Return of Organization Exempt From Income Tax

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

1999

OMB No. 1545-0047

This Form is Inspection

Department of the Treasury Internal Revenue Service

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

For the 1999 calendar year, OR tax year period beginning 4/01 1999, and ending 12/31.1999 D Employer Identification number B Check If: Please use IRS 33-0857142 Change of address label or Initial return print or ACTIVATED MINISTRIES E Telephone number type. P.O. BOX 4307 877-862-3228 Final return See Specific ORANGE, CA 92863 Amended calurn F Check ▶ ☐ If exemption Instructreguired also for application is pending State reporting) G Type of organization > X Exempt under section 501(c) (3) ◀ (insert number) OR ▶ ☐ section 4947(a)(1) nonexempt charitable trust Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990). I If either box in H is checked "Yes." enter four-digit group (b) If "Yes," enter the number of affiliates for which this return is filed: . > exemption number (GEN) J Accounting method:

Cash (c) Is this a separate return filed by an organization covered by a group ruling?...... 🔲 Yes 🖾 No ☐ Other (specify) ▶ K Check here 🕨 🗌 if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.) Contributions, gifts, grants, and similar amounts received: 58,670 a Direct public support b Indirect public support..... c Government contributions (grants)..... d Total (add lines 1a through 1c) (attach schedule of contributors)) See. Statement ... 1 58,670 58,670 noncash \$ 2 Program service revenue including government fees and contracts (from Part VII, line 93)..... Membership dues and assessments..... Interest on savings and temporary cash investments 6¢ Other investment income (describe > 7 (A) Securities (B) Other 8a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses d8 c Gain or (loss) (attach schedule)..... 9 Special events and activities (attach schedule) a Gross revenue (not including \$ c Net income or (loss) from special events subtract line 9b from line 9a). c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)See. Stm...2

Other revenue (from Part VII, line 103) 12,752 1,044Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 72,466 Program services (from line 44, column (B)) 1712 N, UT..... 22,852 EXPENSES 4,950 Management and general (from line 44, column (C)) Fundraising (from line 44, column (D)) 200 15 15 Payments to affiliates (attach schedule)..... 16 16 28,002 Total expenses (add lines 16 and 44, column (A))..... 44.464 Excess or (deficit) for the year (subtract line 17 from line 12)..... Net assets or fund balances at beginning of year (from line 73, column (A))...... Other changes in net assets or fund balances (attach explanation).......... Net assets or fund balances at end of year (combine lines 18, 19, and 20)..... 44.464

P		tatement of unctional Expenses	All organizations section 4947(a)(1		nplete column (A). Columns (B npt charitable trusts but optic			anizations and
		Do not include amounts re line 6b, 8b, 9b, 10b, or 16	ported on		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and	allocations (att. sch.)						
	(cash \$	non cash \$	1	22				
23	Specific ass	istance to individuals (att.	sch.)	23				
24	Benefits pai	d to or for members (att. s	ch.)	24				
25	Compensati	on of officers, directors, et	tc	25			<u> </u>	
26	Other salarie	es and wages		26				
27	Pension pla	n contributions		27				
28	Other emplo	yee benefits		28				
29	Payroll taxes	3		29				
30	Professional	fundraising fees		30				
31	Accounting	fees		31				
32	Legal fees			32	666		666	
33	Supplies			33	3,794	2,491	1,203	100
34	Telephone .			34	3,705	2,995	710	
35	Postage and	shipping		35	7,345	7,249	96	
36	Occupancy.			36	544	. 544		
37	Equipment r	ental and maintenance		37	438	109	329	
		publications		38	3,583	3,483		100
39	Travel	·		39				
10	Conferences	s, conventions, and meetin	ngs	40				
‡1	Interest			41				
12	Depreciation	n, depletion, etc. (attach sc	heduie)	42	404		404	
13	Other expen	ises (itemize): a State	ement 3	43a	7,523	5,981	1,542	•
b		· · · · · ·		43b	· ·			•
				43c				·· ·· -
d			 	43d				
е				43e				
Rep and	completing col orting of Jo fundraising s	al expenses (add lines 22 thru 4: timns (B)-(D), carry these totals Int Costs. Did you report solicitation?the aggregate amount of t	in column (B) (F					200 ▶ ☐ Yes No :
		allocated to Management a				the amount allocated to		
	***************************************	atement of Program		amos				
		nization's primary exempt		مو	(000 0)	oomo mod donono on po	-9 <u></u>	Program Service
All o serv 4947	rganizations ed, publications 7(a)(1) nonex	must describe their exempons issued, etc. Discuss accempt charitable trusts mus	pt purpose achie chievements tha	t are no	t measurable. (Section 5	01(c)(3) and (4) organi	ber of clients zations and	Expenses (Required for 501(c)(3) and (4) orgs. and 4847(a)(1) trusts; but optional for others.)
а	see St	atement 4						
		-					 -	
					10 1 1		0)	22 052
					(Grants and	allocations \$		22,852
b			.					
								
