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

OMB No 1545-0047

Inspection

Form 990 (2010)

2010 JUL 1. and ending JUN 30, 2011 A For the 2010 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number ECS MINISTRIES Name change 01-0555559 Doing Business As Initial Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number P O BOX 1028 Termin-(563)585-2070Amended return 893,500. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending DUBUQUE, IA 52004-1028 H(a) Is this a group return F Name and address of principal officer: ROBERT TYLER for affiliates? 2250 CHANEY ROAD, DUBUQUE, IA 52001 Yes H(b) Are all affiliates included?) (insert no) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.ECSMINISTRIES.ORG **H(c)** Group exemption number ▶ K Form of organization X Corporation Other > L Year of formation 2002 M State of legal domicile IA Part I Summary Briefly describe the organization's mission or most significant activities: TO TEACH AND DISSEMINATE THE Activities & Governance WORD OF GOD THROUGH CORRESPONDENCE COURSES THAT ARE EVANGELICAL, Check this box ▶ L if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 2 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 434,071 315,968. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 17,956. 24,982. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 319,342. 351,444. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 692,394. 771,369. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,000. 8,120. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX=column (A), line 4): (1) О. 0. 348,669. 382,382. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ≥ 2013 267,809. 252,030. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 627,478. 642,532. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 143,891. 49,862. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 1,496,035. 1,544,346. 131,704. 135,428. Total liabilities (Part X, line 26) 1,364,331. 1,408,918. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block 😭 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign ROBERT TYLER, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature DALE J LEIBFRIED, C 11/28/11 Paid DALE J LEIBFRIED, CPA P00139912 Firm's name NONKAMP KRUEGER & CO., P.C. 42-0946155 Preparer Firm's EIN Firm's address P O BOX 699 Use Only DUBUQUE, IA 52004-0699 (563)556-0123 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2010) ECS MINISTRIES	01-0555559	Page 2
Par	rt.III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	TO TEACH AND DISSEMINATE THE WORD OF GOD THROUGH CORREST		
	COURSES THAT ARE EVANGELICAL, EDUCATIONAL, AND EDIFYING	IN NATURE	
2	Did the organization undertake any significant program services during the year which were not listed on		.
	the prior Form 990 or 990-EZ?	Ye	s X No
	If "Yes," describe these new services on Schedule O.		[♥],,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and	
_	allocations to others, the total expenses, and revenue, if any, for each program service reported.	287	,390.)
4a	(Code:) (Expenses \$ 346,025. including grants of \$) (Reprovided BIBLE EDUCATION MATERIAL TO PRISON INMATES DIRECTION OF THE PROVIDED BIBLE EDUCATION MATERIAL TO PRISON INMATES DIRECTION OF THE PROVIDED BIBLE EDUCATION MATERIAL TO PRISON INMATES DIRECTION OF THE PROVIDED BIBLE EDUCATION MATERIAL TO PRISON INMATES DIRECTION OF THE PROVIDED BIBLE EDUCATION MATERIAL TO PRISON INMATES DIRECTION OF THE PROVIDED BIBLE EDUCATION MATERIAL TO PRISON INMATES DIRECTION OF THE PROVIDED BIBLE EDUCATION MATERIAL TO PRISON INMATES DIRECTION OF THE PROVIDED BIBLE EDUCATION MATERIAL TO PRISON INMATES DIRECTION OF THE PROVIDED BIBLE EDUCATION MATERIAL TO PRISON INMATES DIRECTION OF THE PROVIDED BIBLE EDUCATION MATERIAL TO PRISON INMATES DIRECTION OF THE PROVIDED BIBLE EDUCATION MATERIAL TO PRISON INMATES DIRECTION OF THE PROVIDED BIBLE EDUCATION OF THE PRO		
	ASSOCIATES (FREE OF CHARGE). A TOTAL OF 348,400 BIBLE		<u>KOOGII</u>
	ENGLISH & SPANISH WERE DISTRIBUTED WITH A 60% COMPLETION		
	ENGLISH & SPANISH WERE DISTRIBUTED WITH A 00% COMPLETION	N ICAIL •	
4b	(Code:) (Expenses \$ 37,029 • including grants of \$) (R	evenue \$ 30	,576.)
70	PROVIDED BIBLE EDUCATION MATERIAL DIRECTLY OR THROUGH O	· -	, ,
		OTAL OF	
	APPROXIMATELY 1,054,800 COURSES IN ENGLISH AND SPANISH		BUTED
	WITH A 60% COMPLETION RATE.		
4c		·	, 735.)
		TH AMERICA	
	DIRECTLY OR THOUGH ASSOCIATES. A TOTAL OF APPROXIMATEL		
	IN ENGLISH AND SPANISH WERE DISTRIBUTED WITH A 20% COMP.	LETION RATE	
4d	Other program services. (Describe in Schedule O)	• •	
	(Expenses \$ 17,450 · including grants of \$) (Revenue \$ 14,4	09.)	
4e	Total program service expenses ► 425,615.		
03200	o.	Form	990 (2010)
332007 12-21-	ے۔ 10		

