



WEB FORM  
COPY

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

AZ Corp. Commission



02330073



**DUE ON OR BEFORE** 10/03/2007

FY07-08

**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.

**RECEIVED**

1. -0073623-6

LA FRONTERA CENTER, INC.  
502 W 29TH ST  
TUCSON, AZ 85713

MAR 03 2008

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

**Business Phone:** \_\_\_\_\_

(Business phone is optional.)

**State of Domicile:** ARIZONA

**Type of Corporation:** NON-PROFIT

2. Statutory Agent: JOE F TARVER  
Mailing Address: 4710 N CAIDA PL  
City, State, Zip: TUCSON, AZ 85718-6728

Physical Address, If Different:

Physical Address:

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**

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  
industrial or trade association
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)
--	-------	------------------------------

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.

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

NONE ☒

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

**7. OFFICERS** PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: Michael Grassinger Name: Patrick O'Hagin

Title: PRESIDENT Title: Vice President

Address: 502 W 29TH ST Address: 502 W. 29th St.

TUCSON, AZ 85713 Tucson, AZ 85713

Date taking office: 10/1/2007 Date taking office: 10/1/2007

Name: Garrett Rustand Name: Mini Montez

Title: Treasurer Title: Custodial Secretary

Address: 502 W. 29th St. Address: 502 W. 29th St.

Tucson, AZ 85713 Tucson, AZ 85713

Date taking office: 10/1/2007 Date taking office: 10/1/2007

**8. DIRECTORS** PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: Celestino Fernandez Name: Butch Hite

Address: 502 W. 29th St. Address: 502 W. 29th St.

Tucson, AZ 85713 Tucson, AZ 85713

Date taking office: 10/1/2007 Date taking office: 10/1/2007

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_ Date taking office: \_\_\_\_\_

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**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.

OMB No. 1545-0047

**2006**Open to Public  
Inspection**A** For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**La Frontera Center, Inc.**

Number and street (or P.O. box if mail is not delivered to street address)

**502 West 29th Street**

City or town, state or country, and ZIP + 4

**Tucson, AZ 85713****D** Employer identification number**E** Telephone number**520-884-9920****F** Accounting method:☐ Cash ☒ Accrual☐ Other (specify) ▶

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

**H and I are not applicable to section 527 organizations.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☒ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: **www.lafrontera.org****J** Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **50,491,229.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	13,715.		
	c	Indirect public support (not included on line 1a)	1c	63,758.		
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 77,473. noncash \$ )	1e	77,473.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	50,060,609.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5	303,500.		
Revenue	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
	7	Other investment income (describe )	7			
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	1,030.	
	b	Less: cost or other basis and sales expenses	27,338.	8b	36,599.	
	c	Gain or (loss) (attach schedule)	-27,338.	8c	-35,569.	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	Stmt 1 Stmt 2	8d	-62,907.	
	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 1b)	9a			
Revenue	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			
	11	Other revenue (from Part VII, line 103)	11	48,617.		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	50,427,292.		
	Expenses	13	Program services (from line 44, column (B))	13	46,730,827.	
		14	Management and general (from line 44, column (C))	14	3,609,982.	
		15	Fundraising (from line 44, column (D))	15		
16		Payments to affiliates (attach schedule)	16			
17		Total expenses. Add lines 13 and 14, column (A)	17	50,340,809.		
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	86,483.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	10,096,594.		
	20	Other changes in net assets or fund balances (attach explanation) See Statement 3	20	113,055.		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	10,296,132.		

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

Form 990 (2006)

**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.

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>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	16,310,812.	14,268,697.	2,042,115.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	2,532,953.	2,101,520.	431,433.	
<b>29</b> Payroll taxes	1,467,424.	1,297,468.	169,956.	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies	10,142,120.	10,037,697.	104,423.	
<b>34</b> Telephone				
<b>35</b> Postage and shipping				
<b>36</b> Occupancy	1,620,624.	1,380,588.	240,036.	
<b>37</b> Equipment rental and maintenance	630,925.	543,839.	87,086.	
<b>38</b> Printing and publications				
<b>39</b> Travel	522,126.	449,259.	72,867.	
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	415,542.	356,186.	59,356.	
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> General and Operating	1,323,289.	1,171,387.	151,902.	
<b>b</b> Contracting/Consulting				
<b>c</b> Service	1,176,540.	1,028,226.	148,314.	
<b>d</b> Communications	578,653.	476,159.	102,494.	
<b>e</b> Behavioral Health				
<b>f</b> Services	13,619,801.	13,619,801.	0.	
<b>g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	50,340,809.	46,730,827.	3,609,982.	0.

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 \$ N/A ; (i) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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Form 990 (2006)

**Part IV Balance Sheets** (See 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	6,350,029.	45
	46 Savings and temporary cash investments	3,876,230.	46
	47 a Accounts receivable	2,172,234.	
	b Less: allowance for doubtful accounts	1,042,549.	47c
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	197,760.	
	b Less: allowance for doubtful accounts Stmt 5	193,847.	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	507,810.	53
	54 a Investments - publicly-traded securities Stmt 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,034,655.	54a
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation		55c	
56 Investments - other See Statement 6	5,000.	56	
57 a Land, buildings, and equipment: basis	12,637,247.		
b Less: accumulated depreciation Stmt 7	4,774,790.	57c	
58 Other assets, including program-related investments (describe See Statement 8)	313,408.	58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	18,685,272.	59	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	2,074,316.	60
	61 Grants payable		61
	62 Deferred revenue	391,445.	62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable Stmt 9	4,485,452.	64b
	65 Other liabilities (describe See Statement 10)	1,637,465.	65
66 <b>Total liabilities.</b> Add lines 60 through 65	8,588,678.	66	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	10,096,594.	67
	68 Temporarily restricted		68
	69 Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	10,096,594.	73
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	18,685,272.	74

Form 990 (2006)

**EXTENSION REQUEST LETTER**

Pursuant to A.R.S. §§10-1622.(C) & 10-11622.(C).

Requested by:

Name: Keegan, Linscott & Kenon, P.C.  
Address: 33 N. Stone Avenue, Suite 1100  
Tucson, AZ 85701

RE:

Corporation Name: La Frontera Center, Inc.

File Number: 0073623-6 Annual Report Due Date: 10/3/07

Enclosed find check # 16891 in the amount of \$ 10.00  
to pay the annual registration fee for the above referenced corporation.

THE ABOVE REFERENCED CORPORATION WILL BE UNABLE TO FILE THE ANNUAL REPORT ON OR BEFORE THE SPECIFIED DUE DATE. ON BEHALF OF THE CORPORATION, I WOULD LIKE TO REQUEST A 6 MONTH EXTENSION TO FILE THE ANNUAL REPORT.

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

A SIX-MONTH EXTENSION IS HEREBY GRANTED TO THE ABOVE-NAMED CORPORATION PURSUANT TO A.R.S. §§ 10-1622.(C) or 10-11622.(C). A BUSINESS CORPORATION'S FAILURE TO FILE THE ANNUAL REPORT BY THIS DATE WILL RESULT IN A PENALTY OF 20% PER MONTH CALCULATED FROM THE **ORIGINAL DUE DATE**.

EXTENSION GRANTED TO: \_\_\_\_\_

EXTENSION DUE DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
ANNUAL REPORT SECTION

**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;                                   |
| 4. Prior addresses (for immediate preceding 7 year period). | the date and location; the court and public agency involved, and the file or cause number of the case. |

**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 Kathy Wells Date 2-28-08 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature Kathy Wells Signature \_\_\_\_\_

Title Vice President / COO Title \_\_\_\_\_

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