

Form **990**

OMB No 1545-0047

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**2006**Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning , 2006, and ending**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type
See
specific
instruc-
tions.
C
ACTIVATED MINISTRIES
2120 W. MISSION ROAD G
ESCONDIDO, CA 92029
D Employer identification number

33-0857142

E Telephone number

760-739-1240

F Accounting method☐ Cash ☒ Accrual☐ 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).

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 ▶**H (c)** Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**G** Web site: ▶ WWW.ACTIVATEDMINISTRIES.ORG**J** Organization type (check only one)▶ ☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,801,331.**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Schedule 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** Contributions to donor advised funds**1a** 3,341,974.**b** Direct public support (not included on line 1a)**1b****c** Indirect public support (not included on line 1a)**1c****d** Government contributions (grants) (not included on line 1a)**1d****e** Total (add lines 1a through 1d)

(cash \$ 3,341,974. noncash \$)

1e 3,341,974.**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4****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**

15,014.

c Gain or (loss) (attach schedule)

STATEMENT 1

8b

13,793.

d Net gain or (loss). Combine line 8c, columns (A) and (B)**8c**

1,221.

8d

1,221.

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ of contributions reported on line 1b)**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**

438,890.

b Less: cost of goods sold**10b**

224,053.

c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

STATEMENT 2

10c

214,837.

11 Other revenue (from Part VII, line 103)**11**

18.

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11**12**

3,563,485.

13 Program services (from line 44, column (B))**13**

1,598,228.

14 Management and general (from line 44, column (C))**14**

64,024.

15 Fundraising (from line 44, column (D))**15**

1,589,760.

16 Payments to affiliates (attach schedule)**16****17** Total expenses. Add lines 16 and 44, column (A)**17**

3,252,012.

18 Excess or (deficit) for the year. Subtract line 17 from line 12**18**

311,473.

19 Net assets or fund balances at beginning of year (from line 73, column (A))**19**

706,622.

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**

1,018,095.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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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

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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) SEE STM 3 (cash \$ _____) non-cash \$ <u>37,398.</u> If this amount includes foreign grants, check here <input type="checkbox"/>	22b 37,398.	37,398.		
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a 97,800.	80,677.	5,448.	11,675.
25b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b 0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26 516,020.	425,674.	28,747.	61,599.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29 46,958.	38,736.	2,616.	5,606.
30 Professional fundraising fees	30			
31 Accounting fees	31 4,779.		4,779.	
32 Legal fees	32 4,620.	2,064.	1,867.	689.
33 Supplies	33 10,804.	7,206.	3,323.	275.
34 Telephone	34 13,850.	8,621.		5,229.
35 Postage and shipping	35 79,263.	71,479.	2,276.	5,508.
36 Occupancy	36 34,169.	24,924.	5,765.	3,480.
37 Equipment rental and maintenance	37 8,475.	6,133.	2,236.	106.
38 Printing and publications	38 16,319.	15,489.	50.	780.
39 Travel	39 71,545.	68,393.	1,803.	1,349.
40 Conferences, conventions, and meetings	40 24,343.	21,631.		2,712.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 29,250.	28,894.	79.	277.
43 Other expenses not covered above (itemize) a SEE STATEMENT 4	43a 2,256,419.	760,909.	5,035.	1,490,475.
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g _____	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 3,252,012.	1,598,228.	64,024.	1,589,760.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ 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 \$ _____

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Part III Statement of Program Service Accomplishments

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.

What is the organization's primary exempt purpose? ▶ **SEE STATEMENT 5**

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) organizations and 4947(a)(1) trusts, but optional for others.)

a **SEE STATEMENT 6**

(Grants and allocations \$ 37,398.) If this amount includes foreign grants, check here ▶ ☐

1,598,228.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

f **Total of Program Service Expenses** (should equal line 4a, column (B), Program services) ▶

1,598,228.

