

276031.0007

1200 WEST WASHINGTON
P.O. BOX 6019
PHOENIX, AZ 85006

MAIL OR DELIVER TO:
ARIZONA CORPORATION COMMISSION

402 N CONGRESS
TUCSON, AZ 85701

ANNUAL REPORT & CERTIFICATE OF DISCLOSURE

(Pursuant to ARS 10-125, 10-1081, 10-128 and 10-1084)

DIRECTIONS: ANSWER ALL QUESTIONS IN EACH SECTION OF THIS ANNUAL REPORT AND RETURN WITH YOUR FEE TO THE ARIZONA CORPORATION COMMISSION. PLEASE TYPE OR PRINT IN BLACK INK.

A. CORPORATION INFORMATION (PLEASE MAKE ANY CHANGES OR CORRECTIONS IN SECTION B.)

FILE NO -179005-5

B.V. FEB 04 1987

Corporation Name ^{4289 AMEN} PART-TIME FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMM
Street Address 1/2 HERBERT J GREEN
7130 E GARY RD

P.O. Box (if any)
City State Zip Code SCOTTSDALE AZ 85254

MAKE CHECK PAYABLE TO:
ARIZONA CORPORATION COMMISSION

TYPE OF CORPORATION NON PROFIT
FEE \$ 10
PENALTY \$
TOTAL DUE \$

Name of Arizona Statutory Agent EDMUND Y NOMJRA
5103 E THOMAS RD
Street Address (NOT P.O. BOX)

City, State, Zip Code PHOENIX AZ 85018

ANNUAL REPORT
FOR YEAR ENDING

12 31 86
MO DAY YR

DUE ON OR BEFORE

04 15 87
MO DAY YR

B. CHANGES OR CORRECTIONS:

C. BRIEF STATEMENT OF THE CHARACTER OF BUSINESS IN WHICH THE CORPORATION IS ACTUALLY ENGAGED IN ARIZONA. Professional membership association of part-time educators

D. CAPITALIZATION: (NOT REQUIRED FOR NONPROFIT CORPORATIONS)

NUMBER AUTHORIZED	CLASS	SERIES	PAR VALUE
NUMBER ISSUED	CLASS	SERIES	PAR VALUE

E. SHAREHOLDERS DIRECTIONS: Fill in names of shareholders of record holding more than 20% of any class of shares issued by the corporation, including persons beneficially holding such shares through nominees (if additional space is needed, attach a separate sheet (IF NONE, SO STATE))

Shareholder Name _____

Shareholder Name _____

JAN 28 1987

Shareholder Name _____

Shareholder Name _____

DOCUMENTS ARE SUBJECT TO REVIEW BEFORE FILING

NOTE: If appointing new statutory agent, the new agent must consent to that appointment, and PRESIDENT must sign this report (Page 4)

I, (individual) and/or We, (corporation), having been appointed to act as Statutory Agent, hereby consent to act in that capacity until removal or resignation is submitted in accordance with the Arizona Revised Statutes,

STATUTORY AGENT

FOREIGN CORPORATIONS: If not included on page 1, please list address of place of business in Arizona, if applicable.

NOTE: ALL CORPORATIONS MUST LIST THEIR OFFICERS AND DIRECTORS.
DATES TAKING OFFICE MUST BE INCLUDED.
ATTACH ADDITIONAL SHEETS IF NECESSARY.

F. OFFICERS

(President And Secretary Cannot Be Same Person.)

President

Name Herbert J. Green
Street Address 7130 East Gary Road
P O Box _____
City, State, Zip Code Scottsdale, AZ 85254
Date of taking this office MO 9 DAY 5 YR 85

Vice-President

Name Albert Feldman
Street Address 1051 So. Dibson Rd.
P O Box _____
City, State, Zip Code Mesa, AZ 85202
Date of taking this office MO 9 DAY 5 YR 85

Secretary

Name Steve Jenkins
Street Address 3001 N. 16th Avenue
P O Box _____
City, State, Zip Code Phoenix, AZ 85105
Date of taking this office MO 9 DAY 5 YR 85

Treasurer

Name Margaret Ellen Sherwood
Street Address 2121 So. Pennington #27
P O Box _____
City, State, Zip Code Mesa, AZ 85202
Date of taking this office MO 9 DAY 5 YR 85

Other Executive Officer (Title)

Name _____
Street Address _____
P O Box _____
City, State, Zip Code _____
Date of taking this office MO _____ DAY _____ YR _____

G. DIRECTORS

(Profit-Require At Least One (1) Director, Nonprofit Require At Least Three (3) Directors.)