		<u> </u>				и в 🛦		
					Grants and	allocations \$		
C		·	_					
							 	
					·			
					(Grants and	allocations \$)	
d		· 						
					·			
					(Grants and	allocations \$)	
е	Other progra	am services (attach schedu	ule)		(Grants and	allocations \$)	
f	Total of Pro	gram Service Expenses	(should equal lin	ne 44 <u>, c</u> c	olumn (B), Program serv	ices)	··············	22,852
		 						Form 990 (1999

Part IV Balance Sheets (See Specific Instructions on page 22.)

-	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash – non-Interest-bearing		45	7,870
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable		47c	
	~	Less, anowaries for Cousting accounts		770	
	40.5	Pledges receivable	***		
		Less: allowance for doubtful accounts	-	490	
				48c	
	I	Grants receivable		49	
Α	50	Receivables from officers, directors, trustees, and key employees (attach sch)	•	50	
S	I	Other notes and loans receivable (attach schedule) 51a	_	80000000	
Ş	1	Less: allowance for doubtful accounts		51c	20.000
E		Inventories for sale or use		52	32,909
S	53	Prepaid expenses and deferred charges		53	
		Investments – securities (attach schedule)	•	54	
	55 a	Investments – land, buildings, and equipment:			
		basis	_[
	ı	Less: accumulated depreciation (attach schedule) 55b		55c	
		Investments – other (attach schedule)		56	**
		Land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach schedule)Stmt5 57b 404	<u> </u>	57c	4,235
	58	Other assets (describe ►)	58	
	59	Total assets (add lines 45 through 58) (must equal line 74)	0	59	45,014
	60	Accounts payable and accrued expenses		60	314
Ļ	61	Grants payable	·	61	
Α	62	Deferred revenue		62	
В	63	Loans from officers, directors, trustees, and key employees (attach schedule)	,	63	
L	64 a	Tax-exempt bond liabilities (attach schedule)		64a	
ļ	þ	Mortgages and other notes payable (attach schedule)		64b	
1	65	Other liabilities (describe ▶See Statement 6)	65	236
Š					
-	66	Total liabilities (add lines 60 through 65)	. 0	66	550
NET	Orga	anizations that follow SFAS 117, check here > X and complete lines 67 through 69			
f		and lines 73 and 74.			
A	67	Unrestricted		67	39,589
ASSETS	68	Temporarily restricted		68	4,875
Ī	69	Permanently restricted		69	
	Orga	enizations that do not follow SFAS 117, check here □ and complete lines 70			
R		through 74.			
F	70	Capital stock, trust principal, or current funds	.[70	
N D	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Relained earnings, endowment, accumulated income, or other funds		72	
B A		Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72;	` <u></u>		
L	73	column (A) must equal line 19 and column (B) must equal line 21)	. 0	73	44,464
BALANCES		- The state of the	` <u>`</u>	 	12,10%
S	74	Total liabilities and net assets/fund balances (add lines 66 and 73)	0	74	45,014

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.

If "Yes," attach schedule - see Specific Instructions on page 25.