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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
ASSETS	45 Cash — non-interest-bearing	383,575.	45	753,269.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	54,146.		
	b Less allowance for doubtful accounts		47c	54,146.
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use	176,020.	52	142,874.
	53 Prepaid expenses and deferred charges		53	
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
LIABILITIES	55a Investments — land, buildings, & equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment basis	171,647.		
	b Less accumulated depreciation (attach schedule)	56,720.	57c	114,927.
	58 Other assets, including program-related investments (describe ▶)		58	
	59 Total assets (must equal line 74) Add lines 45 through 58	729,275.	59	1,065,216.
	60 Accounts payable and accrued expenses	22,653.	60	47,121.
	61 Grants payable		61	
	62 Deferred revenue		62	
NET ASSETS OR FUND BALANCES	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 ▶)		65	
	66 Total liabilities. Add lines 60 through 65	22,653.	66	47,121.
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	702,613.	67	1,018,095.
	68 Temporarily restricted	4,009.	68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
70 Capital stock, trust principal, or current funds		70		
71 Paid-in or capital surplus, or land, building, and equipment fund		71		
72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	706,622.	73	1,018,095.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	729,275.	74	1,065,216.	

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	3,563,485.
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	3,563,485.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	3,563,485.

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

a	Total expenses and losses per audited financial statements	a	3,252,012.
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	3,252,012.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	3,252,012.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 and deferred compensation plans	(E) Expense account and other allowances
THOMAS HACK 2120 WEST MISSION ROAD STE G ESCONDIDO, CA 92029	PRESIDENT 40	48,000.	0.	0.
NADIA PAONE 2120 WEST MISSION ROAD STE G ESCONDIDO, CA 92029	SECRETARY 20	0.	0.	0.
CASSANDRA D. MOONEY 2120 WEST MISSION ROAD STE G ESCONDIDO, CA 92029	VICE PRESIDENT 40	49,800.	0.	0.
VALORIE W. DAVENPORT 2120 WEST MISSION ROAD STE G ESCONDIDO, CA 92029	DIRECTOR 2	0.	0.	0.
DANIEL ROSELLE 2120 WEST MISSION ROAD STE G ESCONDIDO, CA 92029	DIRECTOR 2	0.	0.	0.
DENISE NOVOTNY 2120 WEST MISSION ROAD STE G ESCONDIDO, CA 92029	TREASURER 2	0.	0.	0.

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Yes	No
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75b	X	
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75c		X
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75d	X		
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75d	X		
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75d	X		
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er

below)

7 001 39805

Yes	No
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76	X
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77		X
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78a	X
-----	---

78b	N/A
-----	-----

79	X
----	---

80a	X
-----	---

81 a 0

81b	X
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Part VI Other Information (continued)

Yes No

82 a 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

b 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 in Part III.)

82b

N/A

83 a Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

X

b Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?

83b

X

84 a Did the organization solicit any contributions or gifts that were not tax deductible?

84a

X

b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

N/A

85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?

85a

N/A

b Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

N/A

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.

c Dues, assessments, and similar amounts from members

85c

N/A

d Section 162(e) lobbying and political expenditures

85d

N/A

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

N/A

f Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

N/A

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

N/A

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

85h

N/A

86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12

86a

N/A

b Gross receipts, included on line 12, for public use of club facilities

86b

N/A

87 501(c)(12) organizations Enter a Gross income from members or shareholders

87a

N/A

b 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 a 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 301.7701-3? If 'Yes,' complete Part IX.

88a

X

b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.

88b

X

89 a 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.b **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

c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.

d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

89e

X

f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?

89f

X

g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

X

90 a List the states with which a copy of this return is filed ▶ CA

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)

90b

23

91 a The books are in care of ▶ MIKE MOORE

Telephone number ▶ 760-729-1240

Located at ▶ 2120 W MISSION ROAD STE G, ESCONDIDO, CA,

ZIP + 4 ▶ 92029

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91b

X

If 'Yes,' enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

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Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91c		X

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

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 the instructions.)

