

Return of Organization Exempt From Income Tax

2000

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2000 calendar year, or tax year period beginning, 2000, and ending, 20

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C ACTIVATED MINISTRIES, 2120 W. MISSION ROAD G, ESCONDIDO, CA 92029. D Employer identification number 33-0857142. E Telephone number 760-739-1240. F Check if application pending.

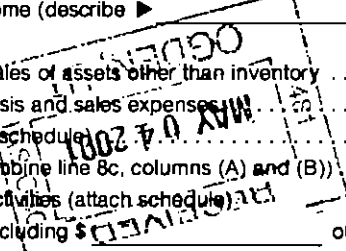
G Organization type (check only one) 501(c)(3) (insert no.) 527 OR 4947(a)(1). Note: H and I are not applicable to section 527 orgs. H(a) Is this a group return filed for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

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 the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Table with 21 rows and 4 columns: Description, Sub-column, Amount, Total. Includes rows for Contributions, Program service revenue, Membership dues, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets or fund balances, Net assets or fund balances at end of year.



SCANNED MAY 10 2001

**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 20.)

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			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 632		632	
32 Legal fees	32 1,776		1,776	
33 Supplies	33 3,787	2,177	1,610	
34 Telephone	34 8,645	6,180	2,465	
35 Postage and shipping	35 26,281	24,373	1,108	800
36 Occupancy	36			
37 Equipment rental and maintenance	37 511	511		
38 Printing and publications	38 9,624	8,638	670	316
39 Travel	39 2,174	282	1,192	700
40 Conferences, conventions, and meetings	40 12,279	12,279		
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 1,206	1,206		
43 Other expenses (itemize): a STATEMENT 2	43a 81,302	69,899	11,226	177
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.	44 148,217	125,545	20,679	1,993

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

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 3	
(Grants and allocations \$ _____)	125,545
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)	125,545

**Part IV Balance Sheets** (See Specific Instructions on page 23.)

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
<b>ASSETS</b>	45	Cash – non-interest-bearing .....	7,870	45	46,669
	46	Savings and temporary cash investments .....		46	
	47a	Accounts receivable .....	28,900		
		b Less: allowance for doubtful accounts .....		47c	28,900
	48a	Pledges receivable .....		48a	
		b Less: allowance for doubtful accounts .....		48b	
	49	Grants receivable .....		49	
	50	Receivables from officers, directors, trustees, and key employees (attach sch) .....		50	
	51a	Other notes and loans receivable (attach schedule) .....		51a	
		b Less: allowance for doubtful accounts .....		51b	
	52	Inventories for sale or use .....	32,909	52	143,816
	53	Prepaid expenses and deferred charges .....		53	1,452
	54	Investments – securities (attach schedule) .....		54	
		▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV			
55a	Investments – land, buildings, and equipment: basis .....		55a		
	b Less: accumulated depreciation (attach schedule) .....		55b		
56	Investments – other (attach schedule) .....		56		
57a	Land, buildings, and equipment: basis .....	12,239			
	b Less: accumulated depreciation (attach schedule) .STMT. 4 .....	1,610	57b		
58	Other assets (describe ▶ _____ )	4,235	57c	10,629	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	45,014	59	231,466	
<b>LIABILITIES</b>	60	Accounts payable and accrued expenses .....	314	60	3,251
	61	Grants payable .....		61	
	62	Deferred revenue .....		62	
	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) .....	236	64b	
	65	Other liabilities (describe ▶ _____ )		65	
66	<b>Total liabilities</b> (add lines 60 through 65) .....	550	66	3,251	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>				
	67	Unrestricted .....	39,589	67	227,309
	68	Temporarily restricted .....	4,875	68	906
	69	Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>				
	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	<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) .....	44,464	73	228,215	
74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....	45,014	74	231,466	

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-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions, page 25.)

