

432020 0050
 MAIL OR DELIVER TO:
 ARIZONA CORPORATION COMMISSION

1200 W WASHINGTON
 PHOENIX, AZ 85007
 100 W CONGRESS
 TUCSON, AZ 85704

ANNUAL REPORT & CERTIFICATE OF DISCLOSURE

(Pursuant to ARS 10-125, 10-1051, 10-128 and 10-1054)
 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 A.)

FILE NO 179005-5
 Corporation Name: PART-TIME FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMM
 Street Address: % NANCY WIGHTMAN
 PO BOX 1428
 PHOENIX AZ 85001 MAKE CHECK PAYABLE TO:
 ARIZONA CORPORATION COMMISSION

TYPE OF CORPORATION: NON-PROFIT
 FEE: 10
 PENALTY: (20% OF FEE)
 TOTAL DUE: 10

AGENT ID # 0000136272

Name of Arizona Statutory Agent: GRETCHEN MURPHY
 2233 E BEHREND DR #23
 Street Address (NOT P.O. BOX):
 City, State, Zip Code: PHOENIX L.B.C. AZ 85024

PAID
 AN

ANNUAL REPORT
 FOR YEAR ENDED

12 31 93
 MO DAY YR

DUE ON OR BEFORE

04 15 94
 MO DAY YR

JUN 06 1994

***** ALLOW 2 WEEKS FOR PROCESSING *****

B. CHANGES OR CORRECTIONS:

NONE

C. BRIEF STATEMENT OF THE CHARACTER OF BUSINESS IN WHICH THE CORPORATION IS ACTUALLY ENGAGED IN ARIZONA:
 A non-profit organization to convey information, training, etc. to part time community college instructors within the Maricopa Community College District.

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

NUMBER AUTHORIZED	CLASS	SERIES	PAR VALUE
N/A			
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 APPLICABLE, SO STATE.)

Shareholder Name: NONE

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

NONE

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 Norm Tech
Street Address 2938 N. 52nd Ave
P.O. Box _____
City, State, Zip Code Phoenix AZ 85031
Date of taking this office MO 09 DAY 15 YR 93

Vice-President

Name Karen Hoblit
Street Address 8913 W Cambridge
P.O. Box 225
City, State, Zip Code Phoenix AZ 85323
Date of taking this office MO 05 DAY 01 YR 93

Secretary

Name Sally ~~Rebecca~~ Jarvis
Street Address 6801 N. 2nd Pl
P.O. Box _____
City, State, Zip Code Phoenix AZ 85012
Date of taking this office MO 09 DAY 15 YR 93

Treasurer

Name Jane Marks
Street Address 11601 N 50th Pl
P.O. Box _____
City, State, Zip Code Scottsdale AZ 85254
Date of taking this office MO 07 DAY 15 YR 93

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 Nancy Nelke
Street Address 5524 N Marion Way
P.O. Box _____
City, State, Zip Code Phoenix AZ 85018
Date of taking this office MO 05 DAY 01 YR 93

Director

Name Rebecca Jarvis
Street Address 6801 N 2nd Pl
P.O. Box _____
City, State, Zip Code Phoenix AZ 85012
Date of taking this office MO 05 DAY 01 YR 93

Director

Name Allen Metz
Street Address 6801 N 19th Pl
P.O. Box _____
City, State, Zip Code Phoenix AZ 85042-234
Date of taking this office MO 05 DAY 01 YR 93

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 _____

4 3 2 2 3 1 0 5 0

Part Time Faculty Association Statement of Financial Condition for the Year 1993

Starting Balance	\$1240.12
Expenditures	(2368.83)
Income	2272.00
Balance on Hand	\$1143.29

Note: The PTFA did not file a Form 99 because we had an income of less than \$5000

James S. Marks
Treasurer

H. STATEMENT OF FINANCIAL CONDITION

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. 10-1081.A.6))

ASSETS	AMOUNT	TOTAL
Cash		\$1,143,29
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		
Deletable assets		
(a) Less accumulated depletion		
Land (net of any amortization)		
Intangible assets (amortizable only)		
(a) Less accumulated amortization		
Other assets		
Total assets		
LIABILITIES AND CAPITAL		
Accounts payable		
Mises, notes, bonds payable in less than 1 yr		
Other current liabilities		
Loans from shareholders		
Mises, notes, bonds payable in 1 yr or more		
Other liabilities		
Total Liabilities		
Capital stock		
(a) Preferred stock		
(b) Common stock		
Part-in-or capital surplus		
Retained earnings - Appropriated		
Retained earnings - Unappropriated		
Less cost of treasury stock		
Total Capital		
Total Liabilities and Capital		\$1,143,29

see attachment

*Part-Time Faculty Association of the Maricopa
County Community College District*
FACT CORPORATE NAME
1. CERTIFICATE OF DISCLOSURE
A.R.S. Sections 10-128, 10-1084

- A. Had 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 | 5. Date and location of birth |
| 2. Full birth name | 6. Social Security Number |
| 3. Present home address | 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. |
| 4. Prior addresses (for immediate preceding 7 year period) | |

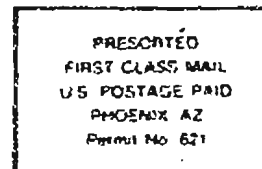
J. ALL CORPORATE TAX RETURNS REQUIRED BY TITLE 43 HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

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.)

BY Jane S. Marks DATE 4/12/94
 TITLE Treasurer

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

ARIZONA CORPORATION COMMISSION
 P.O. BOX 6019
 PHOENIX, ARIZONA 85005



PART-TIME FACULTY ASSOCIATION OF THE MARICOPA COUNTY COMMU
3 NANCY WIGHTMAN
PO BOX 1428
PHOENIX AZ 85001