Note: Enter gross amounts unless otherwise indicated

	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	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	5,435.	
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					1,221.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					214,837.
103 Other revenue a					
b MISCELLANEOUS INCOME			1	2.	
c RETREAT & SEMINAR FEE			1	16.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))				5,453.	216,058.
105 Total (add line 104, columns (B), (D), and (E))					221,511.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

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 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(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 the instructions.)

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)

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please
Sign
Here

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 any knowledge.

Signature of officer

Date 11/9/07

THOMAS HACK PRESIDENT

Type or print name and title

Paid
Pre-
parer's
Use
OnlyPreparer's
signature

CHERYL RHODE

Date 11/2/07

Check if
self-
employedPreparer's SSN or PTIN (See
General instruction W)

N/A

Firm's name (or
yours if self-
employed),
address, and
ZIP + 4WEST RHODE & ROBERTS
3104 FOURTH AVE
SAN DIEGO, CA 92103

EIN

N/A

Phone no

619-615-5380

BAA

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2006

Name of the organization

Employer identification number

ACTIVATED MINISTRIES**33-0857142****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See 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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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	

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

TEEA0401L 01/19/07

Schedule A (Form 990 or 990-EZ) 2006

ACTIVATED MINISTRIES

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Part III Statements About Activities (See instructions.)

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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ N/A
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

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 substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

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

SEE FORM 990, PART V

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

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement.

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.

4a X

b Did the organization make any taxable distributions under section 4966?

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c N/A

d Enter the total number of donor advised funds owned at the end of the tax year

N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

N/A

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

0

BAA

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Schedule A (Form 990 or Form 990-EZ) 2006

Part IV Reason for Non-Private Foundation Status (See instructions.)I certify that 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.)
- 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.)
- 11 a ☐ 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.)
- 11 b ☐ 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

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

BAA

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006 ACTIVATED MINISTRIES

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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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,261,968.	933,727.	445,287.	312,802.	2,953,784.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	403,413.	424,413.	340,633.	171,704.	1,340,163.
18 Gross income from interest, dividends, amounts received from payments on securities loans (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	9,017.	3,091.			12,108.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 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.					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 10	72.	13,334.	95.	15,799.	29,300.
23 Total of lines 15 through 22	1,674,470.	1,374,565.	786,015.	500,305.	4,335,355.
24 Line 23 minus line 17	1,271,057.	950,152.	445,382.	328,601.	2,995,192.
25 Enter 1% of line 23	16,745.	13,746.	7,860.	5,003.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 **N/A** ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶ **26b**

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines **18** **19** ▶ **26d**

22 **26b**

e Public support (line 26c minus line 26d total) ▶ **26e**

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.

(2005) 8,985. (2004) 97,918. (2003) 32,861. (2002) 40,064.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2005) 0. (2004) 30,251. (2003) 18,978. (2002) 5,378.

c Add Amounts from column (e) for lines **15** 2,953,784. **16** ▶ **27c** 4,293,947.

17 1,340,163. **20** **21** 54,607. ▶ **27d** 234,435.

d Add Line 27a total 179,828. and line 27b total ▶ **27e** 4,059,512.

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f** 4,335,355.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** 93.64 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** 0.28 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

BAA

TEEA0403L 01/19/07

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006 **ACTIVATED MINISTRIES**

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

N/A

	Yes	No
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?		
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?		
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.)		
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?		
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?		
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?		
b Has the organization's right to such aid ever been revoked or suspended?		
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		

BAA

TEEA0404L 01/19/07

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006 ACTIVATED MINISTRIES

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

N/A

Check ☒ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' 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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table – <div style="display: flex; justify-content: space-between;"> <div> If the amount on line 40 is – Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 </div> <div> The lobbying nontaxable amount is – 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 </div> </div>	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 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

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** 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

Yes	No	Amount

BAA

Schedule A (Form 990 or 990-EZ) 2006

TEEA0405L 01/19/07

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See 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

(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.