P.O. BOX 4307 ORANGE, CA 92863 MICHAEL EDWARDS P.O. BOX 4307 ORANGE, CA 92863 CASSANDRA D. MOONEY P.O. BOX 4307 ORANGE, CA 92863 O O O ORANGE, CA 92863 None ORANGE, CA 92863 LINDA PERKINS P.O. BOX 4307 None		n 990 (1999) ACTIVATED MINISTRI				'4	<u>33-</u> 0	857142 Page 4
per sudied financial statements a		Financial Statements with	Reve	nue per	Part IV	Financial S		
b. Amounts included on line a but not on line 12. Form 900: (7) Not unrealized gains on investments. \$ (2) Donated services and use of facilities. \$ (2) Prior year adjustments reported on line 30, Form 900: (8) Recoveries of prior year gards. \$ (3) Closes reported on line 30, Form 900: (9) Other (specify): Add amounts on line (1) brough (4) b b c line a minus line a l	a	Total revenue, gains, and other support						1 37/5
line 12, Form 990: (1) Not uncellated paths on investments \$ (2) Dorsaled services and use of facilities \$ (2) Dorsaled services and use of facilities \$ (2) Prior year grafts \$ (3) Losses reported on line 20, Form 990 \$ (4) Other (specify): Add amounts inline to	h	•	a	N/A	i	•		N/A
on investments \$ 2		line 12, Form 990:			line	17, Form 990:	301.1101.011	
and use of facilities . \$ Somewhate of prior	(1)							
(a) Recoveries of prior year grants \$ Add amounts on lines (1) through (4) > b Add amounts on lines (1) through (4) > b Add amounts on lines (1) through (4) > b Add amounts on lines (1) through (4) > b Add amounts included on line 12, Form 950 but not on line 3. (b) Other (specify): Add amounts included on line 12, Form 950 but not on line 3. (c) Other (specify): (d) Add amounts included on line 12, Form 950 but not on line 3. (d) Other (specify): (e) Other (specify): (f) Investment expenses not included on line 6b, Form 950 \$ Add amounts on lines (1) and (2) > b (f) Form 950 \$ Add amounts on lines (1) and (2) > b (f) Other (specify): (e) Other (specify): (f) Investment expenses per line 12, Form 950 \$ Add amounts on lines (1) and (2) > b (f) Form 950 \$ Add amounts on lines (1) and (2) > b (f) Form 950 \$ Add amounts on lines (1) and (2) > b (f) Form 950 \$ Add amounts on lines (1) and (2) > b (f) Form 950 \$ Add amounts on lines (1) and (2) > b (f) Form 950 \$ (f) Other (specify): (g) Other (specify)	(2)							
(4) Other (specify): Add amounts on lines (1) through (4)	(3)				For	m 990 <u>\$</u>		
\$ Add amounts on lines (1) through (4) > c Line a minus line b > c Line a minus line a > c Line a minus line a > c Line	(4)				line	20, Form 990 \$		
c Line a minus line b b c c c Line a minus line b b c c c c Line a minus line b b c c c c c Line a minus line b b c c c c c c c c c c c c c c c c		<u> </u>			(4) Oir	ier (specify):		
d Amounts included on line 12, Form 990 but not on line 2: (I) Investment expenses not included on line 17, Form 990 but not on line 3: (I) Investment expenses not included on line 18; (I) Other (specify): (I) Other		Add amounts on lines (1) through (4)	b		Add	\$ amounts on lines (1) the	nrough (4) ▶ b	
not not nine a: (1) Investment expenses not included on line 8th, Form 990\$ (2) Other (specify): Sadd amounts on lines (1) and (2)			c		1			
not included on ince (Sp. Form 990 \$ (2) Other (specify): S Add amounts on lines (1) and (2) Included on line (5). Form 990 \$ Add amounts on lines (1) and (2) Included on line (5). Form 990 \$ Add amounts on lines (1) and (2) Included on line (5). Form 990 \$ Total revenue per line 12, Form 990 \$ Add amounts on lines (1) and (2) Included on line (5). See Specific Instructions on page 24.) List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; specific instructions on page 24.) (A) Name and address	Œ							
(2) Other (specify): Add amounts on lines (1) and (2)	(1)							
Add amounts on lines (1) and (2) d e Total expenses per line 12, Form 990 e e Total expenses per line 12, Form 990 e e e e e e e e e	(2)				3			
e Total revenue per line 12, Form 990 e Total expenses per line 17, Form 990 e e Total expenses per line 17, Form 990 e e e e e e e e e		s			<u> </u>	s		
e Total revenue per line 12, Form 990 e Total expenses per line 17, Form 990 e e Total expenses per line 17, Form 990 e e e e e e e e e		Add amounts on lines (1) and (2)	d		Add	d amounts on lines (1) a	nd (2) ▶ d	
List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Spelific Instructions on page 24.) (A) Name and address (B) Title and average hours per (C) Compensation of (Intropation on page 24.) (B) Compensation of (Intropation on page 24.) (C) Compensation of (Intropation on page 24.) (E) Expense account and other allowances (B) Title and average hours per (C) Compensation of (Intropation on page 24.) (E) Expense account and other allowances (E) Expense account and other patients of (Intropation of (Intropation on page 24.) (E) Expense account and other patients of (Intropation of (Intropation on page 24.) (E) Expense account and other patients of (Intropation of (Intropation on page 24.) (E) Expense account and other patients of (Intropation on page 24.) (E) Expense account and other patients of (Intropation on page 24.) (E) Expense account and other patients of (Intropation on page 24.) (E) Expense account and other patients of (Intropation on page 24.) (E) Expense account and other page 24. (Intropation and page 24.) (Intropation and page 24.) (Intropation and page 24. (Intropation and page 24.) (Intropation and page 24. (I	e	Total revenue per line 12, Form 990		_	e Tot	al expenses per line 17,	Form 990	
(b) Name and address (c) Title and average hours per week devoted to position (finet paid, enter-0-) (c) Compensation (finet p	F			s, and Key En		S (List each one even if	not compensated;	<u> </u>
Monte Mont				(B) Title and average	nours per		(D) Contributions to	
P.O. BOX 4307 DRANGE, CA 92863 P.O. BOX 4307 DRANGE, CA 92863 P.O. BOX 4307 DRANGE, CA 92863 CASSANDRA D. MOONEY P.O. BOX 4307 DRANGE, CA 92863 CASSANDER CA 92863 CASSANDER CA 92863 DRANGE, CA 92863 DRANGE, CA 92863 DRANGE, CA 92863 DRANGE, CA 92863 ORANGE, CA 92863 ORANGE, CA 92863 ORANGE, CA 92863 DRANGE, CA 92863 ORANGE, CA 92863	TH					(If not paid, enter -0)		
ORANGE, CA 92863 O O O O O O O O O O O O O O O O O O				•	Ç			
MICHAEL EDWARDS				110110		l o	l o	٥ ا
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ORANGE, CA 92863 LINDA PERKINS P.O. BOX 4307 ORANGE, CA 92863 O O O O ORANGE, CA 92863 O O O O ORANGE, CA 92863 O O O O O ORANGE, CA 92863 O O O O O ORANGE, CA 92863	CA:	SSANDRA D. MOONEY		Treasure:	<u>r </u>			
DRANGE, CA 92863 O O O To Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization	P.(D. BOX 4307		None				
P.O. BOX 4307 ORANGE, CA 92863 O O O OTALIAN CONTROL CONTRO						0	0	0
ORANGE, CA 92863 0 0 0 C Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization				4	Y			
75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization				None				
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?	OR.	ANGE, CA 92863		<u> </u>		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?								
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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?								
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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?								
	75	Did any officer, director, trustee, or key employee	e receiv	e aggregale comp 10 was provided by	ensation o	f more than \$100,000 fro	om your organization	. ▶ 🗋 Yes 🖾 No

