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

MAIL OR DELIVER TO:
ARIZONA CORPORATION COMMISSION

102 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

Corporation Name **PART-TIME FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMM**
Street Address **2 NANCY WIGHTMAN
PO BOX 1428**

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

AZ 85001 MAKE CHECK PAYABLE TO:
ARIZONA CORPORATION COMMISSION

TYPE OF CORPORATION **NON-PROFIT**

FEES **10**

PENALTY \$ (20% per month)

TOTAL DUE \$ **10**

AGENT ID # 0000013116

Name of Arizona Statutory Agent: **EDMUND Y NOMURA
5103 E THOMAS RD**

Street Address (NOT P.O. BOX)

City, State, Zip Code **PHOENIX**

AZ 85018

ANNUAL REPORT
FOR YEAR ENDING

12 31 91
MO DAY YR

DUE ON OR BEFORE

04 15 92
MO DAY YR

***** ALLOW 8 WEEKS FOR PROCESSING *****

Edy 2-3-92 X

1740

CHANGES OR CORRECTIONS:

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

*LABOR RELATIONS/NEGOTIATIONS FOR PART TIME
FACULTY EMPLOYED BY THE MARICOPA COMMUNITY
COLLEGE DISTRICT.*

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

NUMBER AUTHORIZED	CLASS	RECEIVED	PAR VALUE
		JAN 31 1992	
NUMBER ISSUED	CLASS	SERIES	PAR VALUE

**DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING.**

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.)

- NONE -

Shareholder Name
Shareholder Name

Shareholder Name
Shareholder Name

NOTE: In 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: Please list address of the principal place of business in the domicile state (or jurisdiction).

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 MIRKUS
Street Address 1055 VIA PALMA
PO Box _____
City State Zip Code SCOTTSDALE AZ 85258
Date of taking this office MO 7 DAY 20 YR 91

Non-President
Name SUSAN ANAT
Street Address 815 E. GROVER #22
PO Box _____
City State Zip Code PHOENIX AZ 85022
Date of taking this office MO 9 DAY 20 YR 91

Secretary
Name LIAN ENGER
Street Address 11355 N 104th PL
PO Box _____
City State Zip Code SCOTTSDALE AZ 85259
Date of taking this office MO 7 DAY 20 YR 91

Treasurer
Name BILL KLINK
Street Address 4924 W. GILBERT
PO Box _____
City State Zip Code SCOTTSDALE AZ 85258
Date of taking this office MO 7 DAY 20 YR 91

Other Executive Officer (Title) _____
Name _____
Street Address _____
PO Box _____
City State Zip Code _____
Date of taking this office MO _____ DAY _____ YR _____

G. DIRECTORS
(Profit Requires At Least One (1) Director, Nonprofit Requires At Least Three (3) Directors.)

Director
Name STEVE JENKINS
Street Address 3001 N 16th AVE
PO Box _____
City State Zip Code PHOENIX AZ 85017
Date of taking this office MO 7 DAY 20 YR 91

Director
Name ELISE SALINGER
Street Address 2125 W CAROLINE AVE
PO Box _____
City State Zip Code PHOENIX AZ 85009
Date of taking this office MO 7 DAY 20 YR 91

Director
Name ADRIAN REYES
Street Address 2324 S EL BARRO #72
PO Box _____
City State Zip Code MESA AZ 85202
Date of taking this office MO 7 DAY 20 YR 91

Director
Name MIKE PATERRA
Street Address 9326 N IRONWOOD DR
PO Box _____
City State Zip Code PARADISE VALLEY AZ 85253
Date of taking this office MO 7 DAY 20 YR 91

Director
Name BRUCE WAITERS
Street Address 7701 E PALM LN
PO Box _____
City State Zip Code SCOTTSDALE AZ 85257
Date of taking this office MO 7 DAY 20 YR 91

H. 6 STATEMENT OF FINANCIAL CONDITION 4 8
BALANCE SHEET

1790055

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 990 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. 10-1061.A.6).)

<u>ASSETS</u>	<u>AMOUNT</u>	<u>TOTAL</u>
Cash	524.51	\$ 524.51
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>\$ 524.51</u>
<u>LIABILITIES AND CAPITAL</u>		
Accounts payable		
Mtgs., notes, bonds payable in less than 1 yr		
Other current liabilities		
Loans from shareholders		
Mtgs., 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		0.524.51
Less cost of treasury stock		
Total Capital		
Total Liabilities and Capital		<u>\$ 524.51</u>

PART-TIME FACULTY ASSOCIATION

CERTIFICATE OF DISCLOSURE OF THE MARICOPA COUNTY COMMUNITY COLLEGE
EXACT CORPORATE NAME
A.R.S. Sections 10-128, 10-1064

- 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:
- 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.
 - Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraining of trade or interstate commerce in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate.
 - 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:
 - Involved the violation of fraud or registration provisions of the securities laws of that jurisdiction; or
 - Involved the violation of the consumer fraud laws of that jurisdiction; or
 - 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. through A.3.
- Full name and prior names used
 - Full birth name
 - Present home address
 - Prior addresses for immediate preceding 7 year period
 - Date and location of birth
 - Social Security Number
 - 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.)

William Paul, Jr.
DATE: 3/25/92
William Paul, Jr.

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

ARIZONA CORPORATION COMMISSION
1200 N. WASHINGTON
P.O. BOX 6114
PHOENIX, ARIZONA 85006

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

PART-TIME FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMM
c/o NANCY WIGHTMAN
PO BOX 1428
PHOENIX AZ 85001