	Yes	No
51 a (i)		X
a (ii)		X
b (i)		X
b (ii)		X
b (iii)		X
b (iv)		X
b (v)		X
b (vi)		X
c		X

[illegible]

52 a 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

[illegible]

BAA

Schedule A (Form 990 or 990-EZ) 2006

TEEA04061 01/19/07

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2006

Name of organization

ACTIVATED MINISTRIES

Employer identification number

33-0857142**Organization type (check one)****Filers of:**

Form 990 or 990-EZ

Form 990-PF

Section:

- ☒ 501(c)(3) (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization
- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule** (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule — see instructions)**General Rule —**

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules —

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year) ▶ \$

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Page 1 of 1 of Part I

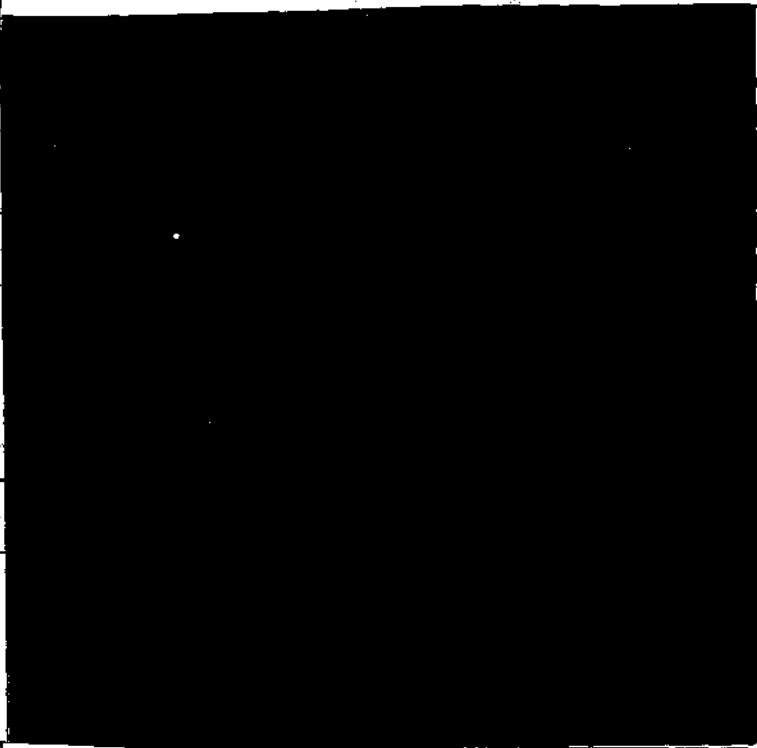
Name of organization

Employer identification number

ACTIVATED MINISTRIES

33-0857142

Part I Contributors (See Specific Instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 6,295.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 6,620.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 6,175.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

BAA

TEEA0702L 01/18/07

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Page 1 of 1 of Part II

Name of organization

ACTIVATED MINISTRIES

Employer identification number

33-0857142

Part II Noncash Property (See Specific Instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1		\$ 6,295	2/27/06
2		\$ 6,620	3/30/06
3	VEHICLE	\$ 6,175	6/23/06

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

Employer identification number

ACTIVATED MINISTRIES

33-0857142

Part III	<i>Exclusively</i> religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10)
-----------------	---

organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.)

► \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		
(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 + 4 Relationship of transferor to transferee		
(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 + 4 Relationship of transferor to transferee		
(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 + 4 Relationship of transferor to transferee		
(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 + 4 Relationship of transferor to transferee		

BAA

TEEAD704L 01/18/07

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Form **8868**
(Rev. December 2006)**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	ACTIVATED MINISTRIES	33-0857142
	Number, street, and room or suite number. If a P.O. box, see instructions	
	2120 W. MISSION ROAD G	
	City, town or post office. For a foreign address, see instructions	state ZIP code
	ESCONDIDO, CA 92029	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of MIKE MOORE