Page	

P	irt VI Other Information (See Specific Instructions on page 25.)				Yes No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed each activity			76	<u> </u>
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.		•••••	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	y this re	eturn?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			79	 x
80 a	Is the organization related (other than by association with a statewide or nationwide organization) throug governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			80a	l I x
b	If "Yes," enter the name of the organization ► N/A				
	and check whether it is 🗍 e	exempt	OR nonexempt		
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.			0	
þ	Did the organization file Form 1120-POL for this year?			81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no chargless than fair rental value?	e or at	substantially	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 for reporting in Part III.)				
83 a	Did the organization comply with the public inspection requirements for returns and exemption application			83a	X
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?				X
	Did the organization solicit any contributions or gifts that were not tax deductible?				Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions tax deductible?	or gifts	were not		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?				N/A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organiza a waiver for proxy tax owed for the prior year.				
С	Dues, assessments, and similar amounts from members	85c	N/A		
	Section 162(e) lobbying and political expenditures		<u> </u>		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A	_	
	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?			85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to	its reas	onable estimate		
	of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 501(c)(7) organizations. Enter:			85h	N∤A
	Initiation fees and capital contributions included on line 12	86a	N/A		
	Gross receipts, included on line 12, for public use of club facilities		N/A		
87	501(c)(12) organizations. Enter:		<u>-</u>		
а	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	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation of "Yes," complete Part IX			88	Х
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 traiting the year? If "Yes," attach a statement explaining each transaction			89b	Х
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year und sections 4912, 4955, and 4958				0
d	Enter: Amount of tax in 89c, above, reimbursed by the organization				0
90 a	List the states with which a copy of this return is filed ▶ None				
b	Number of employees employed in the pay period that includes March 12, 1999 (See instructions.)				0
91	The books are in care of ▶ MIKE MOORE	Telepho	ne no. ▶ <u>877</u> -8	362-32	228
	Located at ▶ P.O. BOX 4307, ORANGE, CA	ZIP + 4	▶ 92863	_	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here			<u>N</u> ,	(A ▶ 🗌
	and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A		

