



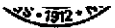
WEB FORM
COPY

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

AZ Corp. Commission



02701509



DUE ON OR BEFORE 02/28/2009

FILING FEE \$10.00

PLEASE READ ALL INSTRUCTIONS. 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.

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RECEIVED

MAR 04 2009

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. VERDE VALLEY SENIOR CITIZENS ASSOCIATION
PO BOX 681
500 E CHERRY ST
COTTONWOOD, AZ 86326

Business Phone: (928) 634-5450

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2.

Statutory Agent: MAMIE E N BRENNER

Statutory Agent's Street or Physical Address, If Different.

Mailing Address: PO BOX 681

Physical Address: 500 E CHERRY ST

City, State, Zip: COTTONWOOD, AZ 86326

City, State, Zip: COTTONWOOD, AZ 86326

ACC USE ONLY

Fee \$ _____

Penalty \$ _____

Reinstate \$ _____

Expedite \$ _____

Resubmit \$ _____

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. Note that the agent address must be in Arizona.

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 <u>Nutrition Program</u> |

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 type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Cooperative Marketing Association |
| <input type="checkbox"/> 15. Animal Husbandry |
| <input type="checkbox"/> 16. Homeowner's Association |
| <input type="checkbox"/> 17. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 18. Other _____ |

5. CAPITALIZATION:(For-profit 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:(For-profit 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: ARLO "CHIP" DAVISName: CONNIE SVALENGTitle: PRESIDENTTitle: SECRETARYAddress: 10 S 6TH STAddress: 600 S WILLARD STCOTTONWOOD, AZ 86326COTTONWOOD, AZ 86326Date taking office: 4/23/2003Date taking office: 4/23/2003

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: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Financial Statements

**of
VERDE VALLEY SENIOR CENTER
For the Period Ended June 30, 2008**

correct

See Accountant's Compilation Statement

A. John Mahon
Accounting and Tax Services
1770 E. Villa Dr. Ste. 1
Cottonwood, Az. 86326

Phone (928) 634-9667

December 1, 2008

To: VERDE VALLEY SENIOR CENTER

The Accompanying Financial Statements of VERDE VALLEY SENIOR CENTER AS OF June 30, 2008 has been compiled by me.

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

These Financial Statements are for management's internal use only and therefore all of the disclosures required by Generally Accepted Accounting Principles have been omitted. If these items were included in the Financial Statements, they might influence the user's conclusions about the company's financial position, results of operations, and changes in financial position. Accordingly, these Financial Statements are not intended for those who are not informed about such matters.

Respectfully Submitted,

A. John Mahon

VERDE VALLEY SENIOR CENTER

Balance Sheet

June 30, 2008

ASSETS

Current Assets

Title III Bank One-0885	\$	(620.01)
Corp. Acct.-Bank One-7825		92,346.43
Bank One - Building Fund		3,408.22
Bank One - Savings-4121		40,781.85
Az. St. Savings & Credit Union		5.00
BANK OF AMERICA		11,308.78
CHASE - CD		135,427.32
Bank of America - CD		25,000.00
Petty Cash		300.00
Accounts Receivable		32,667.00
Exxon Mobile Stock-JP Morgan		7,931.70
GE Stock- J.P. Morgan		6,138.70
General Electric Stock - Chase		4,403.85
IBM Stock - CHASE		<u>8,297.10</u>

Total Current Assets \$ 367,395.94

Fixed Assets

Building & Improvements	19,553.59
Furniture & Equipment	36,961.28
Equipment	4,500.00
New Building - 2005	215,628.66
Vans-Vehicles	77,235.76
Accum. Depreciation	<u>(88,531.00)</u>

Total Fixed Assets 265,348.29

Other Assets

Total Assets \$ 632,744.23

VERDE VALLEY SENIOR CENTER

Balance Sheet

June 30, 2008

LIABILITIES AND EQUITY

Current Liabilities

Accounts Payable	\$	15,721.06
A/P Federal P/R Taxes		3,440.33
A/P Az Withholding		352.03
SUTA A/P		<u>58.37</u>

Total Current Liabilities \$ 19,571.79

Long Term Liabilities

Equity

Unrestricted Assets	466,910.89
Temporary Restricted	73,367.00
Current Income (Loss)	<u>72,894.55</u>