Telephone No. 760-729-1240FAX No. 760-729-1240

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 3305. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until 8/15, 20 07, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☒ calendar year 20 06 or
► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print	Name of Exempt Organization	Employer identification number
	ACTIVATED MINISTRIES	33-0857142
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
File by the extended due date for filing the return. See instructions	2120 W. MISSION ROAD G	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ESCONDIDO, CA 92029	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **MIKE MOORE**
 Telephone No **760-729-1240** FAX No _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 11/15, 2007
- 5 For calendar year 2006, or other tax year beginning 20, and ending 20
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature James H. West Title CPA Date 8-13-07

Notice to Applicant. (To be Completed by the IRS)

- ☐ We have approved this application. Please attach this form to the organization's return
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- ☐ Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	WEST RHODE & ROBERTS
	Number and street (include suite, room, or apartment number) or a P.O. box number
	3104 FOURTH AVE
	City or town, province or state, and country (including postal or ZIP code)
	SAN DIEGO, CA 92103

BAA

F1FZ0502L 05/01/07

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ACTIVATED MINISTRIES

33-0857142

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION:	99 CAMRY: ZHANG		
DATE ACQUIRED:	1/06/2004		
HOW ACQUIRED:	DONATED		
DATE SOLD:	5/12/2006		
TO WHOM SOLD:			
GROSS SALES PRICE:	3,800.		
COST OR OTHER BASIS:	11,250.		
DEPRECIATION:	5,250.		
		GAIN (LOSS)	-2,200.
 DESCRIPTION:	 96 PREVIA: SEIDEL		
DATE ACQUIRED:	12/31/2004		
HOW ACQUIRED:	DONATED		
DATE SOLD:	3/03/2006		
TO WHOM SOLD:			
GROSS SALES PRICE:	6,500.		
COST OR OTHER BASIS:	3,570.		
DEPRECIATION:	833.		
		GAIN (LOSS)	3,763.
 DESCRIPTION:	 98 DODGE CARAVAN		
DATE ACQUIRED:	4/01/2005		
HOW ACQUIRED:	DONATED		
DATE SOLD:	3/03/2006		
TO WHOM SOLD:			
GROSS SALES PRICE:	2,650.		
COST OR OTHER BASIS:	4,025.		
DEPRECIATION:	738.		
		GAIN (LOSS)	-637.
 DESCRIPTION:	 LAPTOP DELL 8200		
DATE ACQUIRED:	4/29/2005		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	12/14/2006		
TO WHOM SOLD:			
GROSS SALES PRICE:	264.		
COST OR OTHER BASIS:	600.		
DEPRECIATION:	136.		
		GAIN (LOSS)	-200.
 DESCRIPTION:	 94 CAMRY: BOB		
DATE ACQUIRED:	8/01/2005		
HOW ACQUIRED:	DONATED		
DATE SOLD:	1/30/2006		
TO WHOM SOLD:			
GROSS SALES PRICE:	1,800.		
COST OR OTHER BASIS:	1,450.		
DEPRECIATION:	145.		
		GAIN (LOSS)	495.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 1,221.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 1,221.

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FEDERAL STATEMENTS

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STATEMENT 2
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

CHRISTIAN LITERATURE	\$	394,158.
SHIPPING & HANDLING		44,732.
GROSS SALES	\$	438,890.
LESS RETURNS & ALLOWANCES		0.
NET SALES	\$	438,890.
LESS COST OF GOODS SOLD		224,053.
GROSS PROFIT FROM SALES OF INVENTORY	\$	214,837.

STATEMENT 3
FORM 990, PART II, LINE 22B
OTHER GRANTS AND ALLOCATIONS

NONCASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	SEE ATTACHED SCHEDULE	
RELATIONSHIP OF DONEE:	NONE	
BOOK VALUE:	37,398.	
FAIR MARKET VALUE:		\$ 37,398.
TOTAL GRANTS AND ALLOCATIONS		\$ 37,398.