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

**a** Total revenue, gains, and other support per audited financial statements ..... **a** N/A

**b** Amounts included on line **a** but not on line 12, Form 990:

(1) Net unrealized gains on investments ..... \$

(2) Donated services and use of facilities .. \$

(3) Recoveries of prior year grants ..... \$

(4) Other (specify):

..... \$

Add amounts on lines (1) through (4) ..... **b**

**c** Line **a** minus line **b** ..... **c**

**d** Amounts included on line 12, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 ... \$

(2) Other (specify):

..... \$

Add amounts on lines (1) and (2) ..... **d**

**e** Total revenue per line 12, Form 990 (line **c** plus line **d**) ..... **e**

**a** Total expenses and losses per audited financial statements. .... **a** N/A

**b** Amounts included on line **a** 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**

**c** Line **a** minus line **b** ..... **c**

**d** Amounts included on line 17, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 ..... \$

(2) Other (specify):

..... \$

Add amounts on lines (1) and (2) ..... **d**

**e** Total expenses per line 17, Form 990 (line **c** plus line **d**) ..... **e**

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
THOMAS HACK 2120 WEST MISSION ROAD STE G ESCONDIDIO, CA 92029	PRESIDENT NONE	0	0	0
MICHAEL EDWARDS 2120 WEST MISSION ROAD STE G ESCONDIDO, CA 92029	VICE PRESIDEN NONE	0	0	0
CASSANDRA D. MOONEY 2120 WEST MISSION ROAD STE G ESCONDIDO, CA 92029	TREASURER/SEC NONE	0	0	0
VALORIE W. DAVENPORT 2120 WEST MISSION ROAD STE G ESCONDIDO, CA 92029	DIRECTOR NONE	0	0	0
DANIEL ROSELLE 2120 WEST MISSION ROAD STE G ESCONDIDO, CA 92029	DIRECTOR NONE	0	0	0

**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 26.

Part VI Other Information (See Specific Instructions on page 26.)		N/A	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?		N/A	
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
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?	81b		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?	82a		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?	83a	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	85a		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		N/A
85c	Dues, assessments, and similar amounts from members	85c		N/A
85d	Section 162(e) lobbying and political expenditures	85d		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A
85h	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?	85h		N/A
86a	501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 12	86a		N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87a	501(c)(12) organizations. Enter: Gross income from members or shareholders	87a		N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30.7701-3? If "Yes," complete Part IX.	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0; section 4912 0; section 4955 0			
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
	Enter: Amount of tax in 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed			CALIFORNIA
90b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions.)	90b		0
91	The books are in care of MIKE MOORE Telephone no. 760-729-1240 Located at 2120 W MISSION ROAD STE G, ESCONDIDO, CA ZIP code 92029			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.	92		N/A

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain/loss from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					100,014
103 Other revenue: a RETREAT & SEMINA					14,731
b MISCELLANEOUS INCOME					1,593
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					116,338
105 Total (add line 104, columns (B), (D), and (E))					116,338

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 5

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Date	1/26/01	Type or print name and title.	Cassandra D. Mooney TREASURER
Check if preparer		Preparer's SSN or PTIN	



<b>Part III</b> Statements About Activities		Yes	No
<b>1</b>	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? . . . . . 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.		X
<b>2</b>	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:		
<b>a</b>	Sale, exchange, or leasing of property? . . . . .	2a	X
<b>b</b>	Lending of money or other extension of credit? . . . . .	2b	X
<b>c</b>	Furnishing of goods, services, or facilities? . . . . .	2c	X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
<b>e</b>	Transfer of any part of its income or assets? . . . . . If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
<b>3</b>	Does the organization make grants for scholarships, fellowships, student loans, etc.? . . . . .	3	X
<b>4a</b>	Do you have a section 403(b) annuity plan for your employees? . . . . .	4a	X
<b>b</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 page 2 of the instructions.)		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 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 5.)
  - 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 5 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 5 of the instructions.)





Part V Private School Questionnaire (See page 5 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29 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?

Table with 3 columns: Question ID, Yes, No. Row 29: 29, [ ], [ ]

30 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?

