY LITERACY PROGRAM, INC.
809 W LONGHORN RD STE C14
PAYSON, AZ 85541

RECEIVED

APR 11 2007

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: _____

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2.

Statutory Agent: NANCY AITHOFF

Physical Address, If Different.

Mailing Address: 1203 W GOLD NUGGET LN

Physical Address:

City, State, Zip: PAYSON, AZ 85541

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 checked="" 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)

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)

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: Nancy Althoff

Name: Marie Miller

Title: President

Title: Secretary

Address: 1203 W Gold Nugget Ln
Payson AZ 85541

Address: 709 S Coeur D'Alene
Payson AZ 85541

Date taking office: 6-1-04

Date taking office: 6-1-04

Name: Alice Natale

Name: Peggy Malecha

Title: Vice President

Title: Treasurer

Address: 1209 N Sunshine
Payson AZ 85541

Address: 1011 N Aviator Pkwy
Payson AZ 85541

Date taking office: 2-2006

Date taking office: 1/2003

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

Name: _____

Name: Susan Connell

Address: _____

Address: 607 E ELKRTDGE

Payson AZ 85541

Date taking office: _____

Date taking office: 9-2002

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

BUDGET RECONCILIATION

RIM COUNTRY LITERACY PROGRAM

6-Dec BUDGET FOR 2006

REVENUE/EXPENSE MONTHLY ACTUALS FOR FISCAL YEAR OF 2006

<u>REVENUE</u>	<u>BUDGETED</u>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total YTD	Bal Remain
Grants	10,000	12,000.00							5,000.00			2,800.00	1,400.00	\$21,200	-\$11,200
Donations: (Identifd as recvd+mo)	14,500													\$13,047	\$1,453
scriprebate		8.33	8.87	4.74	0.25	0.43	0.43		0.71	0.33	0.85	0.41		\$25	
private donations		550.00					150.00	220.00		40.00	230.00		675.00	\$1,865	
QWEST CLASSICAUTO(1000.)				2,500.00						1,000.00				\$3,500	
LIONESS/SOROPTOMIST						250.00	500.00							\$750	
compass bank											500.00			\$500	
KIWANNIS											250.00			\$250	
INT. ON CD PLUS \$4000 FROM CD													4,602.03	\$4,602	
Rotary1080/Walmart500												1580		\$1,580	
FLP DONATIONS	500	100.00												\$100	\$400
BOOK REIMBURSEMENT	1,000	18.00	14.00			65.00			38.00		20.00	54.00	20.00	\$229	\$771
FUND RAISERS	11,000	150.00	1,793.00	1,085.00			8.00	8.00		24.00	1,364.72	1,600.00		\$6,033	\$4,967
Total Revenue	\$37,000	\$12,676	\$173	\$4,298	\$1,150	\$250	\$658	\$728	\$5,039	\$1,064	\$2,366	\$6,034	\$6,697	\$53,661	-\$16,081

BUDGET RECONCILIATION

EXPENSES	BUDGETED	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total YTD	Bal Remain
Advertising & Promotion	500			100.00	25.00					40.00	205.80	180.00	75.00	\$551	-\$51
Awards and Recognitions	150			115.71										\$191	-\$41
AZ Corporation Commission	50				10.00									\$10	\$40
Computer Software	500									216.08		50.00		\$50	\$450
Furniture & Office Eqpmnt-	500													\$216	\$284
GED - Instructional materials	200													\$0	\$200
Insurance	700	113.00												\$639	\$61
Miscellaneous	100													\$0	\$100
Office Supplies	1,200	6.58		138.73	310.33		115.91		130.84	498.71	218.30	180.91		\$1,600	-\$400
Postage	200	39.00				39.00					31.45			\$109	\$91
Rent	9,600	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	\$9,600	\$0
Resource Materials	1,000					62.24								\$157	\$843
- Books for Resale	2,000			104.40				95.00			423.79			\$528	\$1,472
Seminar/travel	1,000													\$0	\$1,000
Telephone	600	43.16	43.17	50.65	43.93	43.22	41.95	41.95	45.33	42.53	85.31	41.74		\$523	\$77
Training of Volunteers & name tags	100													\$0	\$100
FLP EXPENSE	1,000	12.66		322.73										\$379	\$621
Wages	15,600	1,273.60	1,463.80	1,273.60	1,273.60	1,273.60	1,273.60	1,273.60	1,273.60	1,273.60	1,273.60	1,273.60	1,273.60	\$15,473	\$127
FUND RAISING EXPENSES	2,000	60.45	193.64											\$1,154	\$846
	\$37,000	\$2,288	\$2,367	\$3,099	\$2,463	\$2,218	\$2,231	\$2,211	\$2,278	\$2,886	\$3,664	\$3,326	\$2,149	\$31,181	\$5,819

BANK BAL 24,824.71 PLUS \$11,000. CD DUE 7/1/07

DON. FROM HDVIDSTEN 500. UNDERWRITE VOL. UNTEER PARTY FROM M. MALECHA 75.00

GRANT FROM TOWN OF PAYSON 1400.00

INTEREST ON CD \$602.03 AND \$4000. FROM ORIGINAL CD TO CHECKING ACCOUNT

9-22-11886

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 Malecha Date 4/9/07 Name _____ Date _____

Signature Margaret Malecha Signature _____

Title Treasurer Title _____

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