



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

Arizona Corporation Commission



DUE ON OR BEFORE 04/21/2001

FY00-01

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.

-0105229-1

1. **CHRISTIAN INTERNATIONAL SCHOOL OF THEOLO**  
**177 MCKENNY**  
**SANTA ROSA BEACH, FL 32459**

RECEIVED

FEB 23 2001

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

MISSING 2000 ANNUAL REPORT; CONTACT THE COMMISSION AT 542-3285!

Business Phone: \_\_\_\_\_ (Business phone is optional.)

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

2. Arizona Statutory Agent: **DAVID FAZIO**  
Street Address: **5057 W MESCAL**  
(NOT P.O. BOX)  
City, State, Zip: **GLENDALE AZ 85304-**

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10

Penalty \$ \_\_\_\_\_

Reinstate \$ \_\_\_\_\_

Expedite \$ \_\_\_\_\_

Resubmit \$ \_\_\_\_\_

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. -01052297

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. Please Type or Print Clearly.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

NONE ☒

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**7. OFFICERS**

Please Type or Print Clearly.

Name: Tim HamonName: Dan HardwayTitle: PresidentTitle: SecretaryAddress: 326 Hamon AvenueAddress: 3526 Stelhorn RoadSanta Rosa Beach, Fl 32459Ft. Wayne, IN 46815Date taking office: 10/16/00Date taking office: 10/16/00Name: John WebsterName: Dr. Jim DavisTitle: Vice PresidentTitle: Treasurer/DirectorAddress: 240 Magnolia Creek RoadAddress: 4101 Tates Creek Center DriveSanta Rosa Beach, Fl 32459Lexington, KY 40517Date taking office: 10/16/00Date taking office: 10/16/00**8. DIRECTORS**

Please Type or Print Clearly.

Name: Tim HamonName: Dr. John WatsonAddress: 326 Hamon AvenueAddress: 1550 Richland RoadSanta Rosa Beach, Fl 32459Marion, OH 43302Date taking office: 08/29/1983Date taking office: 01/01/1997Name: Sherilyn MillerName: Larry BizetteAddress: P O Box 13477Address: 7502 Don Budge AvenueScottsdale, AZ 85267Baton Rouge, LA 70810Date taking office: 01/01/1997Date taking office: 10/16/2000



**Dr. Bill Hamon**, *Founder & Bishop of CI*

February 16, 2001

To Whom It May Concern:

This letter is to state that we are a nonprofit corporation that does not have members, and that we did not conduct any business in the state of Arizona for this past year.

Thank you for entering this into your records.

Sincerely,

A handwritten signature in black ink, appearing to read 'Patricia Reedus', is written over a horizontal line.

Patricia Reedus  
Administrative Assistant  
Christian International Ministries

CLIENT CIST

**RICHARD G. COOK, CPA  
4400 CONGRESS AVENUE, STE 200  
WEST PALM BEACH, FL 33407-3288  
(561)841-9080**

December 26, 2000

Christian International  
School of Theology  
P.O. Box 9000  
Santa Rosa Beach, FL 32459

Dear Client:

Enclosed is your 1999 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page six. No tax is payable with the filing of this return. Mail your Federal return on or before February 15, 2000 to:

INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

X 

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

1999

Department of the Treasury  
Internal Revenue Service

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

This Form is  
Open to Public  
Inspection

A For the 1999 calendar year, OR tax year period beginning 10/01, 1999, and ending 9/30, 2000

B Check if:

- ☐ Change of address  
☐ Initial return  
☐ Final return  
☐ Amended return (required also for State reporting)

Please use IRS label or print or type. See Specific Instructions.

C  
 Christian International  
 School of Theology  
 P.O. Box 9000  
 Santa Rosa Beach, FL 32459

D Employer identification number

23-7079590

E Telephone number

F Check ☐ If exemption application is pendingG Type of organization ☒ Exempt under section 501(c) ( 3 ) (insert number) OR ☐ section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No(b) If "Yes," enter the number of affiliates for which this return is filed: ☐(c) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ NoI If either box in H is checked "Yes," enter four-digit group exemption number (GEN) ☐J Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ☐K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.)