٠.					ection 512, 513, or 514	(E)
Progra	amounts unless otherwise indicated. im service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
					· ·	
			<u> </u>	<u> </u>	· 	
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	, , ,					10 850
					·	12,752
				<u> </u>		384
						660
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G : 1: 1 = 1	- 1 (- 1) (- 1) (- 1) (- 1) (- 1) (- 1)					13,796
Subtou	ai (add (columns (B), (D), and (E))		<u> </u>			13,796
					······ P	13,790
				Jurnoses (See	Specific Instructions of	30.)
******************	Explain how each activity for which income	is reported in co	lumn (E) of Part VII con	tributed importan		
		by providing ful	ilus foi sucii purposes).			
	<u> </u>	 _				
	<u> </u>					
		<u>_</u>		 -	<u> </u>	
	Line-102: Represents profit	from the sal	le of inspirational	and instructi	onal books	 _
	designed to help readers dev	eloo their o e	ersonal relationshi	p with God.	Bible study helps:	
	1	•				
	1	_				
	designed to inspire faith and	promote the	principals of a C	III ISI-Dascu II	<u> </u>	
	 				·	
						
(46°006)	Information Pagarding Tayable	Subsidiaries	and Dicrogarded	Entition (Con	Coccilia Instruction on	do)
	·					
ľ	Name, address, and employer identification number of corporation or partnership	ownership	Nature business ac		Total Incomé	End-of-year assets
		Interest				
			%	4		i
			2/			
			% %			
	Medica Fees a Memb Interes Divide Net red debt-f not de Net red Gain/k Net ind Gross Other Subtof Total (e: (Line No.	Medicare/Medicald payments Fees and contracts from government agencies Membership dues and assessments Interest on savings & temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate: debt-financed property not debt-financed property Net rental income or (loss) from personal property Other investment income Gain/loss from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue: a OVERPAYMENTS REBATES Subtotal (add (columns (B), (D), and (E)) Citine 105 plus line 1d, Part I, should equal the amage of the loss profit or (loss) Relationship of Activities to the length of th	Medicare/Medicaid payments Fees and contracts from government agencies Membership dues and assessments Dividends and interest from securities Net rental income or (loss) from real estate: debt-financed property Net rental income or (loss) from personal property Other investment income Gain/loss from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue: a OVERPAYMENTS REBATES Subtotal (add (columns (B), (D), and (E)). Citine 105 plus line 104, columns (B), (D), and (E)) Citine 105 plus line 104, Part I, should equal the amount on line 12, and the line income is reported in coorganization's exempt purposes (other than by providing further than by providing further than by providing further than by designed to help readers develop their provides in the complete than the complete than by designed to inspire faith and promote that the complete than the	Medicare/Medicald payments Fees and contracts from government agencies Membership dues and assessments Interest on savings & temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate: debt-financed property not debt-financed property Other investment income Gain/loss from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue: a OVERPAYMENTS REBATES Subtotal (add (columns (B), (D), and (E)) (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.) TVIII Relationship of Activities to the Accomplishment of Exempt F Explain how each activity for which income is reported in column (E) of Part VII con organization's exempt purposes (other than by providing funds for such purposes). Line 102: Represents profit from the sale of inspirational designed to help readers develop their personal relationship including topical Bible studies and key Bible verses as we designed to inspire faith and promote the principals of a C	Medicare/Medicald payments	Medicare/Medicaid payments Fees and contracts from government agencies Membership dues and assessments

SCHEDULE A (Form 990)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information - (See separate instructions.) ▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ. 1999

Name of the organization			Employer Identition	
ACTIVATED MINISTRIES			33-08!	
Compensation of the Five High (See page 1 of the instructions. List each of	est Paid Employees Oth one. If there are none, enter "No	ier Than Officers	, Directors, and Tru	stees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
				
Total number of other employees paid over \$50,000 ▶	. 0			<u> </u>
Compensation of the Five Higher (See page 1 of the instructions. List each compensation of the Five Higher (See page 1 of the instructions).	est Paid Independent Co	ontractors for Proc.) If there are none, en	ofessional Services hter "None.")	
(a) Name and address of each independent contra-	ctor paid more than \$50,000	(0)	Type of service	(c) Compensation
None				
·				
			<u> </u>	
				