Table with 3 columns: Question ID, Yes, No. Row 30: 30, [ ], [ ]

31 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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

Table with 3 columns: Question ID, Yes, No. Row 31: 31, [ ], [ ]

32 Does the organization maintain the following:

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
d Copies of all material used by the organization or on its behalf to solicit contributions?

Table with 3 columns: Question ID, Yes, No. Rows 32a-32d: 32a, 32b, 32c, 32d, [ ], [ ]

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to:

- a Students' rights or privileges?
b Admissions policies?
c Employment of faculty or administrative staff?
d Scholarships or other financial assistance?
e Educational policies?
f Use of facilities?
g Athletic programs?
h Other extracurricular activities?

Table with 3 columns: Question ID, Yes, No. Rows 33a-33h: 33a, 33b, 33c, 33d, 33e, 33f, 33g, 33h, [ ], [ ]

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

34a Does the organization receive any financial aid or assistance from a governmental agency?

Table with 3 columns: Question ID, Yes, No. Row 34a: 34a, [ ], [ ]

b Has the organization's right to such aid ever been revoked or suspended?

Table with 3 columns: Question ID, Yes, No. Row 34b: 34b, [ ], [ ]

If you answered "Yes" to either 34a or b, please explain using an attached statement.

35 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.

Table with 3 columns: Question ID, Yes, No. Row 35: 35, [ ], [ ]

**Part VI-A** **Lobbying Expenditures by Electing Public Charities** (See page 7 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.

<b>Limits on Lobbying Expenditures</b> (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 -	The lobbying nontaxable amount 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 . . . . .		
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 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(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 9 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.

Part VII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with columns: Yes, No. Rows: 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c. Values: X, X, X, X, X, X, X, X.

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Schedule B  
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No. 1545-0047

2000

Department of the Treasury  
Internal Revenue Service

Supplementary information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

Name of organization

Employer identification number

ACTIVATED MINISTRIES

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Organization type (check one) - Section:  501(c)( 3 ) ◀ (enter number);  527 or  
 4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations** - Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.) ..... ▶   
Enter here the total gifts received during the year for a religious, charitable, etc., purpose. ▶ \$

**Note:** This form is generally not open to public inspection except for section 527 organizations.

**KFA** For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. Schedule B (Form 990 or 990-EZ) (2000)

Name of organization

ACTIVATED MINISTRIES

Employer identification number

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**Part I Contributors**

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 14,490	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
2		\$ 8,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
3		\$ 43,617	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
4		\$ 12,380	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
5		\$ 67,713	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization

Employer identification number

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**Part II** Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	INVENTORY AND SHELVING	\$ 67,713	VARIOUS
---	----- ----- -----	\$ -----	-----
---	----- ----- -----	\$ -----	-----
---	----- ----- -----	\$ -----	-----
---	----- ----- -----	\$ -----	-----
---	----- ----- -----	\$ -----	-----

Name of organization

Employer identification number

**ACTIVATED MINISTRIES**

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**Part III** Section 501(c)(7), (8), or (10) organizations that received more than \$1,000 in charitable gifts during the year-

● Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions) ..... ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
—	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
—	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
—	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	



## ACTIVATED MINISTRIES

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**STATEMENT 5**  
**FORM 990, PART VIII**  
**RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

LINE #	EXPLANATION OF ACTIVITIES
102	INCOME FROM THE SALE OF BIBLE STUDY HELPS, VIDEO TAPES, AUDIO TAPES AND OTHER INSPIRATIONAL AND INSTRUCTIONAL BOOKS DESIGNED TO HELP READERS DEVELOP THEIR PERSONAL RELATIONSHIP WITH GOD, INSPIRE FAITH AND PROMOTE THE PRINCIPLES OF A CHRIST-BASED LIFE. THESE BIBLE STUDY HELPS AND OTHER MATERIALS ARE ALSO PROVIDED AT LOW COST TO MISSIONARIES FOR THEIR OUTREACH MINISTRIES AND TO HELP PROMOTE CHRISTIAN EVANGELISM.

