

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



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DUE ON OR BEFORE

04/20/2004

FY03-04

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 The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. Statutes, Title 10. 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 on page 4 for proper format.

-0156012-4 1. PHOENIX PERFORMING ARTS CENTER, INC. 222 E MONROE PHOENIX, AZ 85004

RECEIVED

APR 2 3 2004

State of Domicile: ARIZONA Type of Corporation System Mailing Address: 3225 N CENTRAL AVE City, State, Zip: PHOENIX, AZ 85012 ACC USE ONLY 4/28 If appointing a new statutor appointment by signing below the statutor appointment by signing by signing the statutor appointment by signing by signing the statutor appointment by signing the statutor appointment by signing the statutor appointment by signing th	Physical Address, If Different. Physical Address, If Different. Physical Address: City, State, Zip: if appointing a new Statutory Agent y agent, the new agent MUST consent to that
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Mailing Address: 3225 N CENTRAL AVE City, State, Zip: PHOENIX, AZ 85012 PROBLEM ACCUSE ONLY Fee \$ If appointing a new statutor appointment by signing below the state \$ If (individual) or We, (corporation or like the state \$ If (individual) or We, (corporation or like the state \$ If (individual) or We, (corporation or like the state \$ If (individual) or We, (corporation or like the state \$ If (individual) or We, (corporation or like the state \$ If (individual) or We, (corporation or like the state \$ If (individual) or We, (corporation or like the state \$ If (individual) or We, (corporation or like the state \$ If (individual) or We, (corporation or like the state \$ If (individual) or We, (corporation or like the state \$ If (individual) or We, (corporation or like the state \$ If (individual) or We, (corporation or like the state \$ If (individual) or We, (corporation or like the state \$ If (individual) or We, (indiv	Physical Address: City, State, Zip: if appointing a new Statutory Agent agent, the new agent MUST consent to that
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Penalty \$ Reinstate \$ Expedite \$ Signature of never by signing below appointment by significant by significa	
I, (individual) or We, (corporation or line do hereby consent to this appointment	
Signature of <i>nev</i>	nited liability company) having been designated the new Statutory Age t until my removal or resignation pursuant to law
HASUDMILIS 1 :	Statutory Agent
	new Statutory Agent
Secondáry Address:	
(Foreign Corporations are REQUIRED to complete this section).	

Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation. BUSINESS CORPORATIONS. NON PROFIT CORPORATIONS

0001000.001		
1. Accounting	20. Manufacturing	1. Charitable
2. Advertising	21. Mining	2 Benevolent
3. Aerospace	22. News Media	3 Educational
4. Agriculture	23. Pharmaceutical	4 Civic
5. Architecture	24. Publishing/Printing	5 Political
6, Banking/Finance	25. Ranching/Livestock	6. Religious
7. Barbers/Cosmetology	26. Real Estate	7 Social
Construction	27. Restaurant/Bar	8 Literary
9. Contractor	28. Retail Sales	9. 💢 Cultural
10. Credit/Collection	29. Science/Research	10 Athletic
11. Education	30. Sports/Sporting Events	11 Science/Research
12. Engineering	31. Technology(Computers)	12. Hospital/Health Care
13. Entertainment	32. Technology(General)	13 Agricultural
 General Consulting 	33. Television/Radio	14 Animal Husbandry
15. Health Care	34. Tourism/Convention Services	Homeowner's Association
16. Hotel/Motel	35. Transportation	 16, Professional, commercial
17. lmport/Export	36. Utilities	industrial or trade association
18. Insurance	37. Veterinary Medicine/Animal Care	17 Other
19, Legal Services	38. Other	

Judy Ackerman *(Secretary)* 6711 East Camelback Road, #62 Scottsdale, Arizona 85251

Home Telephone: 480-994-4442

Home Fax: 480-994-5370 email: azjudy2@yahoo.com Nominating Committee Chair Executive Committee

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Mobile: 602-402-7193

Program Outreach Committee

Michael Casey *(Chairman)*Lowry Hill
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Executive Committee

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emajl: pamela@covellalaw.com

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Dino Camuñez Bank One

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01560124

Scottsdale, Arizona 85258 Asst: Rick Rentchler Telephone: 480-367-3280

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Development Committee

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email: jim@elementdesign.org

Marketing / PR Committee

Development Committee

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Facilities Committee Chair Executive Committee

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Cecil Miller 1029 Acacia Circle Litchfield Park, Arizona 85340 Telephone: 623-935-1730

