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Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2000**

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, section 4947(a)(1) nonexempt charitable trust  
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

**Open to Public Inspection**

Department 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 2000 calendar year, or tax year beginning** , 2000, and ending , 20

- B Check if applicable
- Change of address
- Change of name
- Initial return
- Final return
- Amended return

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

**C AMOS PROJECT INC.**  
UNITED CHURCHES ACTIVE IN NEIGHBORHOODS  
C/O JOHN BEYER, CPA  
2724 MADISON RD.  
CINCINNATI, OH 45209-2209

**D Employer identification number**  
31-1222998

**E Telephone no**  
513-751-2222

**F Check**  if application pending

**G Accounting method**  Cash  Accrual  Other (specify) ▶ **H Enter 4-digit group exemption no (GEN)** ▶

**I Organization type** (check only one)-  501(c) ( 3 ) ◀(insert no)  527 or  4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**J Check**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

**K Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 70,928

**L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)** ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 34)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received																								49,940		
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																								18,160		
	4	Investment income																								19		
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																										
	6	Special events and activities (attach schedule) See Statement 1																										
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																								2,405		
	6b	Less direct expenses other than fundraising expenses																										
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																								2,405			
7a	Gross sales of inventory, less returns and allowances																											
7b	Less cost of goods sold																											
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																											
8	Other revenue (describe ▶ See Statement 2 )																								404			
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶																								70,928			
EXPENSES	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																								38,798		
	13	Professional fees and other payments to independent contractors																								384		
	14	Occupancy, rent, utilities, and maintenance																								880		
	15	Printing, publications, postage, and shipping																								2,686		
	16	Other expenses (describe ▶ See Statement 3 )																								24,578		
	17	<b>Total expenses</b> (add lines 10 through 16) ▶																								67,326		
ASSETS	18	Excess or (deficit) for the year (line 9 less line 17)																								3,602		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																								11,999		
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20) ▶																								15,601		

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**Part II Balance Sheets** - If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See Specific Instructions on page 37)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	11,999	15,601
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	<b>Total assets</b>	11,999	15,601
26	<b>Total liabilities</b> (describe ▶ _____)	0	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	11,999	15,601

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10

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 38)

What is the organization's primary exempt purpose? See Statement 4
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title
28 See Statement 5
29
30
31 Other program services (attach schedule)
32 Total program service expenses (add lines 28a through 31a)

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)
Table with columns for line number, description, and amount. Total for line 32 is 67,327.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 38)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Total compensation is 34,167.

Part V Other Information (See Specific Instructions on page 38 and General Instruction V on page 14) Statement 7

33 Did organization engage in any activity not previously reported to IRS? If "Yes," attach a detailed description of each activity
34 Were any changes made to the organizing or governing documents but not reported to the IRS?
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?
38b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved
39 501(c)(7) organizations - Enter a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a 501(c)(3) organizations - Enter Amount of tax imposed on the organization during the year under section 4911
40b 501(c)(3) and (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?
41 List the states with which a copy of this return is filed
42 The books are in care of
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here

Please Sign Here: Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: Linda La Velle, Date: 7/22/02, Title: Treasurer. Preparer's signature: John Beyer, CPA & Assoc., Inc, Date: 7/2/02, Firm name: John Beyer, CPA & Assoc., Inc, 2724 Madison Rd, Cincinnati, OH 45209-2209, Phone: (513) 631-1882.

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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

**2000**

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.**

Name of the organization

UNITED CHURCHES ACTIVE IN NEIGHBORHOODS  
C/O JOHN BEYER, CPA

Employer identification number

31-1222998

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None ")

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

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 1 of the instructions List each one (whether individuals or firms ) If there are none, enter "None ")

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

**Part III Statements About Activities**

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

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

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

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

Provide the following information about the supported organizations. (See page 5 of the instructions.)