**STATEMENT 6**  
**SCHEDULE A, PART IV-A, LINE 22**  
**OTHER INCOME**

DESCRIPTION	(A) 1999	(B) 1998	(C) 1997	(D) 1996	(E) TOTAL
OTHER INCOME	\$ 1,044	\$ 0	\$ 0	\$ 0	\$ 1,044
TOTAL	\$ 1,044	\$ 0	\$ 0	\$ 0	\$ 1,044

**STATEMENT 7**  
**SCHEDULE A, PART IV-A, LINE 27A**  
**PAYMENTS FROM DISQUALIFIED PERSONS**

DISQUALIFIED PERSON	1999	1998	1997	1996
	\$ 300	\$ 0	\$ 0	\$ 0
	211	0	0	0
	6,944	0	0	0
	10,570	0	0	0
	10,010	0	0	0
TOTAL	\$ 28,035	\$ 0	\$ 0	\$ 0

## ACTIVATED MINISTRIES

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**STATEMENT 1**  
**FORM 990, PART I, LINE 10**  
**GROSS PROFIT (LOSS) FROM SALES OF INVENTORY**

ITEMS SOLD	AMOUNT
CHRISTIAN LITERATURE .....	\$ 196,011
SHIPPING & HANDLING .....	17,700
GROSS SALES	\$ 213,711
LESS RETURNS & ALLOWANCES	\$ 0
NET SALES	\$ 213,711
LESS: COST OF GOODS SOLD	\$ 113,697
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 100,014</u>

**STATEMENT 2**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD CHECK CHARGES	\$ 345	330	15	
BANK SERVICE CHARGES	197		197	
CUSTOMS & WAREHOUSE FEES	1,653	1,653		
DAMAGED OR UNUSABLE INVENTORY	2,357	2,357		
DISCOUNT & PROCESSING FEES	1,737	1,737		
DISTRIBUTER PROGRAM COMMISSIONS	1,669	1,669		
DUES & SUBSCRIPTIONS	400		400	
INTERNET ACCESS	1,063		1,063	
LIABILITY INSURANCE	2,209		2,209	
LICENSE & PERMITS	81		81	
LICENSING & ROYALTIES	10,353	10,353		
LOST SHIPMENTS	12	12		
P O BOX RENTAL	377	377		
PROGRAM EXPENSE	25,587	25,587		
PROMOTIONAL EXPENSE	3,647	3,505	142	
PROPERTY INSURANCE	267	267		
RENT	17,867	17,867		
REPAIRS & MAINTENANCE	5,587		5,587	
SERVICE FEES	140		140	
SUBSCRIPTION COMMISSIONS	459	459		
TRAINING & SEMINARS	1,343		1,343	
TRANSPORTATION	1,666	1,440	49	177
UTILITIES	1,934	1,934		
WEBSITE	352	352		
TOTAL	<u>\$ 81,302</u>	<u>69,899</u>	<u>11,226</u>	<u>177</u>