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	1,342,809.	671,405.		671,404.
BANK SERVICE CHARGES	10,249.	9,722.	422.	105.
BULK FOOD	12,634.	11,106.	1,528.	
CAR PROGRAM COSTS	828,498.	14,001.		814,497.
COMMISSIONS	375.	375.		
DUES & SUBSCRIPTIONS	582.	250.	332.	
INSURANCE	35,563.	34,240.	1,323.	
LICENSING & ROYALTIES	213.	99.	42.	72.
MISCELLANEOUS	5,188.	2,011.	177.	3,000.
ONLINE EXPENSES	7,438.	6,799.		639.
PROMOTIONS	5,689.	5,663.		26.
UTILITIES	7,181.	5,238.	1,211.	732.
TOTAL	\$ 2,256,419.	\$ 760,909.	\$ 5,035.	\$ 1,490,475.

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ACTIVATED MINISTRIES

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STATEMENT 5
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PRIMARY MISSION OF ACTIVATED MINISTRIES IS TO SHARE GOD'S WORD WITH OTHERS; TO STRENGTHEN BELIEVERS BY GIVING THEM INSTRUCTION IN THE BIBLE, AND EQUIPPING THEM FOR CHRISTIAN SERVICE; TO SPIRITUALLY STRENGTHEN FAMILIES AND CHILDREN BY PROMOTING AND TEACHING THE STRONG MORAL VALUES AND CHARACTER-BUILDING PRINCIPALS OF THE BIBLE; TO PROMOTE AND SUPPORT CHRISTIAN EVANGELIZATION, BOTH LOCALLY AND AROUND THE WORLD, AND TO IMPROVE THE QUALITY OF LIFE OF THOSE LESS FORTUNATE THROUGH THE SUPPORT OF MISSIONARY PROJECTS, SPECIFICALLY THOSE OF THE FELLOWSHIP OF MISSIONARY COMMUNITIES KNOWN AS THE FAMILY INTERNATIONAL.

STATEMENT 6
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
<p>ACTIVATED MAGAZINE PROGRAM THE MONTHLY ACTIVATED MAGAZINE PROVIDES BIBLE STUDIES AND ARTICLES ON SUBJECTS VITAL FOR SPIRITUAL GROWTH, SUCH AS PRAYER, FAITH, EVANGELISM, HEARING FROM GOD, ESCHATOLOGY, COMFORT IN TIMES OF GRIEF, PARENTING, HONESTY AND OTHER RELATED CHARACTER-BUILDING TOPICS.</p> <p>DURING 2006, WE SENT OUT OVER 140,000 INDIVIDUAL ACTIVATED MAGAZINE MONTHLY MAILINGS. WE ALSO PROVIDED APPROXIMATELY 200,000 ACTIVATED MAGAZINES TO MISSIONARIES FOR USE IN THEIR OUTREACH.</p> <p>INCLUDES FOREIGN GRANTS: NO</p>		143,888.
<p>MISSIONARY OUTREACH/MISSIONARY SUPPORT PROGRAMS OUR MISSIONARY OUTREACH PROGRAM PROVIDES SUPPORT FOR CHRISTIAN EVANGELISM BY PROVIDING CHRISTIAN MATERIALS FREE OR AT LOW COST TO CHRISTIAN WORKERS & MISSIONARIES FOR USE IN THEIR MINISTRIES. THE EFFORTS DEVOTED TO STAFFING THESE PROGRAMS INCLUDE ANSWERING MAIL, ANSWERING FAX AND EMAIL ENQUIRIES, PHONE MINISTRY, MAILINGS OF PUBLICATIONS, FULFILLMENT & SHIPPING OF OUTREACH MATERIALS.</p> <p>INCLUDES FOREIGN GRANTS: NO</p>	37,398.	1,076,404.
<p>FOOD AND RAIMENT PROGRAM & DISASTER RELIEF EFFORTS OUR FOOD AND RAIMENT PROGRAM PROVIDES FOOD DISTRIBUTION OF ABOUT A HALF A TON OF FOOD WEEKLY TO INDIVIDUALS, FAMILIES AND LOCAL NON-PROFITS TO SUPPLEMENT THEIR MINISTRIES. SHOES AND CLOTHES WERE SHIPPED TO MISSIONARIES OVERSEAS.</p> <p>INCLUDES FOREIGN GRANTS: NO</p>		32,070.
<p>WINE PRESS PROGRAM THE "WINE PRESS" IS A FREE MONTHLY MAILING CONSISTING OF A VARIETY OF PUBLICATIONS, INCLUDING THE MONTHLY WINE PRESS MAGAZINE, THE FAMILY ACTIVITY REPORT, FAMILY SPECIALS MAGAZINE, THE XN YOUTH MAGAZINE, REFLECTIONS, MEDITATION MOMENTS, HEAVEN'S LIBRARY AND THE ACTIVATED MAGAZINE. THE WINE PRESS MAGAZINE PROVIDES ADVANCED LEADERSHIP TRAINING AND SPIRITUAL GUIDANCE FOR ACTIVE CHRISTIAN SERVICE. ITS CONTENT FOCUSES ON INDIVIDUAL SPIRITUAL GROWTH, PERSONAL</p>		

