



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

Arizona Corporation Commission



00566607

DUE ON OR BEFORE 10/02/2002

FY02-03

FILING FEE \$10.00

The following information is required by A.R.S. §§10-1622 & 10-11622 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. & 10-3121.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.

A.C.C. CORPORATIONS DIV.
RECEIVED *C*

OCT 02 2002

DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING

1. -0964717-9
THE PARADISE VALLEY PRIVATE SCHOOL FOUNDATION
% THOMAS C ARENDT
GUST ROSENFELD
201 N CENTRAL AVE #3300
PHOENIX, AZ 85073-3300

Business Phone: (480) 991-1770

(Business phone is optional)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: THOMAS C ARENDT
Street Address: % GUST ROSENFELD
201 N CENTRAL AVE #3300
City, State, Zip: PHOENIX, AZ 85073-3300
(AZCC Previously Notified)
201 E. Washington, Suite 800
85004-2327

ACC USE ONLY

Fee \$ 10
Penalty \$
Reinstate \$
Expedite \$
Resubmit \$

Use this box only if appointing a new Statutory Agent

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

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

NON-PROFIT CORPORATIONS

- ☐ 1. Charitable
- ☐ 2. Benevolent
- ☒ 3. Educational
- ☐ 4. Civic
- ☐ 5. Political
- ☐ 6. Religious
- ☐ 7. Social
- ☐ 8. Literary
- ☐ 9. Cultural
- ☐ 10. Athletic
- ☐ 11. Science/Research
- ☐ 12. Hospital/Health Care
- ☐ 13. Agricultural
- ☐ 14. Animal Husbandry
- ☐ 15. Homeowner's Association
- ☐ 16. Professional, commercial industrial or trade association
- ☐ 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)

N/A

Number of Shares/Certificates Issued

Class

Series Within Class (if any)

N/A**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. **Please Type or Print Clearly.**

Name: _____

Name: _____

NONE ☒

Name: _____

Name: _____

7. OFFICERS Please Type or Print Clearly.Name: M. JEANNE WILCOXName: RIK MC GINLEYTitle: CHAIRPERSONTitle: TREASURERAddress: 9745 E. DESERT COVE
SCOTTSDALE, AZ 85260Address: 3230 E. LAZY LANE
PHOENIX, AZ 85028Date taking office: JUNE 7, 2002Date taking office: MAY 27, 2002Name: DEBORAH WAITKUSName: CRAIG PHELPSTitle: SECRETARYTitle: DIRECTORAddress: 4631 E. PALOMINO RD.
PHOENIX, AZ 85018Address: 11842 N. 55TH PLACE
SCOTTSDALE, AZ 85254Date taking office: FEB. 1, 2001Date taking office: OCT 1, 2002**8. DIRECTORS** Please Type or Print Clearly.Name: PETER MYCHAELSName: PEGGY STEMMLERAddress: 8817 N. 58TH PLACE
PARADISE VALLEY, AZ 85253Address: 5718 E. BAR-Z LANE
PARADISE VALLEY, AZ 85253Date taking office: JUNE 7, 2002Date taking office: SEPT. 3, 2002Name: AIMEE FAUSTName: JERRY TOBINAddress: 5650 W. LINDA LANE
CHANDLER, AZ 85226Address: 10500 E. LOST CANYON DR. #24
SCOTTSDALE, AZ 85255Date taking office: OCT. 1, 2002Date taking office: OCT. 1, 2002

Paradise Valley Private School Foundation

Balance Sheet

As of June 30, 2002

ASSETS

Current Assets

Checking/Savings

Cash

1,547,037.14

Total Checking/Savings

1,547,037.14

Accounts Receivable

Accounts Receivable

110,166.50

Allowance for Doubtful Accounts

-54,028.49

Total Accounts Receivable

56,138.01

Other Current Assets

Marketable Securities

20,657.20

Prepaid Expenses

3,053.24

Prepaid Insurance

10,855.50

Total Other Current Assets

34,565.94

Total Current Assets

1,637,741.09

Fixed Assets

Land

1,345,686.40

Fixed Assets

328,319.30

Total Fixed Assets

1,674,005.70

Other Assets

Refundable Deposits

14,238.00

Total Other Assets

14,238.00

TOTAL ASSETS

3,325,984.79

LIABILITIES & NET ASSETS

Liabilities

Current Liabilities

Accounts Payable

Accounts Payable

66,791.77

Total Accounts Payable

66,791.77

Other Current Liabilities

Payroll Liabilities

535.01

Other Accrued Expenses

4,697.00

Deposit Liability

518,835.58

Total Other Current Liabilities

524,067.59

Total Current Liabilities

590,859.36

Long Term Liabilities

Note Payable - Land

939,400.00

Total Long Term Liabilities

939,400.00

Total Liabilities

1,530,259.36

Net Assets

Retained Net Assets

1,795,725.43

Total Net Assets

1,795,725.43

TOTAL LIABILITIES & NET ASSETS

3,325,984.79

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

Nonprofit corporations **must attach** a financial statement (e.g. Income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Only Nonprofit Corporations must answer this question.

This corporation **DOES** ☐ **DOES NOT** ☒ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or 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: [Underlined portion pertains to business corporations only]

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, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.02, 10-1623 & 10-11623)

- A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box **must** be marked: **YES** ☐ **NO** ☒
- B) Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or 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? [Underlined portion pertains to business corporations only]

One box **must** be marked: **YES** ☐ **NO** ☒

If "YES" to A and/or B, 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. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they 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 <u>RICK MCGINLEY</u>	Date <u>10/1/02</u>	Name _____	Date _____
Signature <u>[Signature]</u>		Signature _____	
Title <u>CFO / Treasurer</u>		Title _____	

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