



STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE



DUE ON OR BEFORE 10/27/1998

FILING FEE \$10.00

The following information is required by A.R.S. §10-1622 & §10-2501 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §10-121.A. & §10-2545.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

1. THE NORTHERN ARIZONA UNIVERSITY FOUNDATION, INC.
NAU OLD MAIN BLDG #307
PO BOX 4094
FLAGSTAFF, AZ 86011

RECEIVED

NOV 17 1998

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Corporation File Number:

-0052672-1

Business Phone: _____

(Business phone is optional)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT.

2. Arizona Statutory Agent: A DEAN PICKETT
Street Address: 222 E BIRCH
(NOT P.O. BOX)
City, State, Zip: FLAGSTAFF AZ 86002-

Use this box only if appointing a new Statutory Agent

PAID USE ONLY	
Fee	\$ 10
Penalty	\$ 2
Reinstate	\$
Expedite	\$
Total	\$ 12
FY98-99	

If appointing a new statutory agent, the new agent **MUST** consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

3. Secondary Address:
(Foreign Corporations are **REQUIRED** to complete this section.)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other _____ |

NON-PROFIT CORPORATIONS

- | |
|---|
| <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Benevolent |
| <input checked="" type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 17. Other _____ |

5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)

Number of Shares/Certificates Issued	Class	Series Within Class (if any)

6. SHAREHOLDERS: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation.

Name: _____ Name: _____

NONE ☐

Name: _____ Name: _____

7. OFFICERS (If no changes since last report, check here _____ and go on to Section 8.)Name: MARION ELLIOTT Name: JOSEPH JOHNSONTitle: PRESIDENT Title: TREASURERAddress: PO BOX 4094 Address: PO BOX 4094 CIATFLAGSTAFF, AZ 86011 FLAGSTAFF, AZ 86011Date taking office: 9-19-98 Date taking office: 9-19-98Name: ~~A BRUCE CROZIER~~ GEORGE Name: THERESA DREWTitle: SECRETARY MCCULLOUGH Title: TREASURER 1ST VICE PRESIDENTAddress: P O BOX 4094 Address: P O BOX 4094FLAGSTAFF, AZ 86011- FLAGSTAFF, AZ 86011-Date taking office: ~~09-27-97~~ 9-18-98 Date taking office: ~~09-27-97~~ 9-19-98**8. DIRECTORS** (If no changes since last report, check here _____ and go on to Section 9.) SEE ATTACHMENTName: LARRY SCHNEBLY Name: MICHAEL RIORDANAddress: P O BOX 4094 Address: P O BOX 4094FLAGSTAFF, AZ 86011- FLAGSTAFF, AZ 86011-Date taking office: 09-01-95 Date taking office: 09-01-95Name: MAURY HERMAN Name: BEVERLY MILLERAddress: P O BOX 4094 Address: P O BOX 4094FLAGSTAFF, AZ 86011- FLAGSTAFF, AZ 86011-Date taking office: 09-01-95 Date taking office: 09-01-95

NORTHERN ARIZONA UNIVERSITY FOUNDATION, INC.

CORPORATION ANNUAL REPORT 1998

ATTACHMENT

LIST OF BOARD of DIRECTORS (CONTINUED)

Date Taking or Renewing Office: September 19, 1998

Address: PO Box 4094, Flagstaff, AZ 86011

Jim Bolin
Ernest Calderon
Art Carlson
Bruce Crozier
Harry Hengle
Russell Jones
Beverly Miller
Donald Murray
Gerald Nabours
Patrick Nackard
Barbara Ralston
Guy Rouse
William Shover
Robert Simmons
Pete Stilley
Joe Worischeck

NORTHERN ARIZONA UNIVERSITY FOUNDATION, INC.

Schedule A Balance Sheet

Note: Amounts used in attached schedules and in description column should be end of year amounts.

Note: Amounts used in attached schedules and in description column should be end of year amounts.				(a) Beginning of year			(b) End of year	
Assets								
A1 Cash				3,808,204 00		A1	1,768,160 00	
A2a Accounts receivable				A2a	00		A2c	00
b Less: allowance for doubtful accounts				A2b	00	00		00
A3a Other notes and loans receivable - attach schedule				A3a	26,296 00		A3c	00
b Less: allowance for doubtful accounts				A3b	00	241,284 00		26,296 00
A4 Inventories						00	A4	00
A5 Investments - securities - attach schedule				19,559,740 00		00	A5	27,646,852 00
A6 Investments - other - attach schedule						00	A6	00
A7a Land, buildings, and equipment; basis				A7a	687,689 00		A7c	00
b Less: accumulated depreciation - attach schedule				A7b	1,967 00	580,661 00		685,722 00
A8 Other assets - describe UNCOND PROM TO GIVE, CV LIFE INS				699,912 00		00	A8	439,174 00
A9 Total assets - add lines A1 through A8				24,889,801 00		00	A9	30,566,204 00
Liabilities								
A10 Accounts payable and accrued expenses				14,129 00		00	A10	8,000 00
A11 Mortgages and other notes payable - attach schedule						00	A11	00
A12 Other liabilities - describe LIFE ANNUITY PAYABLE				201,191 00		00	A12	191,152 00
A13 Total liabilities - add lines A10 through A12				215,320 00		00	A13	199,152 00
Net Assets								
A14 Capital stock or trust principal						00	A14	00
A15 Paid-in or capital surplus						00	A15	00
A16 Retained earnings or accumulated income				24,674,481 00		00	A16	30,367,052 00
A17 Total net assets - add lines A14 through A16				24,674,481 00		00	A17	30,367,052 00
A18 Total liabilities and net assets - add lines A13 and A17				24,889,801 00		00	A18	30,566,204 00

Certification Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign here Jim Cullough NOV. 13, 1998 FOUNDATION SECRETARY
 Signature of officer Date Title

Paid Preparer's Use Only [Signature] 11-12-98
 Preparer's signature Date

GUEST, SCHUPPE & COSPER CPAs L.L.P. 86-0556567
 Firm's name (or preparer's, if self-employed) Preparer's TIN

603 NORTH BEAVER, FLAGSTAFF, AZ 86001
 Firm's address ZIP code

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-2501.A.6)

Only nonprofit corporations must attach a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-2505.A)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person 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:

1. 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. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. 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 execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:

- (a) fraud or registration provisions of the securities laws of that jurisdiction, or
- (b) the consumer fraud laws of that jurisdiction, or
- (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked:

YES ☐

NO ☒

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 1. through 3. above.

- | | |
|---|---|
| 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). | |

11. STATEMENT OF BANKRUPTCY (A.R.S. §10-202.D.2)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation?

One box must be marked:

YES ☐

NO ☒

If YES, enter the following:

Chapter _____ Date Filed _____ Case Number _____

If "YES", the following information must be submitted as an attachment to this report for each person subject to the statement above.

1) The names and addresses of each corporation and the person or persons involved. 2) The state in which each corporation was a) incorporated b) transacted business. 3) The dates of corporate operation.

12. SIGNATURES

CAUTION: Signature requirements vary according to the type of corporation. See the instruction sheet for specific rules. Annual Reports submitted with incorrect signatures will be rejected.

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name GEORGE McCULLOUGH Date 11-13-98 Name MARION ELLIOTT Date 11-16-98

Signature [Signature] Signature [Signature]

Title SECRETARY Title PRESIDENT

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)