



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



DUE ON OR BEFORE 12/10/1998

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. CLIPPED WINGS (R) UNITED AIRLINES STEWARDESS ALUMNAE AND FLI
% MIRIAM CHYNOWETH
4221 E SAHUARO DR
PHOENIX, AZ 85028

Corporation File Number:

F-0013025-4

Business Phone: _____

(Business phone is optional)

State of Domicile: ILLINOIS

Type of Corporation: NON-PROFIT

RECEIVED

2. Arizona Statutory Agent: MIRIAM CHYNOWETH
Street Address: 4221 E SAHUARO DR
(NOT P.O. BOX)
City, State, Zip: PHOENIX AZ 85028-

NOV 23 1998

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

ACC USE ONLY

Fee

\$10

Penalty \$

Reinstate \$

Expedite \$

Total \$

FY98-99

PAID

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.)

% CLOE ANNE BROWN
1101 BUENA RD
LAKE FORREST, IL 60045

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
- 17. Industrial or trade association
- 17. ☒ Other **PHILANTHROPIC AND SOCIAL**

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.

N/A

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:

N/A

Name:

NONE ☒

Name:

Name:

7. OFFICERS (If no changes since last report, check here ☐ and go on to Section 8.)Name: ~~MIRIAM KELLY~~ KAREN SHANNON

Name: JOAN SLOAN GAIL SCHIFFMAN

Title: PRESIDENT/CEO

Title: VICE-PRESIDENT

Address: ~~11410 N 44TH CT~~ 8648 San Jacinto Dr.
PHOENIX, AZ 85028-SCOTTSDALE 85258Address: ~~7619 E. Via del Placito~~
~~4819 E WINDSTONE TRI~~
CAVE CREEK, AZ 85331-SCOTTSDALE
85258Date taking office: ~~08-01-96~~ 08-01-98Date taking office: ~~08-01-96~~ 08-01-98

Name: FRAN COLLINSWORTH

Name: MIRIAM L CHYNOWETH

Title: SECRETARY

Title: TREASURER & ASSISTANT SECY

Address: 310 E SHARON AVE
PHOENIX, AZ 85022-Address: 4221 E SAHUARO DR
PHOENIX, AZ 85028-

Date taking office: 09-01-97

Date taking office: 08-01-94

8. DIRECTORS Must List a Minimum of 3 Directors.

Name: LOUISE MENNELLA

Name: BARBARA DITTIG

Address: 16703 32nd AVE SW
SEATTLE, WA 98166Address: 366 Jacaranda Dr.
DANVILLE, CA 94506-2125

Date taking office: 08-01-98

Date taking office: 08-01-98

Name: ANITA PASTER

Name:

Address: 46 CREEKSIDE DR.
LONG LAKE, MN 55356

Address:

Date taking office: 08-01-98

Date taking office:

CHAPTER FINANCIAL STATEMENT

Mid-Year	August 1, 19	January 31, 19
Year-End	August 1, 19 <u>97</u>	July 31, 19 <u>98</u>

A. Checking Account
B. Savings Account
C. In Reserve for Charitable Donations
D. Other Accounts (explain) _____

\$ 536.30

\$ 536.30

A. Dues: # 29 Full @ \$ 30.00 = \$ 870.00
_____ Honorary @ \$ _____ = \$ _____
1 Half @ \$ 15.00 = \$ 15.00
2 LOCAL ONLY ← → 20.00
A. Total = _____

→ 20.00
A. Total = \$ 905.00

B. Total = \$ -0-

1.	_____	\$ 295.00
2.	_____	\$ _____

C. Total = \$ 295.00

1. _____ \$ _____
 a. _____ \$ _____
 b. _____ \$ _____
 c. _____ \$ _____
 d. _____ \$ _____
 1. Total = _____

1. Total = \$ - 0 -

2. _____

a.	_____	\$	_____
b.	_____	\$	_____
c.	_____	\$	_____
d.	_____	\$	_____

2. Total = _____

2. Total = \$ - 0 -

3.			
a.		\$	
b.		\$	
c.		\$	
d.		\$	
		3.	Total

3. Total = \$ - 0 -

D. Total = \$ - 0 -

E. Gross Receipts from OTHER Sources (describe and itemize):

1. November Auction

a.	_____	\$	<u>470.50</u>
b.	_____	\$	_____
c.	_____	\$	_____
d.	_____	\$	_____

1. Total = \$470.50

2. Feb. Silent Auction

a.	_____	\$	_____
b.	_____	\$	_____
c.	_____	\$	_____
d.	_____	\$	_____

2. Total = \$ 49.00

3. Turf Paradise Races/Luncheon

a.	_____	\$	_____
b.	_____	\$	_____
c.	_____	\$	_____
d.	_____	\$	_____

3. Total = \$188.50

4.

a.	_____	\$	_____
b.	_____	\$	_____
c.	_____	\$	_____
d.	_____	\$	_____

4. Total = \$

5.

a.	_____	\$	_____
b.	_____	\$	_____
c.	_____	\$	_____
d.	_____	\$	_____

5. Total = \$

E. Total = \$ 708.00

F. Chapter Assistance:

F. Total = \$ -0-

IV. TOTAL CHAPTER RECEIPTS (Add lines A thru F):

\$1908.

