



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

AZ Corp. Commission



01793779

DUE ON OR BEFORE 09/09/2006

FY06-07

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 on page 4 for proper format.

RECEIVED

AUG 21 2006

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1.

-0040277-3

THE CHARLES H. TWEED INTERNATIONAL FOUNDATION FOR
2620 E BROADWAY
TUCSON, AZ 85716

Business Phone: _____

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2.

Statutory Agent: DOUGLAS R HOLM

Physical Address, If Different.

Mailing Address: 3131 N COUNTY CLUB RD #109

Physical Address:

City, State, Zip: TUCSON, AZ 85716

City, State, Zip:

IPR

8/21/06

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

Printed Name of new Statutory Agent

RECEIVED

NOV 01 2006

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

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. **Please Print or Type Clearly.**

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
N/A		

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.

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. You Must List at Least One.

Name: J. Don James Name: James L. Vaden

Title: President Title: Executive Director

Address: 3121 N.W. 63rd St. Address: 308 E. First St.

Oklahoma City, OK 73116 Cookeville, TN 38501

Date taking office: 2004 Date taking office: 1998

Name: _____ Name: _____

Title: _____ Title: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

8. DIRECTORS Please Type or Print Clearly. You Must List at Least One.

Name: See Attached Name: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

Name: _____ Name: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

THE CHARLES H. TWEED INTERNATIONAL
FOUNDATION FOR ORTHODONTIC RESEARCH

DIRECTORS

David Bell
930 15th St.
Batesville, AR 72501
Date taking office: 2002

Jere W. Crenshaw
Date taking office: 2004

Michael Behnan
16560 Nineteen Mile Rd.
Clinton Twp., MI 48038
Date taking office: 2000

Masatoshi Nakakuki
Takayama Bd SF. 18-1
Chome,
Yotsuya Shinjukuku
Tokyo
Date taking office: 2002

Vance Nowllin
5050 E. 68th St., #200
Tulsa, OK 74136
Date taking office: 2004

Sergio Arturo Cardiel Rios
Date taking office: 2004

Ray Fuqua
Date taking office: 2002

Jack Mann
18 Dunloup
Shawnee, OK 74801
Date taking office: 2000

Jimmy C. Boley
400 S. Cottonwood Dr.
Richardson, TX 75080
Date taking office: 2000

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2005

Open to Public Inspection

For the 2005 calendar year, or tax year beginning 6/01/05, and ending 5/31/06

Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE CHARLES H. TWEED INTERNATIONAL FOUNDATION FOR ORTHODONTIC RESEARCH		D Employer identification no. [REDACTED]
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2620 E. BROADWAY BLVD.		E Telephone number [REDACTED]
		City or town, state or country, and ZIP + 4 TUCSON AZ 85716		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		

Website: N/A

Organization type (check only one) ☒ 501(c) (3) < (insert no.) ☐ 4947(a)(1) or ☐ 527

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 the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **603,244**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ☐ Yes ☒ No

H(c) Are all affiliates included? ☐ Yes ☒ No (If "No," attach a list. See instr.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)										
1	Contributions, gifts, grants, and similar amounts received:									
a	Direct public support	1a	6,200							
b	Indirect public support	1b								
c	Government contributions (grants)	1c								
d	Total (add lines 1a through 1c) (cash \$ 6,200 noncash \$)	1d	6,200							
2	Program service revenue including government fees and contracts (from Part VII, line 93)								2	322,716
3	Membership dues and assessments								3	45,770
4	Interest on savings and temporary cash investments								4	236,265
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 sales of assets other than inventory	(A) Securities		(B) Other						
b	Less: cost or other basis and sales expenses	8a		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). If any amount is from gaming, check here <input type="checkbox"/>									
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								
b	Less: cost of goods sold	10b								
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)								10c	
11	Other revenue (from Part VII, line 103)								11	-7,707
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								12	603,244
13	Program services (from line 44, column (B))								13	341,263
14	Management and general (from line 44, column (C))								14	63,058
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	404,321
18	Excess or (deficit) for the year (subtract line 17 from line 12)								18	198,923
19	Net assets or fund balances at beginning of year (from line 73, column (A))								19	1,697,119
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	1,896,042

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 the instructions.)