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a	21,630	
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 21,630 noncash \$ ) See Statement...1	1d	21,630	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	390,087	
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	92	
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe )	7		
8a Gross amount from sale of assets other than inventory	8a		
b Less: cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule)			
a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances	10a	97,444	
b Less: cost of goods sold	10b	40,851	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) See Stmt...2	10c	56,593	
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	468,402	
13 Program services (from line 44, column (B))	13	451,835	
14 Management and general (from line 44, column (C))	14	112,959	
15 Fundraising (from line 44, column (D))	15		
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17	564,794	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-96,392	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	167,936	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	71,544	

**Part II** Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 19.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att. sch.) (cash \$ _____ non cash \$ _____)	22			
23	Specific assistance to individuals (att. sch.)	23			
24	Benefits paid to or for members (att. sch.)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26	189,816	151,853	37,963
27	Pension plan contributions	27			
28	Other employee benefits	28	19,472	15,578	3,894
29	Payroll taxes	29	368	294	74
30	Professional fundraising fees	30			
31	Accounting fees	31	4,676	3,741	935
32	Legal fees	32			
33	Supplies	33	14,253	11,402	2,851
34	Telephone	34	11,013	8,810	2,203
35	Postage and shipping	35	18,231	14,585	3,646
36	Occupancy	36	20,524	16,419	4,105
37	Equipment rental and maintenance	37			
38	Printing and publications	38	9,665	7,732	1,933
39	Travel	39	5,434	4,347	1,087
40	Conferences, conventions, and meetings	40	3,382	2,706	676
41	Interest	41	1,641	1,313	328
42	Depreciation, depletion, etc. (attach schedule)	42	15,761	12,609	3,152
43	Other expenses (itemize): a Statement 3	43a	250,558	200,446	50,112
	b	43b			
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	564,794	451,835	112,959

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ 80; (iii) the amount allocated to Management and general \$ 20; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III** Statement of Program Service Accomplishments (See Specific Instructions on page 22.)

What is the organization's primary exempt purpose? ▶

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)

a	Religious Education			
	(Grants and allocations \$ _____)	0	451,835	
b				
	(Grants and allocations \$ _____)			
c				
	(Grants and allocations \$ _____)			
d				
	(Grants and allocations \$ _____)			
e	Other program services (attach schedule)			
	(Grants and allocations \$ _____)			
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		451,835	

**Part IV Balance Sheets** (See Specific Instructions on page 22.)**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
<b>45</b>	Cash - non-interest-bearing.....	86,443	<b>45</b>	23,741
<b>46</b>	Savings and temporary cash investments.....		<b>46</b>	
<b>47 a</b>	Accounts receivable.....	5,891		
<b>b</b>	Less: allowance for doubtful accounts.....		<b>47c</b>	5,891
<b>48 a</b>	Pledges receivable.....		<b>48c</b>	
<b>b</b>	Less: allowance for doubtful accounts.....		<b>49</b>	
<b>49</b>	Grants receivable.....		<b>50</b>	
<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach sch).....		<b>51c</b>	
<b>51 a</b>	Other notes and loans receivable (attach schedule).....		<b>51b</b>	
<b>b</b>	Less: allowance for doubtful accounts.....		<b>52</b>	16,354
<b>52</b>	Inventories for sale or use.....		<b>53</b>	
<b>53</b>	Prepaid expenses and deferred charges.....		<b>54</b>	
<b>54</b>	Investments - securities (attach schedule).....		<b>55a</b>	
<b>55 a</b>	Investments - land, buildings, and equipment: basis.....		<b>b</b>	Less: accumulated depreciation (attach schedule).....
<b>56</b>	Investments - other (attach schedule).....		<b>57a</b>	157,612
<b>57 a</b>	Land, buildings, and equipment: basis.....		<b>b</b>	Less: accumulated depreciation (attach schedule) Stmt. .... 4
<b>57 b</b>		80,924	<b>57c</b>	76,688
<b>58</b>	Other assets (describe ▶.....)		<b>58</b>	
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 74).....	211,803	<b>59</b>	122,674
<b>60</b>	Accounts payable and accrued expenses.....	7,867	<b>60</b>	15,130
<b>61</b>	Grants payable.....		<b>61</b>	
<b>62</b>	Deferred revenue.....		<b>62</b>	
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule).....	36,000	<b>63</b>	36,000
<b>64 a</b>	Tax-exempt bond liabilities (attach schedule).....		<b>64a</b>	
<b>b</b>	Mortgages and other notes payable (attach schedule).....		<b>64b</b>	
<b>65</b>	Other liabilities (describe ▶.....)		<b>65</b>	
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65).....	43,867	<b>66</b>	51,130
<b>67</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		<b>67</b>	
<b>68</b>	Unrestricted.....	167,936	<b>68</b>	71,544
<b>69</b>	Temporarily restricted.....		<b>69</b>	
<b>70</b>	Permanently restricted.....		<b>70</b>	
<b>71</b>	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		<b>71</b>	
<b>72</b>	Capital stock, trust principal, or current funds.....		<b>72</b>	
<b>73</b>	Paid-in or capital surplus, or land, building, and equipment fund.....		<b>73</b>	71,544
<b>74</b>	Retained earnings, endowment, accumulated income, or other funds.....		<b>74</b>	122,674
<b>75</b>	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21).....	167,936	<b>75</b>	
<b>76</b>	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73).....	211,803	<b>76</b>	

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.

#### Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<b>a</b>	Total expenses and losses per audited financial statements. . . . .	<b>a</b>	564,794
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
	(1) Donated services and use of facilities. . . . \$		
	(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$		
	(3) Losses reported on line 20, Form 990 . . . . . \$		
	(4) Other (specify): _____ _____ \$		
	Add amounts on lines (1) through (4) . . . . .	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . .	<b>c</b>	564,794
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
	(1) Investment expenses not included on line 6b, Form 990 . . . . . \$		
	(2) Other (specify): _____ _____ \$		
	Add amounts on lines (1) and (2) . . . . .	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . .	<b>e</b>	564,794

(List each one even if not compensated, see Specific Instructions on page 24.)

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ..... ☐ Yes ☒ No  
If "Yes," attach schedule - see Specific Instructions on page 25.



**Part VI Other Information** (See Specific Instructions on page 25.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
78b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
80b	If "Yes," enter the name of the organization <b>C I MINISTRIES NETWORK INC</b> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
85c	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85d	c Dues, assessments, and similar amounts from members	85d	N/A
85e	d Section 162(e) lobbying and political expenditures	85e	N/A
85f	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	N/A
85g	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	N/A
85h	g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85h	N/A
86a	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	86a	N/A
86b	501(c)(7) organizations. Enter:	86b	N/A
87a	a Initiation fees and capital contributions included on line 12	87a	N/A
87b	b Gross receipts, included on line 12, for public use of club facilities	87b	N/A
88	501(c)(12) organizations. Enter:		
89a	a Gross income from members or shareholders		
89b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
89	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	89	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
89b	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction	89b	X
90a	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
90b	d Enter: Amount of tax in 89c, above, reimbursed by the organization		0
91	List the states with which a copy of this return is filed <b>ARIZONA</b>		
92	a Number of employees employed in the pay period that includes March 12, 1999 (See instructions.)	92	0
93	The books are in care of <b>Tim Hamon</b> Telephone no. <b>(850) 231-2600</b>		
94	Located at <b>P.O. Box 9000, Santa Rosa, FL</b> ZIP + 4 <b>32459</b>		
95	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	95	N/A

(E)  
d or exempt  
on income

**Note:** (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

	N/A
--	-----

End-of-year  
assets

N/A

**%**

%

%

✂

**Please  
Sign  
Here**

☒ Signature of officer *J. L. Ham*

XI-5-01  
Date

Treasurer

Type or print name and title.

**Paid  
Preparer's  
Use Only**

Preparer's  
signature

Richard A. Cook CPA

Date  
12/26/00

Check if  
self-  
employed

Preparer's SSN or PTIN	784-48-128
------------------------	------------

**Firm's name (or  
yours if self-employed)  
and address**

Richard G. Cook, CPA  
4400 Congress Avenue, Ste 200  
West Palm Beach, FL

employees	20	10	150
EIN	59-3489894		

ZIP +4 ► 33407-3288

**SCHEDULE A  
(Form 990)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

**Supplementary Information - (See separate instructions.)**

► Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

**1999**

Name of the organization **Christian International  
School of Theology**

Employer identification number  
**23-7079590**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ►	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 of the instructions. List each one (whether individuals or firms.) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ►	0	

For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1999

**Part III** Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? .....	1	X
If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. ► \$ <u>N/A</u>		
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property? .....	2a	X
b Lending of money or other extension of credit? .....	2b	X
c Furnishing of goods, services, or facilities? .....	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	2d	X
e Transfer of any part of its income or assets? .....	2e	X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? .....	3	X
4a Do you have a section 403(b) annuity plan for your employees? .....	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)		

**Part IV** Reason for Non-Private Foundation Status (See pages 2 through 4 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box):

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☒ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 4 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in).....▶	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .....	N/A				
<b>16</b> Membership fees received .....					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose .....					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .....					
<b>19</b> Net income from unrelated business activities not included in line 18 ...					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge .....					
<b>22</b> Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets .....					
<b>23</b> Total of lines 15 through 22 .....					
<b>24</b> Line 23 minus line 17 .....					
<b>25</b> Enter 1% of line 23 .....					
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 .....	N/A				
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts .....					
c Total support for section 509(a)(1) test: Enter line 24, column (e) .....					
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total) .....					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....					%
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: N/A (1998) _____ (1997) _____ (1996) _____ (1995) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year: (1998) _____ (1997) _____ (1996) _____ (1995) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total .....					
e Public support (line 27c total minus line 27d total) .....					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) .....					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 4 of the instructions.) N/A

