

WEST WASHINGTON
P.O. BOX 6019
PHOENIX, AZ 85035

MAIL OR DELIVER TO:
ARIZONA CORPORATION COMMISSION

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.

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

FILE NO 179005-5 AUG 22 1991 5:56 PM
2545 INC DIV 8:00
Corporation Name **PART-TIME FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMM**
Address **2 NANCY HIGHTMAN
PO BOX 142B**
City, State, Zip Code **PHOENIX AZ 85001**

MAKE CHECK PAYABLE TO:
ARIZONA CORPORATION COMMISSION
TYPE OF CORPORATION **NON-PROFIT**
FEE \$ **10**
PENALTY \$ **7** (20% per month)
TOTAL DUE \$ **17**

AGENT ID # 0000013116

Name of Arizona Statutory Agent **EDMUND Y NOMURA**
Address **5103 E THOMAS RD**
City, State, Zip Code **PHOENIX AZ 85018**

| ANNUAL REPORT FOR YEAR ENDING | | |
|-------------------------------|-----|----|
| 12 | 31 | 90 |
| MO | DAY | YR |
| DUE ON OR BEFORE | | |
| 04 | 15 | 91 |
| | | YR |

***** ALLOW 8 WEEKS FOR PROCESSING CORPORATIONS DIV. 12/19 RECEIVED

CHANGES OR CORRECTIONS:

AUG 12 1991

DOCUMENTS ARE SUBJECT TO REVIEW BEFORE FILING

BRIEF STATEMENT OF THE CHARACTER OF BUSINESS IN WHICH THE CORPORATION IS ACTUALLY ENGAGED IN ARIZONA. **TO SERVE NEEDS OF MARICOPA COMMUNITY COLLEGE DISTRICT PART TIME TEACHERS (e.g. BETTER WORKING CONDITIONS, PROFESSIONAL DEVELOPMENT, EQUITY IN SALARY & BENEFITS, EQUAL TREATMENT, RECOGNITION & REPRESENTATION).**

D. CAPITALIZATION: (AS STATED IN CURRENT ARTICLES OF INCORPORATION) (NOT REQUIRED FOR NONPROFIT CORPORATIONS)

| NUMBER AUTHORIZED | CLASS | A.C.C. CORPORATIONS DIV. RECEIVED | PAR VALUE |
|-------------------|-------|-----------------------------------|-----------|
| | | AUG 21 1991 | |
| NUMBER ISSUED | CLASS | SERIES | PAR VALUE |

DOCUMENTS ARE SUBJECT TO REVIEW BEFORE FILING

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 **NONE**

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 JACQUELINE MARKUS

Street Address 8835 VLA CALMA

P.O. Box _____

City State Zip Code SCOTTSDALE AZ 85258

Date of taking this office MO 7 DAY 20 YR 91

971-7740

Vice-President

Name SUSAN HUNT

Street Address 815 E. GARDENS # 22

P.O. Box _____

City State Zip Code PHOENIX AZ 85022

Date of taking this office MO 7 DAY 20 YR 91

Secretary

Name LIAN ERGER

Street Address 11355 N 104th PL

P.O. Box _____

City State Zip Code SCOTTSDALE AZ 85257

Date of taking this office MO 7 DAY 20 YR 91

Treasurer

Name WILLIAM O KLINK

Street Address 4924 W VILIA RITA DR

P.O. Box _____

City State Zip Code GLENDALE AZ 85308

Date of taking this office MO 7 DAY 20 YR 91

Other Executive Officers (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 WAYNE WITZIG

Street Address 3629 N 54th AVE F-2

P.O. Box _____

City State Zip Code PHOENIX AZ 85013

Date of taking this office MO 7 DAY 20 YR 91

Director

Name ELISE SALINGER

Street Address 2125 W CAMBRIDGE AVE

~~PHOENIX~~ PHOENIX AZ 85009

City State Zip Code PHOENIX AZ 85009

Date of taking this office MO 7 DAY 20 YR 91

Director

Name STEPHEN J. JENKINS

Street Address 3001 N 16th AVE

P.O. Box _____

City State Zip Code PHOENIX AZ 85015

Date of taking this office MO 7 DAY 20 YR 91

Director

Name AL FELDMAN

Street Address 7917 E SANLEWIS DR

P.O. Box _____

City State Zip Code SCOTTSDALE AZ 85250

Date of taking this office MO 7 DAY 20 YR 91

Director

Name MAX WIEDERMAN

Street Address 8720 E KEIM DR

P.O. Box _____

City State Zip Code SCOTTSDALE AZ 85250

Date of taking this office MO 7 DAY 20 YR 91

H. STATEMENT OF FINANCIAL CONDITION AS OF July 24, 1991
BALANCE SHEET

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. 10-1081A.6).

| ASSETS | AMOUNT | TOTAL |
|---|---------------|---------------|
| Cash <u>IN CHECKING ACCOUNTS</u> | | <u>978.43</u> |
| 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>978.43</u> | |

LIABILITIES AND CAPITAL

| | | |
|--|--|--|
| 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 | | |
| Total Liabilities | | |
| and Capital | | |

PART TIME FACULTY ASSOCIATION OF MCD, 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 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.)

Suzanne Hunt 8/9/91

VICE PRESIDENT

W.D. King

DATE 7/24/91

TREASURER

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

ARIZONA CORPORATION COMMISSION
1200 W. WASHINGTON
PO BOX 6119
PHOENIX, ARIZONA 85006

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

PART-TIME FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMMU

NANCY WIGHTMAN
PO BOX 1428

PHOENIX

AZ 85001