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

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	51,610	2,450	6,250	18,750	79,060
16 Membership fees received	14,278	300	900	2,616	18,094
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	132	9	71	85	297
19 Net income from unrelated business activities not included in line 18					
20 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 schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	66,020	2,759	7,221	21,451	97,451
24 Line 23 minus line 17	66,020	2,759	7,221	21,451	97,451
25 Enter 1% of line 23	660	28	72	215	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 1,949
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.				26b
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				26c 97,451
	d Add: Amounts from column (e) for lines 18 297 19 _____ 22 _____ 26b _____				26d 297
	e Public support (line 26c minus line 26d total)				26e 97,154
	f Public support percentage ((line 26e (numerator) divided by line 26c (denominator))				26f 99.70%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. N/A				
	(1999) _____ (1998) _____ (1997) _____ (1996) _____				
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year.				
	(1999) _____ (1998) _____ (1997) _____ (1996) _____				
	c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c
	d Add: Line 27a total _____ and line 27b total _____				27d
	e Public support (line 27c total minus line 27d total)				27e
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).				27f
	g Public support percentage ((line 27e (numerator) divided by line 27f (denominator))				27g %
	h Investment income percentage ((line 18, column (e) (numerator) divided by line 27f (denominator))				27h %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

**Part V**

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

N/A

- 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 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 )

	Yes	No
29		
30		
31		

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

32a		
32b		
32c		
32d		

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

- 33 Does the organization discriminate by race in any way with respect to
  - a Students' rights or privileges?
  - b Admissions policies?
  - c Employment of faculty or administrative staff?
  - d Scholarships or other financial assistance?
  - e Educational policies?
  - f Use of facilities?
  - g Athletic programs?
  - h Other extracurricular activities?

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

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

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

34a		
34b		

- 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

35		
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**Part VI-A**

**Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions )  
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here  a if the organization belongs to an affiliated group  
Check here  b if you checked "a" above and "limited control" provisions apply

**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 -		
<b>If the amount on line 40 is -</b>		
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		
<b>The lobbying nontaxable amount is -</b>		
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		
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 on page 9 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable 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 page 9 of the instructions )

N/A

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

- 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)

Yes	No	Amount

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



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

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

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

- (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
51a(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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

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

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Schedule B**  
**(Form 990 or 990-EZ)**

**Schedule of Contributors**

OMB No 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

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

<b>Name of organization</b>	UNITED CHURCHES ACTIVE IN NEIGHBORHOODS C/O JOHN BEYER, CPA	<b>Employer identification number</b>	31-1222998
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**Organization type (check one) - Section**     501(c)(   3   ) ◀ (enter number),     527 or  
 4947(a)(1) nonexempt charitable trust

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

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

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

Name of organization <b>UNITED CHURCHES ACTIVE IN NEIGHBORHOODS</b>	Employer identification number <b>31-1222998</b>
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**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>7,250</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution )
<u>2</u>		\$ <u>10,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution )
<u>3</u>		\$ <u>10,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution )
<u>4</u>		\$ <u>5,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution )
—	_____ _____ _____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution )
—	_____ _____ _____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution )

Name of organization

Employer identification number

UNITED CHURCHES ACTIVE IN NEIGHBORHOODS

31-1222998

**Part II Noncash Property**

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

UNITED CHURCHES ACTIVE IN NEIGHBORHOODS

31-1222998

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

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

▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

**Federal Statements**  
**UNITED CHURCHES ACTIVE IN NEIGHBORHOODS**  
**C/O JOHN BEYER, CPA**

**Statement 1**  
**Form 990-EZ, Part I, Line 6**  
**Net Income (Loss) from Special Events**

## Special Events:

A)

B)

C)

Other:

Special Events	A	B	C	Other	Total
Gross Receipts	\$ 1,305	1,100		0	2,405
Less: Contributions	0	0		0	0
Gross Revenue	1,305	1,100		0	2,405
Less: Direct Expenses	0	0		0	0
Net Income (Loss)	\$ 1,305	1,100		0	2,405

**Statement 2**  
**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

Sale of Bumper Stickers .. . . . . .	\$ 404
Total	<u>\$ 404</u>

**Statement 3**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising .. . . . . .	\$ 150
Bank Service Charges .. . . . . .	173
Gamaliel Foundation Tech. Asst .. . . . . .	20,086
Liability Insurance .. . . . . .	370
Security .. . . . . .	231
Supplies .. . . . . .	2,841
Telephone .. . . . . .	727
Total	<u>\$ 24,578</u>

**Statement 4**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

To build a grassroots coalition of religious congregations that is multi-ethnic, multi-racial, and interfaith, capable of negotiating the interest of the people of Greater Cincinnati and vicinity, with special concern for involvement and issues of low and moderate income people; to develop a responsible vehicle to address issues such as housing, hunger,

UNITED CHURCHES ACTIVE IN NEIGHBORHOODS  
C/O JOHN BEYER, CPA

31-1222998

**Statement 4 (continued)**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

poverty, education, and public safety through dialogue, education, training, development of new leaders, and cooperative action.