Total number of others receiving over \$50,000 for professional services	>	0		

P	Support Schedule Note: You may use the	(Complete only if you ch worksheet in the instructi	ecked a box on line 10, ons for converting from t	11, or 12.) <mark>Use cash me</mark> he accrual to the cash m	thod of accounting tethod of accountin	g. g.
	lendar year fiscal year beginning in) >	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
_	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business activities not included in line 18					
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22	Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22					
24	Line 23 minus line 17					
25	Enter 1% of line 23					
20	 Organizations described on lines to Attach a list (which is not open to (other than a government unit or the amount shown in line 26a. En Total support for section 509(a)(1 	public inspection) show publicly supported organ ter the sum of all these o	nization) whose total gifts excess amounts	ount contributed by each for 1995 through 1998 (n person exceeded ▶	26a 26b 26c
	d Add: Amounts from column (e) for		19			
		22	26b			26d
	e Public support (line 26c minus lin f Public support percentage (line					
	· · · · · · · · · · · · · · · · · · ·					
27	Organizations described on line list to show the name of, and total	ıl amounts received in ea	ch year from, each "disq	ualified person." Enter th	ie sum of such amo	ounts for each year:
	(1998)	(1997)	(1996)		(1995)	
	b For any amount included in line each year, that was more than the 5 through 11, as well as individu- enter the sum of all these different	e larger of (1) the amous als.) After computing the	nt on line 25 for the year o difference between the	or (2) \$5,000. (Include in	ı the list organizatio	ns described in lines
	(1998)	(1997)	(1996)		(1995)	
	c Add: Amounts from column (e) for 17 d Add: Line 27a total	or lines: 15			_ 	27c
	d Add: Line 27a total	and	line 27b total	•		27d
	 Public support (line 27c total mini 	us line 27d total)				27e
	f Total support for section 509(a)(2) test: Enter amount on l	ne 23, column (e)	▶ 27f		
	g Public support percentage (line					27g %
	h Investment income percentage	(line 18, column (e) (nu	imerator) divided by lin	e 27f (denominator))		27h %
28	Unusual Grants: For an organization	on described in line 10, 1	1, or 12 that received an	y unusual grants during	1995 through 1998	, attach a list (which is not

Private School Questionnaire (See page 4 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No 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? 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? 30 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.) Does the organization maintain the following: 32a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?..... 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33b c Employment of faculty or administrative staff?..... 33c d Scholarships or other financial assistance?..... 33d 33e 33f If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a If you answered "Yes" to either 34a or b, please explain using an attached statement. 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.....

	170 T T ATTT	77 14 7 17 T T T T T T T T T T T T T T T T T					, ,,	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
P		itures by Electing I Y by an eligible organizati			uctions.)			N/A
	eck here 🕨 a 🔲 if the organization	-	•					
Ch	eck here 🕨 b 🛚 if you checked "a	" above and "limited cont	rol" provisions apply.			(a)		(b)
		on Lobbying Expe			Affiliate	ed grou tals	р	To be completed for ALL electing
20	Total lobbying expenditures to influe	<u></u>		36				organizations
	Total lobbying expenditures to influe		•		· · · · · · · · · · · · · · · · · · ·			
38		-	·		<u> </u>			
39		·						
40	Total exempt purpose expenditures	(add lines 38 and 39)						
41	Lobbying nontaxable amount. Enter	the amount from the follo	wing table -					
	If the amount on line 40 is -		obbying nontaxable a					
	Not over \$500,000			→ k 00000				
	Over \$1,000,000 but not over \$1,500	-		, p				
	Over \$1,500,000 but not over \$17,00			> 				I
	Over \$17,000,000			> 1 1√200000				
	Grassroots nontaxable amount (ente			<u> </u>				
	Subtract line 42 from line 36. Enter -							<u>-</u> -
44	Subtract line 41 from line 38. Enter -	·0→ if line 41 is more than	line 38			ejecrusus	saciósos	
	Caution: If there is an amount on e	ither line 43 or line 44, yo	u must file Form 4720.					
	(Some organiza	tions that made a section	aging Period Und 501(h) election do not r lines 45 through 50 or	have to complete all of		mns be	low.	
			Lobbying Expend	litures During 4–Year	Averaging P	erlod		
	Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997		(d) 996		(e) Total
45	Lobbying nontaxable amount							<u> </u>
46 —	Lobbying ceiling amount (150% of line 45(e))				· · · · · · · · · · · · · · · · · · ·			
<u>47</u>	Total lobbying expenditures							
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures .							
P		by Nonelecting Purganizations that did not one		e page 8 of the instruc	tions.)			N/A
	ring the year, did the organization atte uence public opinion on a legislative r			n, including any attemp	t to	Yes	No	Amount
	Volunteers					-		
	Paid staff or management (Include co	•	•	· ·		-		
	Media advertisements							 _
	Mailings to members, legislators, or the	•						<u> </u>
	Publications, or published or broadce Grants to other organizations for lobb					\vdash		
	Direct contact with legislators, their st	· · · · · · · · · · · · · · · · · · ·						<u> </u>
	Rallies, demonstrations, seminars, co							
	Total lobbying expenditures (add line	•	•					
	If "Yes" to any of the above, also attac	sh a statement niving a de	stailed description of th	Lobbying activities				