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
Grants and allocations (attach schedule) (cash \$ non-cash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
Benefits paid to or for members (attach schedule)	24				
Compensation of officers, directors, etc.	25				
Other salaries and wages	26	26,878	8,000	18,878	
Pension plan contributions	27				
Other employee benefits	28				
Payroll taxes	29	2,014		2,014	
Professional fundraising fees	30				
Accounting fees	31	6,730	3,365	3,365	
Legal fees	32				
Supplies	33				
Telephone	34	2,837	1,419	1,418	
Postage and shipping	35				
Occupancy	36	9,999	4,999	5,000	
Equipment rental and maintenance	37				
Printing and publications	38	19,754	9,877	9,877	
Travel	39				
Conferences, conventions, and meetings	40				
Interest	41				
Depreciation, depletion, etc. (attach schedule)	42	1,141	680	461	
Other expenses not covered above (itemize): See Statement 1	43a	334,968	312,923	22,045	
	43b				
	43c				
	43d				
	43e				
	43f				
	43g				
Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	404,321	341,263	63,058	0

Joint Costs. Check ☐ if you are following SOP 98-2.

any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

es," enter (i) the aggregate amount of these joint costs\$: (ii) the amount allocated to Program services \$:

the amount allocated to Management and general\$; and (iv) the amount allocated to Fundraising\$

Part III Statement of Program Service Accomplishments (See the instructions.)

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 in its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

• EDUCATIONAL

If 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) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

a TWEED STUDY COURSES

(Grants and allocations \$)

If this amount includes foreign grants, check here ☐

323,683

b PUBLICATION OF PROFILE OF THE CHARLES H. TWEED INTERNATIONAL FOUNDATION.

(Grants and allocations \$)

If this amount includes foreign grants, check here ☐

17,580

LOW INTEREST RATE LOANS TO ORTHODONTIC STUDENTS.

(Grants and allocations \$)

If this amount includes foreign grants, check here ☐

(Grants and allocations \$)

If this amount includes foreign grants, check here ☐

Other program services (attach schedule)

(Grants and allocations \$)

If this amount includes foreign grants, check here ☐

Total of Program Service Expenses (should equal line 44, column (B), Program services)

341,263

Form 990 (2005)

Part IV Balance Sheets (See 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	63,043	45	137,154
46	Savings and temporary cash investments	74,504	46	40,527
47a	Accounts receivable	164,603		
b	Less: allowance for doubtful accounts		47c	164,603
48a	Pledges receivable			
b	Less: allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments-securities See Statement 2 <input type="checkbox"/> Cost <input type="checkbox"/> FMV	1,365,635	54	1,561,635
55a	Investments-land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	409,523		
b	Less: accumulated depreciation (attach schedule)	305,899	57c	103,624
58	Other assets (describe)		58	
59	Total assets (must equal line 74). Add lines 45 through 58.	1,780,626	59	2,007,543
60	Accounts payable and accrued expenses	238	60	234
61	Grants payable		61	
62	Deferred revenue	29,003	62	50,472
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe See Statement 3)	54,266	65	60,795
66	Total liabilities. Add lines 60 through 65.	83,507	66	111,501
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	1,697,119	67	1,896,042
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; column (B) must equal line 21)	1,697,119	73	1,896,042
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	1,780,626	74	2,007,543

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; |
| 4. Prior addresses (for immediate preceding 7 year period). | the date and location; the court and public agency involved, and the file or cause number of the case. |

11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (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 **must** be marked:

YES ☐ 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 other 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 **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 James L. Vaden Date 8/14/06 Name _____ Date _____

Signature  Signature _____

Title Executive Director Title _____

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