**Statement 5**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
Provided training to members of congregations and held public meetings with community leaders to create action on important issues.	\$ 0	67,327
	<u>\$ 0</u>	<u>67,327</u>

**Statement 6**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title & avg Hrs/wk devoted	Comp.	Employee Ben Contrib.	Expense Pln Account/	Other
KEVIN SARSOK 3223 LINWOOD AVE. CINCINNATI, OH 45226	Lead Organizer 40	\$ 11,667	785		0
REV CALVIN HARPER 1240 FRANKLIN AVE CINCINNATI, OH 45237	President 6	0	0		0
LAUREN McDONOUGH RENNEKER 3490 TIFFANY RIDGE LANE CINCINNATI, OH 45241	Vice President 2	0	0		0
ELEN MCKEE 1109 SPRING ST APT. 2 CINCINNATI, OH 45210	Secretary 2	0	0		0
JOHN W. JONES 3401 READING RD CINCINNATI, OH 45229	Treasurer 3	0	0		0

Statement 6 (continued)  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & avg. Hrs/wk devoted	Comp.	Employee Ben. Pln Contrib.	Expense Account/ Other
ROBYN BANCROFT 4421 BRAZEE ST. CINCINNATI, OH 45209	Lead Organizer 40	\$ 22,500	419	0
		Total	<u>\$ 34,167</u>	<u>1,204</u> <u>0</u>

Statement 7  
Form 990-EZ, Part V  
Information Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... No



Form 4571  
(Revised May 1979)

Department of the Treasury - Internal Revenue Service

### Explanation for Filing Return Late or Paying Tax Late

Taxpayer's Name and Address (as shown on return)

AMOS PROJECT, INC  
FORMERLY UNITED CHURCHES ACTIVE IN NEIGHBORHOODS  
C/O JOHN BEYER, CPA 2724 MADISON RD  
CINCINNATI, OH 45209-2209

Employer Identification or Social Security No

31-1222998

Spouse's Social Security Number (if joint return)

Form Number

990-EZ

Tax Period Ended

12/31/2000

I did not file the above tax form or pay the required tax on time because

WE RESPECTFULLY REQUEST THE PENALTY FOR LATE FILING OF THE ATTACHED FORM 990-EZ BE ABATED FOR THE FOLLOWING REASONS THE OFFICE OF THE TREASURER CHANGED IN 2001 EACH TREASURER ASSUMED THE OTHER HAD TAKEN CARE OF PROVIDING THE NECESSARY INFORMATION TO THE ACCOUNTANT IN ORDER TO TIMELY FILE THE FORM 990-EZ AS IT TURNED OUT, NEITHER *(Continue on back, if necessary)*

Under penalties of perjury, I declare that the above statement, to the best of my knowledge and belief, is true, complete, and correct

Sign Here

Taxpayer, Partner, Officer, etc

*Linda LaVelle*

Date

7/22/02

Spouse (if a joint return was filed) or Title (partner, officer, etc)

Date

Form 4571 (Rev 5-79)

TREASURER HAD PROVIDED THE INFORMATION. ONCE IT WAS BROUGHT TO THEIR ATTENTION THE INFORMATION WAS PROVIDED AND THE FORM COMPLETED. WE ARE NEW TO THE FILING REQUIREMENTS AND HAVE ONLY HAD TO FILE ON ONE OTHER OCCASION. WE WILL TAKE STEPS REQUIRED TO ASSURE WE ARE NEVER LATE IN FILING OUR FORM 990 IN THE FUTURE. THANK YOU FOR YOUR CONSIDERATION OF THIS MATTER.

Application for Extension of Time to File an Exempt Organization Return

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)

Note 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)
Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Name of Exempt Organization UNITED CHURCHES ACTIVE IN NEIGHBORHOOD
Employer Identification Number 31-1222998
C/O JOHN BEYER, CPA
2724 MADISON RD.
CINCINNATI, OH 45209-2209

Check type of return to be filed (file a separate application for each return)
Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (corporation), Form 990-T (Section 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

- 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)
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-month, for 990-T corporation) extension of time until 8/15, 20 01, to file the exempt organization return for the organization named above
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 \$ 0
3b 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 \$ 0
3c 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 \$ 0

Signature and Verification

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 and that I am authorized to prepare this form

Signature [Handwritten Signature] Title Treasurer Date Apr. 25, 2001

KFA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12-2000)

7000 0520 0015 5069 0824