

**Quaker Ministries, Inc.**

**Federal Income Tax Return**

**2001**

**990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1160

**2001**

**Open to Public Inspection**

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

Department of the Treasury  
Internal Revenue Service

**A For the 2001 calendar year, or tax year beginning** \_\_\_\_\_, **2001, and ending** \_\_\_\_\_, **20**

- 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 Instructions.**

**C Name of organization**  
**Quaker Ministries, Inc.**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**1408 Laskin Road**

City or town, state or country, and ZIP + 4  
**Virginia Beach, VA 23451**

**D Employer identification number**  
**54-1779003**

**E Telephone number**  
( )

**F Enter 4-digit (GEN) ▶**

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

**G Accounting method:**  Cash  Accrual  
Other (specify) ▶

**Web site:** ▶ \_\_\_\_\_

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

**H Check**  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K 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.**

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. ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 35.)**

1	Contributions, gifts, grants, and similar amounts received	1	20247
2	Program service revenue including government fees and contracts	2	5379
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule):		
6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	b Less: direct expenses other than fundraising expenses	6b	
6c	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
7a	7a Gross sales of inventory, less returns and allowances	7a	
7b	b Less: cost of goods sold	7b	
7c	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	8 Other revenue (describe ▶ _____)	8	
9	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	25626
10	10 Grants and similar amounts paid (attach schedule)	10	40000
11	11 Benefits paid to or for members	11	
12	12 Salaries, other compensation, and employee benefits	12	4586
13	13 Professional fees and other payments to independent contractors	13	3035
14	14 Occupancy, rent, utilities, and maintenance	14	4282
15	15 Printing, publications, postage, and shipping	15	1656
16	16 Other expenses (describe ▶ See attached schedule)	16	10966
17	17 Total expenses (add lines 10 through 16)	17	64525
18	18 Excess or (deficit) for the year (line 9 less line 17)	18	-38899
19	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)	19	43866
20	20 Other changes in net assets or fund balances (attach explanation)	20	
21	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	4967

**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 39.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	57875	5023
23 Land and buildings		
24 Other assets (describe ▶ Prepaid rent)	1065	0
25 Total assets	58940	5023
26 Total liabilities (describe ▶ Payroll taxes payable & loans from officers)	15074	56
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43866	4967

or Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642i

Form **990-EZ** (2001)

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40.)		Expenses
What is the organization's primary exempt purpose? <b>Advance beliefs of Religious Society of Friends</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
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	Sponsoring Bible Wisdom workshops and retreats in numerous locations to help engage the scripture story more effectively. Several hundred persons attended. (Grants \$ )	28a 7511
29	Several dozen persons benefits from the services offered through the Body Wisdom program, physically embodying the Quaker testimony of harmony. (Grants \$ )	29a 3566
30	Consultation, workshops and other training sessions aimed at increasing participants skills at nonviolent conflict resolution methods and techniques reflecting the Quaker Peace Testimony. Several dozen individuals and organizations participate (Grants \$ )	30a 1434
31	Other program services (attach schedule) (Grants \$ )	31a
32	Total program service expenses (add lines 28a through 31a)	32 12511

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 40.)				
(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
See attached schedule		0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the 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? If "Yes," attach a conformed copy of the changes.		✓
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	Did the organization have unrelated business gross income of \$1,000 or more or 6033(c) notice, reporting, and proxy tax requirements?		✓
37	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
38	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		✓
39	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
40	Did the organization file Form 1120-POL for this year?		
41	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?		✓
42	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		
43	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		
44	b Gross receipts, included on line 9, for public use of club facilities 39b		
45	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		
46	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? If "Yes," attach an explanation.		✓
47	c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		
48	d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		
49	List the states with which a copy of this return is filed. ▶ None		
50	The books are in care of ▶ the Corporation Telephone no. ▶ ( )		
51	Located at ▶ 1408 Laskin Road, Virginia Beach, VA ZIP + 4 ▶ 23451		
52	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/>		
53	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		

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.

**CLIENT'S COPY**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. W) 223-64-5637

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Warren, Bandy & Eley, CPAs FIN ▶ 54 1341738  
833 Seahawk Circle, Virginia Beach, VA 23452 Phone no. ▶ 757 468-6600



Attachment to Form 990 EZ - 2001

Part 1 - Line 1 - Contributors (In excess of 5,000)

None in excess of \$5,000

Part 1 - Line 10 - Grants or similar amounts paid

Bartimaeus Cooperative Ministries, Inc.	40,000
706 Burwood Terrace	
Los Angeles, CA 90042	
Sec. 501(c)(3) organization	

Part 1 - Line 16 - Other Expenses

Office expenses	6,176
Travel	4,790
	<hr/>
	10,966

## Attachment to Form 990 EZ - 2001

## Part IV- List of Officers, Directors, Trustees and Key Employees

(A) Name and Address	(B) Title & Hours	(C) Compensation	(D) Benefit Plans	(E) Expense Allowances
Susan Wilson 1408 Laskin Road Virginia Beach, VA 23451	Presiding Clerk Part-time	0	0	0
Lloyd Lee Wilson 1408 Laskin Road Virginia Beach, VA 23451	Sec/Treas  Part-time	0	0	0
Carole Treadway 1301 Alderman Drive Greensboro NC 27408	Director  Part-time	0	0	0
Mike Arnold 126 Sylvan School Road Snow Camp, NC 27349	Director  Part-time	0	0	0