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STATEMENT 6 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
EVANGELISM, DEVOTIONAL AND INSPIRATIONAL TOPICS AND TESTIMONIALS OF CHANGED LIVES.		
IN 2006 WE SENT OUT APPROXIMATELY 4,560 INDIVIDUAL MAILINGS CONTAINING APPROXIMATELY 215,040 PAGES OF PUBLICATIONS AND STUDY MATERIALS.		154,462.
INCLUDES FOREIGN GRANTS: NO		
TELEPHONE OUTREACH, COUNSELING AND PRAYER LINES/ONLINE OUTREACH		
OUR TELEPHONE COUNSELING & OUTREACH LINES CONTINUED IN OPERATION THIS YEAR WITH HUNDREDS OF INDIVIDUALS CALLING FOR COUNSELING, PRAYER AND SPIRITUAL FELLOWSHIP.		
AN ESTIMATED 2000 VOLUNTEER HOURS WERE DEVOTED TO STAFFING THE TELEPHONE HOTLINES AND ANSWERING EMAILS.		
OUR EMAIL OUTREACH RECEIVED OVER 1,400 EMAILS FROM INDIVIDUALS SEEKING SPIRITUAL COUNSELING, PRAYER, GUIDANCE AND EMOTIONAL SUPPORT. WE ARE COMMITTED TO ANSWERING EVERY EMAIL WE RECEIVE WITH A PERSONAL RESPONSE - AND APPROXIMATELY 25 PRAYER REQUESTS ARE ADDED TO OUR PRAYER LIST EACH MONTH.		191,404.
INCLUDES FOREIGN GRANTS: NO		
	\$ 37,398.	\$ 1,598,228.

STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 139,608.	\$ 40,226.	\$ 99,382.
FURNITURE AND FIXTURES	4,357.	3,098.	1,259.
MACHINERY AND EQUIPMENT	27,682.	13,396.	14,286.
TOTAL	\$ 171,647.	\$ 56,720.	\$ 114,927.

STATEMENT 8
FORM 990, PART V-A, LINE 75B
COMPENSATION PAID TO RELATED INDIVIDUALS

NAME AND RELATIONSHIP

DENISE NOVOTNHY AND VALORIE DAVENPORT ARE SISTERS AND NADIA PAONE IS THEIR NIECE.