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Nominating Committee

Gerry Murphy (Immediate Past Chairman)

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Executive Committee

01560179

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Executive Committee

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Marty Latz

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Development Committee Nominating Committee

Matthew Majoros (Treasurer)

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Pinnacle West Capital Corporation Mail Station 9909 - P.O. Box 53999

Phoenix, Arizona 85072-3999

Asst: Dody Nunley

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Bi____ /____in__

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Government Relations Committee Chair

Executive Committee

Dan Stoneman Stoneman Systems Group 3100 North 3rd Avenue, Suite 100 Phoenix, Arizona 85013-4302 **Asst.: Ann Izdepski**

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Choo Tay Media88, Inc. 4757 East Greenway Road, #1078-298 Phoenix, Arizona 85032 Telephone: 602-788-8899

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City of Phoenix Representative & Board Member Robert R. Allen, Deputy Director

Civic Plaza Department - Theater Division 111 North Third Street

Phoenix, AZ 85004 Asst: Randi Hill

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Facilities Committee

City of Phoenix Representative & Board Member

Lisa Takata, Assistant to the City Manager

City Manager's Office

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City of Phoenix Representative & Board Member

015ZU2Y

Jay Green, Director Civic Plaza Department 111 North Third Street Phoenix, Arizona 85004 Asst: Melissa Bell

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email: jay.green@phoenix.gov

Executive Committee

Part IV Balance Sheets (See page 24 of the instructions.)

Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
45	Cash- non-interest-bearing	1360	45	724
46	Savings and temporary cash investments	58314	46	7099;
	40050			
	Accounts receivable 47a 18250 Less: allowance for doubtful accounts 47b 11140	25762		744
P		25762	47C	711
40.	Pledges receivable 48a			
483				
49			48c	
50	Grants receivable		49	
1 30	(attach schedule)	50000 50		5000
51a	Other notes and loans receivable (attach			
[]	schedule). 51a			
HSSels Q	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	3994		5776
54	Investments- securities (attach schedule) ▶ ☐ Cost ☐ FMV		54	
55a	Investments- land, buildings, and			
	equipment: basis			
Ь	Less: accumulated depreciation (attach			
	schedule)		55c	
56			56	
	Land, buildings, and equipment: basis 57a 120579			
Ь	Less: accumulated depreciation (attach			
	schedule)	35798	57c	27919
58	Other assets (describe >)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	175228	59	169038
60	Accounts payable and accrued expenses	64363	60	99620
61	Grants payable		61	
62	Deferred revenue	8966	62	18751
€ 63	Loans from officers, directors, trustees, and key employees (attach			
	schedule).		63	
63 64a	Tax-exempt bond liabilities (attach schedule)		64a	
- b	Mortgages and other notes payable (attach schedule)	167000	64b	39000
65	Other liabilities (describe ►)		65	
66	Total liabilities (add lines 60 through 65)	240220		467074
_	anizations that follow SFAS 117, check here > 🗹 and complete lines	240329	66	157371
	67 through 69 and lines 73 and 74.			
6 67	Unrestricted	-165101	67	-90333
67 68 69	Temporarily restricted	100000	68	102000
69	Permanently restricted		69	10200
Oma	inizations that do not follow SFAS 117, check here ▶ □ and			
Orga	complete lines 70 through 74.			
70	Conital atomic terror minutes in the contract of the contract	ř	70	
70 71 72 73	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines			
	70 through 72;			
<u> </u>				
2	column (A) must equal line 19; column (B) must equal line 21).	-65101	73	11667

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Please Enter Corporation Name: Phoenix Yerforming Arts Center File number 015 6013-4 Page 3
9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9) Nonprofit corporations <u>must attach</u> 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. <u>MEMBERS</u> (A.R.S. § 10-11622.A.6)
Only Nonprofit Corporations must answer this question. This corporation DOES DOES NOT have members.
10. <u>CERTIFICATE OF DISCLOSURE</u> (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 <u>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</u>
been: [Underlined portion pertains to business corporations only]
 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? 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? 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?
One box must be marked: YES I NO X
If "YES", the following information <u>must be submitted</u> as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.
 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.
11. <u>STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION</u> (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623)
A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box <u>must</u> be marked: YES D NO
B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled
over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?
[Underlined portion pertains to business corporations only] One box <u>must</u> 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 filled 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 Michael Casey Date 4/20/04 Name Mark Mettes Date 4/15/04
Signature // Multiple Signature Mich Miller
Title Board Charmon Title VP - Operations (Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)