

4 4 3 0 0 5 0 0 1 3

1200 WEST WASHINGTON
P.O. BOX 6019
PHOENIX AZ 85005

MAIL OR DELIVER TO:
ARIZONA CORPORATION COMMISSION

AS
402 W 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.

RD

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

FILE NO 179005-5

60 MAR 13 1989

Corporation Name **PART-TIME FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMM**
Street Address **2 HERBERT J GREEN
7130 E GARY RD**

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

MAKE CHECK PAYABLE TO:
ARIZONA CORPORATION COMMISSION
AZ 85254

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

Name of Arizona Statutory Agent **EDMUND Y NCMURA
5103 E THOMAS RD**
Street Address (NOT P.O. BOX)
City, State Zip Code **PHOENIX AZ 85018**

**ANNUAL REPORT
FOR YEAR ENDING**

12 31 88
MO DAY YR

DUE ON OR BEFORE

04 15 89
MO DAY YR

***** ALLOW 6 WEEKS FOR PROCESSING *****

15/157
**A.C.C. CORPORATIONS DIV.
RECEIVED**

MAR 8 1989

B. CHANGES OR CORRECTIONS:

C. BRIEF STATEMENT OF THE CHARACTER OF BUSINESS IN WHICH THE CORPORATION IS ACTUALLY ENGAGED IN ARIZONA.

**DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING**

**D. CAPITALIZATION: (AS STATED IN CURRENT ARTICLES OF INCORPORATION)
(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 _____

Shareholder Name _____

Shareholder Name _____

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 Robert Oberstein
Street Address 4436 E. Aires Libre
P O Box _____
City, State, Zip Code Phoenix, AZ 85032
Date of taking this office MO 9 DAY 1 YR 88

Vice-President
Name Albert Feldman
Street Address 1051 So. Dobson Rd.
P O Box _____
City, State, Zip Code Mesa, AZ 85202
Date of taking this office MO 9 DAY 1 YR 88

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 1 YR 88

Treasurer
Name Robert Jorgensen
Street Address 4323 W. Claremont
P O Box _____
City, State, Zip Code Glendale AZ 85301
Date of taking this office MO 9 DAY 1 YR 88

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

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

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

Director
Name also Director
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 _____

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. 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		1,976.92
Trade notes and accounts receivable		
(a) Less allowance for bad debts		
Inventories		
Govt 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		1,976.92
Total assets		<u>1,976.92</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		1,976.92
Total Liabilities		1,976.92
and Capital		<u>1,976.92</u>

Part-Time Faculty Ass'n, Inc.

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 penalties 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 F.)

2/21/89

DATE

Treasurer

REMINDER: FORM MUST BE SIGNED, ALL FEES INCLUDED AND THE FINANCIAL STATEMENT COMPLETED.

ARIZONA CORPORATION COMMISSION
1200 W. WASHINGTON
P.O. BOX 5015
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
c HERBERT J GREEN
7130 E GARY RD
SCOTTSDALE AZ 85254