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STATEMENT 9
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/AUDIO TAPES & CD'S, TRACTS AND OTHER INSPIRATIONAL AND INSTRUCTIONAL BOOKS & BOOKLETS DESIGNED TO HELP READERS DEVELOP THEIR PERSONAL RELATIONSHIP WITH GOD, INSPIRE FAITH, STRENGTHEN THEIR FAMILY AND PROMOTE THE PRINCIPLES OF A CHRIST-BASED LIFE. THESE MATERIALS ARE ALSO PROVIDED AT LOW COST TO MISSIONARIES AND OUTREACH MINISTRIES TO PROMOTE CHRISTIAN EVANGELISM.
100	GAIN ON THE DISPOSITION OF ASSETS HELD FOR PROGRAM PURPOSES

STATEMENT 10
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2005	(B) 2004	(C) 2003	(D) 2002	(E) TOTAL
OTHER INCOME	\$ 72.	\$ 13,334.	\$ 95.	\$ 15,799.	\$ 29,300.
TOTAL	\$ 72.	\$ 13,334.	\$ 95.	\$ 15,799.	\$ 29,300.

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12/31/06

2006 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT 00025

ACTIVATED MINISTRIES

33-0857142

11/01/07

08.50AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
FURNITURE AND FIXTURES																
1	PALLET RACKS AND SHELVES	8/03/00		1,900							1,900	1,494	S/L HY	7	.14290	272
3	DIVIDERS, BOOKCASES, ETC	1/24/01		655							655	423	S/L HY	7	.14280	94
4	DIVIDERS	5/04/01		630							630	405	S/L HY	7	.14280	90
27	LIVING ROOM COUCH SET 3PC	1/17/05		1,172							1,172	153	S/L	7		167
	TOTAL FURNITURE AND FIXTURE			4,357		0	0	0	0	0	4,357	2,475				623
MACHINERY AND EQUIPMENT																
2	LASER JET PRINTER	8/22/00		555							555	435	S/L HY	7	.14290	79
5	BOOKLETMAKER	7/29/02		3,231							3,231	1,578	S/L	7		462
6	COLLATOR	7/29/02		4,310							4,310	2,105	S/L	7		616
7	PHONE SYSTEMS	10/17/02		6,368							6,368	3,098	S/L	7		910
10	QUICKBOOKS PRO 2004	1/09/04		808							808	538	S/L	3		270
11	LASERJET 9000D PRINTER	8/20/04		3,756							3,756	716	S/L	7		537
12	COLOR 8550D PRINTER	8/20/04		2,331							2,331	444	S/L	7		333
13	CD DUPE TOWER	8/20/04		525							525	100	S/L	7		75
20	LAPTOP DELL 8200	4/29/05	12/14/06	600							600	57	S/L	7		79
21	ASUS NOTEBOOK COMPUTER	7/03/05		762							762	54	S/L	7		109
22	FUJITSU LIFEBOOK COMPUTER	7/19/05		1,700							1,700	101	S/L	7		243
26	ASUS 17 NOTEBOOK	12/05/05		1,076							1,076	18	S/L	5		215
40	ASTERISK PHONE SYSTEM	12/01/06		5,200							5,200		S/L	7		62
41	ASUS Z3F BAREBONE LAPTOP	10/17/06		1,054							1,054		S/L	7		25
42	DELL INSPIRATION E1505	5/11/06		1,430							1,430		S/L	7		136
43	SERVER	10/31/06		3,360							3,360		S/L	7		80
	TOTAL MACHINERY AND EQUIPME			37,066		0	0	0	0	0	37,066	9,244				4,231

THIS IS A COPY OF A LIVE RETURN FROM SMIPS. OFFICIAL USE ONLY.

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12/31/06

2006 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT 00025

ACTIVATED MINISTRIES

33-0857142

11/01/07

08.50AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	TOTAL DEPRECIATION			192,542		0	0	0	0	0	192,542	34,572				29,250
	GRAND TOTAL DEPRECIATION			192,542		0	0	0	0	0	192,542	34,572				29,250
	DEPRECIATION ASSETS SOLD			20,895		0	0	0	0	0	20,895	5,996				1,106
	DEPR REMAINING ASSETS			171,647		0	0	0	0	0	171,647	28,576				28,144

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