Schedule A (Form 990) 1999

		VATED MINISTRIES	33-085		Page 6
Part V		egarding Transfers To and Transactions and an actions of the instructions.)	nd Helationships with Noncharitable	1	
51 Did of the	the reporting organizations of Code (other than sect	on directly or Indirectly engage in any of the following with ion 501(c)(3) organizations) or in section 527, relating to	any other organization described in section 501 political organizations?	(c)	
		organization to a noncharitable exempt organization of:	•		Yes No
(i)	Cash	• • • • • • • • • • • • • • • • • • • •		51a(l)	X
(11)	Other assets			a(ii)	X
b Oth	er transactions:				
	_	assets with a noncharitable exempt organization		b(l)	X
		m a noncharitable exempt organization		b(ii)_	Х
		her assets		b(iii)	Х
	_	ements		b(lv)	X
	_			b(v)	X
		s or membership or fundraising solicitations			X
		ent, mailing lists, other assets, or paid employees bove is "Yes," complete the following schedule. Column (C	
(a) Line no.	(b) Amount involved	arrangement, show in column (d) the value of the goods (c) Name of noncharitable exempt organization	(d)		
	Amount myolved	Name of nonchariable exempt organization	Description of transfers, transactions, and sha	ring arra	ngements
N/A	Amount involved	reame of nonchantable exempt organization	Description of transfers, transactions, and sha	ring arra	ngements
	Amount involved	тчать от положанары ехетрі огданіzацоп	Description of transfers, transactions, and sha	ring arra	ngements
	Amount involved	reame of noncharitable exempt organization	Description of transfers, transactions, and sha	ring arra	ngements
	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sha	ring arra	ngements
	Amount involved	reame of nonchantable exempt organization	Description of transfers, transactions, and sha	ring arra	ngements
	Amount involved	reame of nonchantable exempt organization	Description of transfers, transactions, and sha	ring arra	ngements
	Amount involved	reame of nonchantable exempt organization	Description of transfers, transactions, and sha	ring arra	ngements
		reame of nonchantable exempt organization	Description of transfers, transactions, and sha	ring arra	ngements
	Amount involved	reame of noncharitable exempt organization	Description of transfers, transactions, and sha	ring arra	ngements
		reame of nonchantable exempt organization	Description of transfers, transactions, and sha	ring arra	ngements
		reame of nonchantable exempt organization	Description of transfers, transactions, and sha	ring arra	ngements
		reame of noncharitable exempt organization	Description of transfers, transactions, and sha	ring arra	ngements
		reame of noncontributions exempt organization	Description of transfers, transactions, and sha	ring arra	ngements
		reame of nonchantable exempt organization	Description of transfers, transactions, and sha	ring arra	ngements
		reame of noncontributions exempt organization	Description of transfers, transactions, and sha	ring arra	ngements

(a) Name of organization	(b) Type of organiza	(c) tion Description of rel	lationship
N/A			
			 _
			·
			-
			<u> </u>
-			<u>-</u>
	· · · · · · · · · · · · · · · · · · ·		