Director SAME
Name _____
Street Address _____
P O Box _____
City, State, Zip Code _____
Date of taking this office MO _____ DAY _____ YR _____

Director _____
Name _____
Street Address _____
P O Box _____
City, State, Zip Code _____
Date of taking this office MO _____ DAY _____ YR _____

Director _____
Name _____
Street Address _____
P O Box _____
City, State, Zip Code _____
Date of taking this office MO _____ DAY _____ YR _____

Director _____
Name _____
Street Address _____
P O Box _____
City, State, Zip Code _____
Date of taking this office MO _____ DAY _____ YR _____

Director _____
Name _____
Street Address _____
P O Box _____
City, State, Zip Code _____
Date of taking this office MO _____ DAY _____ YR _____

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 STATEMENT OF FINANCIAL CONDITION
 BALANCE SHEET

179005-5

THE FOLLOWING BALANCE SHEET MUST BE COMPLETED. IF NO BUSINESS WAS CONDUCTED THIS FISCAL YEAR, THEN SO INDICATE. (PROFIT CORPORATIONS may substitute a copy of the Schedule L, Form 1120, filed with the Internal Revenue Service OR a copy of the Schedule L, Form 120, filed with the Arizona Department of Revenue. NONPROFIT CORPORATIONS may substitute a copy of Page 2 of Form 99 filed with the Arizona Department of Revenue. NOTE: FEDERAL AND STATE TAX EXEMPTION DOES NOT EXEMPT NONPROFIT CORPORATIONS FROM FILING THIS STATEMENT OF FINANCIAL CONDITION WITH THE COMMISSION. (A.R.S. 10-1081.A.6)

<u>ASSETS</u>	<u>AMOUNT</u>	<u>TOTAL</u>
Cash		1,243.70
Trade notes and accounts receivable		
(a) Less allowance for bad debts		
Inventories		
Gov't obligations. (a) U.S. and instrumentalities		
(b) State, subdivisions thereof, etc		
Other current assets		
Loans to shareholders		
Mortgage and Real Estate loans		
Other investments		
Buildings and other fixed depreciable assets		
(a) Less accumulated depreciation		
Depletable assets		
(a) Less accumulated depletion		
Land (net of any amortization)		
Intangible assets (amortizable only)		
(a) Less accumulated amortization		
Other assets		
Total assets		<u>1,243.70</u>
<u>LIABILITIES AND CAPITAL</u>		
Accounts payable		
Mtges., notes, bonds payable in less than 1 yr		
Other current liabilities		
Loans from shareholders		
Mtges., notes, bonds payable in 1 yr or more		
Other liabilities		
Total Liabilities		
Capital stock (a) Preferred stock		
(b) Common stock		
Paid-in-or capital surplus		
Retained earnings - Appropriated		
Retained earnings - Unappropriated		
Less cost of treasury stock		
Total Capital		1,243.70
Total Liabilities and Capital		<u>1,243.70</u>

PART-TIME FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT

EXACT CORPORATE NAME

I. CERTIFICATE OF DISCLOSURE
A.R.S. Sections 10-128, 10-1084

- A. Has any person serving either by election or appointment as officers, directors, trustees, incorporators and persons 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:
1. Been 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. Been convicted of a felony the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraining of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate.
 3. Been 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 the execution of this certificate where such injunction, judgment, decree or permanent order:
 - a. Involved the violation of fraud or registration provisions of the securities laws of that jurisdiction or
 - b. Involved the violation of the consumer fraud laws of that jurisdiction or
 - c. Involved the violation of the antitrust or restraint laws of trade laws of that jurisdiction.

YES

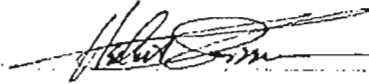
NO

- B. 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 A 1 through A 3:

1. Full name and prior names used
2. Full birth name
3. Present home address
4. Prior addresses for immediate preceding 7 year period
5. Date and location of birth
6. Social Security Number
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.

J. ALL CORPORATE TAX RETURNS REQUIRED BY TITLE 43 HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

Under penalty of law I declare that I have examined this report and the certificate, including any attachments, and to the best of my knowledge and belief it is true, correct and complete. (MUST BE SIGNED BY OFFICER INCLUDED IN SECTION E.)



DATE 1/26/87

BY

DATE

President

TITLE

IF MAILED, FORM MUST BE SIGNED, ALL FEES INCLUDED AND THE FINANCIAL STATEMENT COMPLETED.

ARIZONA CORPORATION COMMISSION
1209 W WASHINGTON
PO BOX 6019
PHOENIX ARIZONA 85005

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE PAID
PHOENIX AZ
Permit No 621

PART-TIME FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMMUNI

% HERBERT J GREEN
7133 E GARY RD

SCOTTSDALE

AZ 85254