## ACTIVATED MINISTRIES

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**STATEMENT 3  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>ACTIVATED BIBLE STUDY PROGRAM: THE ACTIVATED MAGAZINE SERIES WAS DEVELOPED TO MEET THE NEED OF NEW CHRISTIANS BY PROVIDING REGULAR MONTHLY BIBLE STUDIES ON SUBJECTS THAT ARE VITAL FOR CHRISTIAN GROWTH - INCLUDING PRAYER, FAITH, PERSONAL EVANGELISM, COMFORT IN TIMES OF GRIEF, PARENTING, HONESTY AND OTHER CHARACTER BUILDING TOPICS. OVER THIS PAST YEAR WE HAVE BEEN BUIDING THE ACTIVATED OUTREACH MINISTRY BY GATHERING ADDRESSES OF THOSE WHO ARE SEEKING TO IMPROVE THEIR LIVES BY STUDYING GOD'S WORD. DURING THE YEAR 2000 WE SENT OUT 6,038 INDIVIDUAL ACTIVATED MAILINGS BOTH IN ENGLISH AND SPANISH. WE ALSO DONATED 7,500 ACTIVATED MAGAZINES TO NEW CONVERTS, AND WE DISTRIBUTED 92,700 ACTIVATED MAGAZINES TO MISSIONARIES TO BE USED IN THEIR OUTREACH AND EVANGELISM. THIS INCLUDES PUBLICATION AND DISTRIBUTION OF 30,000 COPIES OF A SPECIAL CHRISTMAS ISSUE OF THE ACTIVATED MAGAZINE FOR THE PURPOSE OF HELPING MANY FIND THE TRUE MEANING OF CHRISTMAS AMIDST THE COMMERCIALISM OF THE HOLIDAY SEASON.</p>	\$ 0	66,812
<p>MISSIONARY OUTREACH SUPPORT: ACTIVATED MINISTRIES ALSO PROVIDES SUPPORT FOR MISSIONARY OUTREACH IN THE US AND CANADA BY PROVIDING TEACHING MATERIALS AND CHRISTIAN MAGAZINES, BOOKS AND OTHER RESOURCES FOR USE IN THEIR MINISTRIES. DURING THE YEAR 2000 WE PROVIDED THE FOLLOWING MATERIALS TO MISSIONARIES FOR USE IN THEIR OUTREACH MINISTRIES: 320,000 TRACTS, 157,000 POSTERS, 16,500 BOOKS, 64,500 AUDIO CASSETTES AND CDS, 3,780 VIDEOS AND 45,000 ACTIVATED MAGAZINES. OVER 300,000 SOULS WERE LED TO THE LORD THROUGH THE WITNESSING EFFORTS OF THE MISSIONARIES WE SERVE. WE WILL NEVER KNOW IN THIS LIFE ALL THE FRUIT THAT WAS BORNE THROUGH THESE WITNESSING AND OUTREACH ACTIVITIES, BUT WE DO KNOW THAT EVEN ONE CHANGED LIFE CAN HELP CHANGE HUNDREDS OF OTHERS.</p>	0	38,148
<p>EMAIL MINISTRY: OUR MINSITRY THROUGH EMAIL GREW CONSIDERABLY OVER THE PAST YEAR. OUR MONTHLY ON-LINE NEWSLETTER, "POWER LINKS" WHICH INCLUDES INSPIRATIONAL MATERIAL TESTIMONIALS, IS NOW SENT TO ABOUT 1,500 EMAIL ADDRESSES EACH MONTH. THIS</p>		

ACTIVATED MINISTRIES

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STATEMENT 3 (CONTINUED)  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
YEAR WE RECEIVED OVER 4,000 EMAILS FROM THE GENERAL PUBLIC, WHO WRITE IN FOR SPIRITUAL HELP AND COUNSEL, AND WE HAVE SENT OUT ABOUT 4,000 EMAIL MESSAGES IN REPLY - THAT'S OVER 30 EMAIL MESSAGES IN AND OUT EVERY WORKING DAY OF THE YEAR.	\$ 0	4,340
MISSIONARY PROJECTS: ACTIVATED MINISTRIES SUPPORTS MISSIONARY PROJECTS AROUND THE WORLD, BOTH THOSE THAT PREACH THE GOSPEL AND MINISTER SPIRITUAL SUPPORT AS WELL AS THOSE THAT PROVIDE HUMANITARIAN AID TO HELP THE POOR, SICK AND NEEDY, ASSIST REFUGEES AND VICTIMS OF NATURAL DISASTERS, PROVIDE PERSONAL COUNSELING IN PRISONS AND JUVENILLE DETENTION CENTERS, PROVIDE PERSONAL COUNSELING FOR SUBSTANCE ABUSERS AND OTHERS SOCIALLY DYSFUNCTIONAL AND HELP TO BUILD SCHOOLS, HOSPITALS AND ORPHANAGES IN UNDERDEVELOPED COUNTRIES. IN THE YEAR 2000, ACTIVATED MINISTRIES SUPPORTED SUCH PROJECTS IN INDIA, AFRICA, MEXICO, EASTERN EUROPE AND THE MIDDLE EAST.	0	16,245
FOOD DONATION PROGRAM: ACTIVATED MINISTRIES BEGAN A FOOD DONATION PROGRAM IN 2000 TO HELP PROVIDE FOOD FOR THE NEEDY. THIS PROGRAM, WHICH STARTED UP AT THE END OF THE YEAR, PRESENTLY HELPS FEED 100 NEEDY INDIVIDUALS PER WEEK. THE PROGRAM GOAL IS TO INCREASE THE NUMBER OF PEOPLE SERVED MONTHLY, WITH A TARGET OF TRIPLING THE RECIPIENTS OF THIS HELP BY MID-2001, AND DOUBLING THAT NUMBER BY THE END OF THE YEAR. WE ARE PRESENTLY SEEKING FUNDING TO PROVIDE A MUCH-NEEDED TRUCK TO FACILITATE THIS FOOD DISTRIBUTION AND ALLOW FOR MORE RAPID EXPANSION OF THIS PROGRAM	0	0
	\$ 0	125,545