**Part V****Private School Questionnaire** (See page 4 of the instructions.)  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	X	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	X	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	X	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<u>Non-discriminatory policies are stated in the college catalog.</u>		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....		X
<b>b</b> Admissions policies? .....		X
<b>c</b> Employment of faculty or administrative staff? .....		X
<b>d</b> Scholarships or other financial assistance? .....		X
<b>e</b> Educational policies? .....		X
<b>f</b> Use of facilities? .....		X
<b>g</b> Athletic programs? .....		X
<b>h</b> Other extracurricular activities? .....		X
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....		X
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. ....	X	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 6 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here ☐ a If the organization belongs to an affiliated group.Check here ☐ b If you checked "a" above and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -			
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 ..		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 ..	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 ..		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50 on page 7 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots nontaxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 8 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (add lines c through h) .....			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





Statement 1  
Form 990, Part I, Line 1d  
Contributions, Gifts, and Grants

Not Open To Public Inspection

---

No single contributor gave \$5,000 or more during the year.

## Statement 2

Form 990, Part I, Line 10

## Gross Profit (Loss) from Sales of Inventory

Items Sold	Amount
SALES INCOME .....	\$ 97,444
Gross sales	\$ 97,444
Less returns & allowances	0
Net sales	\$ 97,444
Less: Cost of goods sold	40,851
Gross profit from sales of inventory	<u>\$ 56,593</u>

## Statement 3

Form 990, Part II, Line 43

## Other Expenses

Other Expenses	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADMINISTRATION EXPENSE	\$ 86,316	69,053	17,263	
ADVERTISING	1,456	1,165	291	
BENEVOLENCE	160	128	32	
CONTRACT LABOR	78,843	63,074	15,769	
CONTRIBUTIONS	43,637	34,910	8,727	
COPIER EXPENSE	2,595	2,076	519	
CREDIT CARD DISCOUNTS	3,091	2,473	618	
CURRICULUM	1,642	1,314	328	
INSURANCE	4,416	3,533	883	
MAINT EXPENSE	17,958	14,366	3,592	
MISCELLANEOUS	2,748	2,198	550	
R&M-BUILDINGS	534	427	107	
SCHOLARSHIP EXPENSE	1,173	938	235	
SERVICE CHARGES	659	527	132	
SUBSCRIPTIONS	1,022	818	204	
UTILITIES	4,308	3,446	862	
Total	<u>\$ 250,558</u>	<u>200,446</u>	<u>50,112</u>	<u>0</u>

## Statement 4

Form 990, Part IV, Line 57

## Land, Buildings, and Equipment

Asset	Basis	Accum. Deprec.	Book Value
Machinery and equipment	\$ 157,612	80,924	76,688
Total	<u>\$ 157,612</u>	<u>80,924</u>	<u>76,688</u>

Statement 5  
Form 990, Part V  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & avg. Hrs/wk devoted	Comp.	Employee Ben. Pln Contrib.	Expense Account/ Other
WILFORD S HAMON PO BOX 9000 SANTA ROSA, FL	PRESIDENT None	\$ 0	0	0
M LEON WALTERS VERSAILES, IN	V P/ DIR None	0	0	0
TIMOTHY T HAMON SANTA ROSA, FL	SEC / TREAS None	0	0	0
JOHN P WEBSTER SANTA ROSA, FL	DIR None	0	0	0
EVELYN Y HAMON SANTA ROSA, FL	DIR None	0	0	0
S SCOTT WEBSTER SANTA ROSA, FL	DIR None	0	0	0
JAMES T DAVIS LEXINGTON, KY	DIR None	0	0	0
THOMAS S HAMON SANTA ROSA, FL	DIR None	0	0	0
SHERILYN MILLER SCOTTSDALE, AZ	DIR None	0	0	0
	None	0	0	0
Total	\$ 0	0	0	0

**9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)** -0105229-1

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.

**9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only.**

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 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 profit 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 (A.R.S. §§10-202.D.2 & 10-3202.02)**

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? [Underlined portion pertains to profit corporations only]

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

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 incorporated b) transacted business.
- 3) The dates of corporate operation.

**12. SIGNATURES**

**CAUTION:** Annual Reports must be signed by a duly authorized officer. 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 Timothy T. Hamon Date 2/16/01 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature  Signature \_\_\_\_\_

Title President Title \_\_\_\_\_

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