Amount \$ 17,886 \$ 17,886		TRIES	ATED MINIST	CTIV	8003 · Ac	N: 1 0000		
\$ 17,886 \$ 17,886 0 \$ 17,886			8003 - ACTIVATED MINISTRIES					
\$ 17,886 \$ 17,886 0 \$ 17,886					orm 990, Part I, Line 10 ross Profit (Loss) from Sales of Inventory	Statement 2 Form 990, Part Gross Profit (L		
\$ 17,886		_			Items Sold			
\$ 12,752		E inventory	ds sold	goo	HRISTIAN LITERATURE Gross sales Less returns & Net sales Less: Cost of Gross profit f	CHRISTIAN		
\$ 17,886 \$ 17,886 0 \$ 17,886 5,134 \$ 12,752 (B) (C) (D) Program Management	/p)	/ 7 .\ ·		orm 990, Part II, Line 43	Statement 3 Form 990, Part Other Expense			
ment	Management	Program Services	(A) Total		Other Expenses	Oth		
205 589	. 205 589	1,888 137 200 276 455	537 205 900 1,888 137 789 276 455 636	\$	D CHECKS NK SERVICE CHARGES STOMS & WAREHOUSE FEES NATED MAGAZINES & POSTERS -HOUSE MANUFACTURING EXP CENSES, PERMITS & FILING FEE RKETING & PROMOTIONS RCHANT SERVICE	CUSTOMS & W DONATED MAG IN-HOUSE MA LICENSES, P MARKETING & MERCHANT SE		
		429 660 186 425	429 660 186 425	<u>.</u>	ERPAYMENTS REFUNDED BATES EXPECTED BSCRIPTION COMMISSION ANSPORTATION	OVERPAYMENT REBATES EXP SUBSCRIPTIO		
,5420	1,542	5,981	7,523	\$	Total			
Progra and Servic		HRISTIAN THE TRIBUTION	MS FOR CH TEACHED	ents GRA FH;	BATES EXPECTED BSCRIPTION COMMISSION ANSPORTATION Total	REBATES EXP SUBSCRIPTIO TRANSPORTAT Statement 4 Form 990, Part Statement of P DEVELOPED EVANGELISM PRINCIPLES		

1999 Federa	Federal Statements		Page 3		
Client 8003 ACTIVAT	ACTIVATED MINISTRIES			33-085714	
Statement 5 Form 990, Part IV, Line 57 Land, Buildings, and Equipment				÷	
Asset		Basis	Accum. Deprec.	Book Value	
Furniture and fixtures Machinery and equipment	\$ Fotal \$	375 4,264 4,639	6 398 404	369 3,866	
	IOCAI <u>\$</u>	4,039		4,235	
Statement 6 Form 990, Part IV, Line 65 Other Liabilities					
				Ending	
SALES TAX PAYABLE		• • • • • • • • • • •		236 236	

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns (Rev. June 1998) OMB No. 1545-0148 Department of the Treasu File a separate application for each return Internal Revenue Service Employer identification number Please type or **Activated Ministries** 33 : 0857142 print. File the Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) original and one copy by the due date for filing your return. See instructions on City, town or post office, state, and ZIP code. For a foreign address, see instructions. back. Orange, CA 92863 Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041. I request an extension of time until, to file (check only one): ☐ Form 706-GS(D) Form 990-T (sec. 401(a) or 408(a) trust) Form 1120-ND (sec. 4951 taxes) ☐ Form 8612 Form 706-GS(T) Form 990-T (trust other than above) Form 3520-A Form 8613 Form 8725 Form 990 or 990-EZ Form 1041 (estate) (see instructions) ☐ Form 47.20 Form 990-BL ☐ Form 1041-A Form 5227 Form 8804 ☐ Form 1042 ☐ Form 990-PF ☐ Form 6069 If the organization does not have an office or place of business in the United States, check this box. 2a For calendar year _____, or other tax year beginning ___April 1 _____ 1999 and ending __December 31 _____ 1999 b If this tax year is for less than 12 months, check reason: 🗹 Initial return 🗀 Final return 🗀 Change in accounting period Has an extension of time to file been previously granted for this tax year? State in detail why you need the extension Additional time is required to obtain information to file accurate tax return. 5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions 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. Title 🕨 FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy. Notice to Applicant—To Be Completed by the IRS We HAVE approved your application. Please attach this form to your return. We HAVE NOT approved your application. However, we have granted a 10-dayograce period from the later of the date shown below or the due date of your 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 return. Please attach this form to your return. ☐ We HAVE NOT approved your application. After considering the reasons stated in item 4. an extension of time to file. We are not granting the 10-day grace period. We cannot consider your application because it was filed after the due date of the return for which an extension was requested. Other: ... Consign granted unti

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Num

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

Print City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Director

Date