



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



DUE ON OR BEFORE 10/22/1998

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. UNITED NATIONS ASSOCIATION OF SOUTHERN ARIZONA
2911 E GRANT RD
TUCSON, AZ 85716

Corporation File Number:

-0104304-2

Business Phone:

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: RICHARD DUFFIELD
Street Address: 177 N CHURCH AVE #711
(NOT P.O. BOX)
City, State, Zip: TUCSON AZ 85701-

ACC USE ONLY

Fee

\$

10

Penalty

\$

6

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

RECEIVED

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

MAY 14 1999

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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

BUSINESS CORPORATIONS

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

NON-PROFIT CORPORATIONS

- | |
|---|
| 1. <input checked="" type="checkbox"/> 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)

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: ~~STOKES TOLBERT~~ Name: ~~ROBERT O BURNS~~

Title: ~~PRESIDENT/CEO~~ Title: ~~VICE-PRESIDENT~~

Address: ~~5535 N CAMINO REAL~~ Address: ~~8700 N LA CHOLLA #4138~~
~~TUCSON, AZ 85718-~~ ~~TUCSON, AZ 85742-~~

Date taking office: _____ Date taking office: _____

Name: ~~ELAINE LIM~~ Name: ~~LIZ WARD~~

Title: ~~SECRETARY~~ Title: ~~TREASURER~~

Address: ~~3954 E GUAYMAS PL~~ Address: ~~3628 E MARBLE PEAK PL~~
~~TUCSON, AZ 85711-~~ ~~TUCSON, AZ 85718-~~

Date taking office: _____ Date taking office: _____

SEE ATTACHED LIST

8. DIRECTORS (If no changes since last report, check here ☐ and go on to Section 9.)

Name: ~~KATHY ARMSTRONG~~ Name: ~~JUDY ATKINSON~~

Address: ~~6862 E TAWA ST~~ Address: ~~4418 E CERRADA DE CHARRO~~

~~TUCSON, AZ 85715-~~ ~~TUCSON, AZ 85718-~~

Date taking office: _____ Date taking office: _____

Name: ~~JACK BINNS~~ Name: ~~DIANE CHESHIRE~~

Address: ~~4240 N LARREA LN~~ Address: ~~3945 N ALVERNON~~

~~TUCSON, AZ 85750-~~ ~~TUCSON, AZ 85718-~~

Date taking office: _____ Date taking office: _____

UNA**UNITED NATIONS ASSOCIATION
OF SOUTHERN ARIZONA**

United Nations Center
2911 East Grant Road
Tucson, Arizona 85716
(520) 881-7060
(520) 327-0314 Fax

UNITED NATIONS ASSOCIATION
OF SOUTHERN ARIZONA
BOARD LIST
FY 1997-98

Judy Atkinson, President 1996; resigned 4418 E. Cerrada de Charro 10/97 Tucson, Az. 85718	Elaine Lim, Secretary 1995 3954 E. Guaymas Place Tucson, Az. 85711
Jack Binns, President 10/97 4240 N Larrea Lane Tucson, Az. 85750	Joanne Curtis, Treasurer 1996 6466 E Calle Luna Tucson, Az. 85710
Fritz Jandrey, Vice-President 10/97 5051 N Blue Bonnett Tucson, Az. 85745	

Directors:

Judy Atkinson, 10/97 (Address as above)	Keijo Korhonen, 1995 HC 1 Box 611 Tucson, Az. 85736
Mary Cole, 1997 2102 N Sycamore Blvd Tucson, AZ. 85712	Jacque McNulty, 1997 213 N Ashbury Lane Tucson, Az. 85701
Ruth Ann Davidson, 1995 1721 N Old Pueblo Dr. Tucson, Az. 85745	Bill Minette, 1995 6303 N Willowbrook Tucson, Az. 85704
Barbara Elfbrandt, 1995 1602 S. Via Elnora Tucson, Az. 85713	Jeff Schrade - Ex Officio Az Model UN, U of Az. Tucson, Az. 85721
Jean Hansen, 1995 4925 E 18th St Tucson, Az. 85711	Stokes Tolbert, 1996 5535 N Camino Real Tucson, Az. 85718
Fritz Jandrey, 1995-10/97 (Address as above)	Susan Ward, Ex officio 5461 W Idle Hour Place Tucson, Az. 85745
Dorothy Jester, 1995 6563 N Foothills Dr. Tucson, Az. 85718	Clifton Wilson, 1995 3331 N. Olsen Ave Tucson, Az. 85719
	Geneal Wilson, Ex officio 3331 N. Olsen Ave. Tucson, Az. 85719

UNITED NATIONS ASSOCIATION of the UNITED STATES of AMERICA

NOTE: BOARD OFFICERS ELECTED ON JUNE 15, 1998

TOTAL P.03

Part IV Balance Sheets (See Specific Instructions on page 18.)

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
ASSETS	45 Cash - non-interest-bearing	13,104	45	20,087
	46 Savings and temporary cash investments	5,495	46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts			
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts			
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach sch)		50	
	51 a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use	154,473	52	150,625
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule)		54	
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)			
56 Investments - other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	81,596			
b Less: accumulated depreciation (attach schedule) Stmt 5.5 ...	78,984	57c	2,612	
58 Other assets (describe ▶ See Statement 6)	1,100	58	1,100	
59 Total assets (add lines 45 through 58) (must equal line 74)	179,490	59	174,424	
LIABILITIES	60 Accounts payable and accrued expenses	8,256	60	10,119
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶)		65	
66 Total liabilities (add lines 60 through 65)	8,256	66	10,119	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	171,234	67	164,305
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 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; column (A) must equal line 19 and column (B) must equal line 21)	171,234	73	164,305
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	179,490	74	174,424

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.

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 JACK R. BINNS Date 5/7/99 Name ELAINE Lim Date 5/10/99
 Signature [Signature] Signature Elaine T. Lim
 Title PRESIDENT Title SECRETARY

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