STATEMENT 4  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

ASSET	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 3,000	248	2,752
MACHINERY AND EQUIPMENT	9,239	1,362	7,877
TOTAL	\$ 12,239	1,610	10,629

CLIENT 25

ACTIVATED MINISTRIES

33-0857142

05:06PM

4/25/01

FORM 990/990-PF

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT. BONUS	CUR 179 BONUS	PRIOR 179 DEC. BAL. DEPR.	BASIS REDUCTN	SALVAGE VALUE	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
<b>FURNITURE AND FIXTURES</b>															
1	FURNITURE AND FIXTURES	4/15/99		375						375		6 S/L	HY	7 .14290	54
3	FOLDING TABLE	7/06/00		45						45		S/L	HY	7 .07140	3
4	PALLET RACKS AND SHELVES	8/03/00		1,900						1,900		S/L	HY	7 .07140	136
5	VIDEO SPINNER/DISPLAY	8/15/00		404						404		S/L	HY	7 .07140	29
6	COFFEE MAKER	8/15/00		23						23		S/L	HY	7 .07140	2
7	SLEEPING BAGS/SHEETS	8/16/00		81						81		S/L	HY	7 .07140	6
8	DISPLAY SHELVING	9/20/00		172						172		S/L	HY	7 .07140	12
	<b>TOTAL FURNITURE AND FIXTURES</b>			<b>3,000</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,000</b>		<b>6</b>			<b>242</b>
<b>MACHINERY AND EQUIPMENT</b>															
2	MACHINERY AND EQUIPMENT	4/15/99		4,264						4,264		398 S/L	HY	7 .14290	609
9	QUICKBOOKS PRO SOFTWARE	2/15/00		113						113		S/L	HY	7 .07140	8
10	DELL DIMENSION COMPUTER	5/13/00		3,583						3,583		S/L	HY	7 .07140	256
11	LASER JET PRINTER	8/22/00		555						555		S/L	HY	7 .07140	40
12	2-LINE PHONES W/HEADSET	8/22/00		370						370		S/L	HY	7 .07140	26
13	1-LINE PHONE	8/22/00		185						185		S/L	HY	7 .07140	13
14	PLAIN PAPER FAX	8/22/00		155						155		S/L	HY	7 .07140	11
15	NETWORK HUB	8/22/00		14						14		S/L	HY	7 .07140	1
	<b>TOTAL MACHINERY AND EQUIPMENT</b>			<b>9,239</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9,239</b>		<b>398</b>			<b>964</b>
	<b>TOTAL DEPRECIATION</b>			<b>12,239</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12,239</b>		<b>404</b>			<b>1,206</b>
	<b>GRAND TOTAL DEPRECIATION</b>			<b>12,239</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12,239</b>		<b>404</b>			<b>1,206</b>