Total Equity 613,172.44

Total Liabilities & Equity \$ 632,744.23

See Accountant's Compilation Statement

VERDE VALLEY SENIOR CENTER
Income Statement
For the Period Ended June 30, 2008

	1 Month Ended Jun. 30, 2008	Pct	12 Months Ended Jun. 30, 2008	Pct
Revenue				
ALTCCS	\$ 2,920.00	7.09	\$ 50,130.00	10.83
Congregate Meals C-1	2,733.82	6.64	34,937.57	7.55
Home Delivered Meals C-2	2,555.50	6.21	36,980.15	7.99
Donations / Non Fed Cash	975.32	2.37	97,350.40	21.03
Project Income-NACOG	0.00	0.00	177,618.71	38.37
NACOG - Kitchen Equip. Grant	0.00	0.00	11,477.00	2.48
ALTCS VEH GRANT	0.00	0.00	11,161.25	2.41
Interest Income	34,611.83	84.07	35,643.59	7.70
Transportation Income 113-13	61.00	0.15	500.13	0.11
Advertising Fund	0.00	0.00	1,200.00	0.26
Dividends	(792.84)	(1.93)	313.70	0.07
Stock Gifted Donation	0.00	0.00	6,106.65	1.32
Unrealized gains (loss)	(1,896.60)	(4.61)	(504.30)	(0.11)
Total Revenue	41,168.03	100.00	462,914.85	100.00
Operating Expenses				
Advertising	0.00	0.00	3,359.51	0.73
Accounting	375.00	0.91	10,185.00	2.20
Auto-Gas	510.18	1.24	4,780.61	1.03
Training	(64.00)	(0.16)	(618.75)	(0.13)
Insurances - Health	377.00	0.92	1,367.90	0.30
Insurance - Business Liability	0.00	0.00	3,401.68	0.73
Insurance - Auto	431.92	1.05	4,372.80	0.94
Mileage	373.60	0.91	2,406.17	0.52
Cleaning Supplies	230.06	0.56	3,434.04	0.74
H.D. Supplies	833.89	2.03	14,644.73	3.16
Kitchen Supplies	375.54	0.91	5,559.37	1.20
Office Supplies	59.68	0.14	2,154.44	0.47
Meals & Food	5,941.06	14.43	102,323.20	22.10
Postage	42.00	0.10	326.77	0.07
Administration	9,513.94	23.11	99,551.70	21.51
Vacation Pay	0.00	0.00	887.52	0.19
Kitchen-Cooks	2,511.19	6.10	38,497.60	8.32
Van Drivers	933.69	2.27	10,779.43	2.33
Custodian	0.00	0.00	88.00	0.02
FICA	991.37	2.41	11,454.73	2.47
SUTA	17.26	0.04	240.21	0.05
Workmans Comp	0.00	0.00	1,996.10	0.43
AZ. Job Training Tax	0.00	0.00	54.93	0.01
Taxes & Licenses	(34.28)	(0.08)	237.59	0.05
Az Job Training Tax	0.00	0.00	8.10	0.00
Auto Maint & Repairs	6.00	0.01	1,777.17	0.38
Maintenance & Repairs	952.84	2.31	6,405.29	1.38
Dues & Memberships	0.00	0.00	394.18	0.09
Bank Charges	19.00	0.05	198.00	0.04

See Accountant's Compilation Statement

	1 Month Ended Jun. 30, 2008	Pct	12 Months Ended Jun. 30, 2008	Pct
Landscaping Expenses	0.00	0.00	8,654.00	1.87
Outside Services	0.00	0.00	1,220.95	0.26
Training	15.00	0.04	115.00	0.02
MISC FUNDRAISING EXP	0.00	0.00	300.00	0.06
Misc Expense	0.00	0.00	1,610.64	0.35
Electric	2,011.73	4.89	20,656.28	4.46
Waste Pickup	107.47	0.26	1,261.88	0.27
Utilities - Gas	321.55	0.78	5,604.51	1.21
Security	60.66	0.15	444.47	0.10
Telephone	363.45	0.88	4,314.95	0.93
Water	216.22	0.53	2,956.20	0.64
Other Utilities	77.10	0.19	746.40	0.16
Depreciation Expense	<u>11,867.00</u>	<u>28.83</u>	<u>11,867.00</u>	<u>2.56</u>
Total Operating Expenses	<u>39,437.12</u>	<u>95.80</u>	<u>390,020.30</u>	<u>84.25</u>
Net Income (Loss)	\$ <u>1,730.91</u>	<u>4.20</u>	\$ <u>72,894.55</u>	<u>15.75</u>

See Accountant's Compilation Statement

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9))

Nonprofits – if your annual report is due on or before September 25, 2008, you **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). If your nonprofit annual report is due after September 25, 2008, a financial statement is not required. **Cooperative marketing associations** must in all cases submit a financial statement. All other forms of corporations are exempt from filing a financial statement no matter what date the annual report was due.

ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION:**9A. MEMBERS (A.R.S. §10-11622(A)(6))**This corporation **DOES** ☐ **DOES NOT** ☒ have members.**10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7))**

- A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:
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. 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" to A, 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 birth name. | 5. Date and location of birth. |
| 2. Full present name and prior names used. | 6. 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. |
| 3. Present home address. | |
| 4. All prior addresses for immediately preceding 7 year period. | |
- B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation?

One box must be marked: YES ☐ **NO** ☒If "YES" to B, the following information **must be submitted** as an attachment to this report for each corporation subject to the statement above.

- (a) Name and address of each corporation and the persons involved.
- (b) State(s) in which it: (i) was incorporated and (ii) transacted business.
- (c) Dates of corporate operation.

11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623)

- A. Has the **corporation** filed a petition for bankruptcy or appointed a receiver? **One box must be marked: YES** ☐ **NO** ☒

If "Yes" to A, the following information **must be submitted** as an attachment to this report:

1. All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for bankruptcy or the appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder possessing or controlling twenty per cent of the issued and outstanding shares or twenty per cent of any proprietary, beneficial or membership interest in the corporation.
2. Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:
 - (a) Name and address of each corporation;
 - (b) States in which it: (i) was incorporated and (ii) transacted business.
 - (c) Dates of operation.

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 perjury, 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 perjury 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 CONNIE SVALENG Date 2/28/09 Name _____ Date _____
 Signature [Signature] Signature _____
 Title Secretary/Treasurer Title _____
 (Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)