V. DISBURSEMENTS:

A. Dues Paid to National:

#	<u>29</u>	Full	@	\$ <u>20.00</u>	=	\$ <u>580.00</u>
#	_____	Honorary	@	\$ _____	=	\$ _____
#	<u>1</u>	Half	@	\$ _____	=	\$ <u>10.00</u>

A. Total = \$590.00

B. Banking Costs: Redoing check

B. Total = \$ 2.25

C. National Philanthropy Donation:

1. Assessment - \$10 Per Member \$ 295.00
2. Other (explain) \$ 250.00

(Chapter chose to send money for charities from auctions to National) C. Total = \$ 545.00

D. Expenses of Local Philanthropy (describe and itemize):

1.

a.	_____	\$	_____
b.	_____	\$	_____
c.	_____	\$	_____
d.	_____	\$	_____
		1. Total =	\$ _____

2.

a.	_____	\$	_____
b.	_____	\$	_____
c.	_____	\$	_____
d.	_____	\$	_____
		2. Total =	\$ _____

3.

a.	_____	\$	_____
b.	_____	\$	_____
c.	_____	\$	_____
d.	_____	\$	_____
		3. Total =	\$ _____

4.

a.	_____	\$	_____
b.	_____	\$	_____
c.	_____	\$	_____
d.	_____	\$	_____
		4. Total =	\$ _____

D. Total = \$ - 0 -

E. Expenses for OTHER (describe and itemize):

1. *Turf Paradise (IN & OUT FOR LUNCH etc.)*

a.	<u>DEPOSIT</u>	\$	<u>50.00</u>
b.	<u>LUNCH</u>	\$	<u>131.35</u>
c.	_____	\$	_____
d.	_____	\$	_____
		1. Total =	<u>\$ 181.35</u>

2.

a.	_____	\$	_____
b.	_____	\$	_____
c.	_____	\$	_____
d.	_____	\$	_____
		2. Total =	<u>\$ - 0 -</u>

3.

a.	_____	\$	_____
b.	_____	\$	_____
c.	_____	\$	_____
d.	_____	\$	_____
		3. Total =	\$ _____

4.

a.	_____	\$	_____
b.	_____	\$	_____
c.	_____	\$	_____
d.	_____	\$	_____
		4. Total =	\$ _____

5.

a.	_____	\$	_____
b.	_____	\$	_____
c.	_____	\$	_____
d.	_____	\$	_____
		5. Total =	\$ _____

E. Total = \$ 181.35

F. State Tax or Fee (if applicable): F. Total = \$ 10.00

G. Chapter OPERATING Expenses:

1. { Postage, Phone, Supplies }	\$ <u>91.96</u>
2. { Printing, Newsletter }	\$ _____
3. Delegate Costs to Convention or Special Olympics	\$ <u>480.00</u>
4. Courtesies (describe):	\$ _____
a. <u>Roses for New Officers</u>	\$ <u>10.00</u>
b. _____	\$ _____
c. _____	\$ _____
4. Total = \$ <u>10.00</u>	

5. Other (describe):	
a. <u>Deposit to hold</u>	\$ <u>250.00</u>
b. <u>Res. for Jan. 99</u>	\$ _____
c. <u>Interline luncheon</u>	\$ _____
- UNITED'S TURN!	
5. Total = \$ <u>250.00</u>	

G. Total = \$ 831.96

H. Financial Contributions to Charity (list name of charity):

1.	_____	\$	_____
2.	_____	\$	_____
3.	_____	\$	_____
4.	_____	\$	_____

H. Total = \$ - 0 -

VI. TOTAL CHAPTER DISBURSEMENTS (Add lines A thru H):

\$2160.50

VII. BALANCE ON HAND JANUARY 31, 19____ or JULY 31, 1998 :

- A. Checking Account
- B. Savings Account
- C. In Reserve for Charitable Donations
- D. Other Accounts (explain) _____

\$283.74
\$ - 0 -
\$ - 0 -
\$ - 0 -

VII. Total = \$ 283.74

\$ 283.74

VIII. TOTAL CHAPTER FUNDS:
(Add lines II. and IV., then subtract line VI.)
(Line VII. and line VIII. MUST agree!)

Chapter's Employee Identification Number: 23-7104024
(Sometimes called SS 4#)

Respectfully submitted,

Miriam L. Chapman
Chapter Treasurer's Signature

6/29/98
Date

Statement required by Internal Revenue Service:

The PHOENIX Chapter of Clipped Wings authorizes the National Tax Chairman to include the above information in a "group return" Form 990 to be filed before December 15th. A Form 990 from our individual chapter will not be filed.

All of the above is true to the best of my knowledge.

Miriam (Midge) Kelly
Chapter President's Signature

6/29/98
Date

(This space may be used for further itemizations.)

Please Enter Corporation Name: CLIPPED WINGS^(R) United Airlines Stewardess Alumnae^{Page 3}
and Flight Attendants, Inc.

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. July '98 Financial Statement Attached

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 MIRIAM L. CHYNOWETH Date 11-16-98 Name GAIL G. SCHIFFMAN Date 11-20-98

Signature Miriam L. Chynoweth Signature Gail G. Schiffman

Title TREASURER & ASSISTANT SEC'y Title Vice President

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