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Part.IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			х
~	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Α
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		- 21
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	 		
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	ا ا		
	If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	- 		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			v
4-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		v
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	4.6		Х
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		Х
18		17		1
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		- ^``
15	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	200		
J	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		1
	operate one of more neophale must attach addited intenegal statements (see instructions)		990 (2010\
			v	() ()

Pa	talV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	<u>.</u> .	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	}		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 r	20101

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Par	Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gamıng			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	17			ĺ
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	ıs)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	\vdash	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	 	Х
Þ	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.		1	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	\vdash	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.	action?	,	5b_		_^
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	\vdash	
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne orga	anization solicit	_		x
_	any contributions that were not tax deductible?			6a	\vdash	
D	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?	แอกร อ	rgiits	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nuces r	provided to the navor?	7a	1	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	1 VICOS p	novided to the payor	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as reo	uıred			
•	to file Form 8282?			7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	at?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		Х
g	if the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	ld the s	upporting			1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tım	ne during the year?	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?			9ь	ļ	
10	Section 501(c)(7) organizations. Enter:	1	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	المما	1			
a	Gross income from members or shareholders	11a				ĺ
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against	116				
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a	[]	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					ĺ
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			···-		
ь	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13ь				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		
				Form	990 (2010

01-0555559 Page 6 ECS MINISTRIES Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 14 1a Enter the number of voting members of the governing body at the end of the tax year 14 1b b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? Х 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this is done Does the organization have a written whistleblower policy? 13 14 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Form 990 (2010)

9454 2

ROBERT TYLER - (563)585-2070 2250 CHANEY ROAD, DUBUQUE, IA

Part.VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average			Pos				Reportable	Reportable	Estimated	
	hours per week	\vdash	(check all th			app	oly)	compensation from	compensation from related	amount of other	
	(describe	or director		ŀ				the	organizations	compensation	
	hours for	p o	8	ŀ		Safed			(W-2/1099-MISC)	from the	
	related	Tage	T T		88	nger.	l	(W-2/1099-MISC)		organization	
	organizations		Institutional frustee	_	ge	2 S	 			and related	
	in Schedule O)	Indiv	fusti	Officer	Key employee	Highest compensated employee	For			organizations	
SAM THORPE								<u> </u>			
BOARD MEMBER	1.00	X						0.	0.	0	
JOEL HERNANDEZ				ŀ							
BOARD MEMBER	1.00	X	ļ		<u> </u>	<u> </u>		0.	0.	0	
TIM JESKE									_	_	
BOARD MEMBER	1.00	X	┞	<u> </u>		igspace		0.	0.	0	
ADRIENNE CAYLEY	1 00	,,							_	_	
BOARD MEMBER	1.00	X						0.	0.	0	
DANIEL SMITH	1 00	,			ŀ				0	0	
BOARD MEMBER	1.00	X	-	<u> </u>				0.	0.	0	
IAN TAYLOR	1.00	x						0.	0.	0	
BOARD MEMBER GREG KURAS	1.00	^						0.	0.	<u> </u>	
BOARD MEMBER	1.00	X						0.	0.	0	
STEVEN PRICE	1100	 					-	-	•		
BOARD MEMBER	1.00	X						0.	0.	0	
ABEY VARUGHESE						i —					
BOARD MEMBER	1.00	X					l	0.	0.	0	
ROB TYLER											
EXECUTIVE DIRECTOR	40.00	X		X			L.	0.	0.	0	
EVAN DAVIS		1		:							
CHAIRMAN	2.00	L		X				0.	0.	0	
STEPHEN WILSON									_		
SECRETARY	2.00	_		Х			<u> </u>	0.	0.	0	
DALE TWESTEN	2.00									_	
TREASURER	2.00			X			_	0.	0.	0	
TERRY WILSON	2 00			ا ټا					_	^	
VICE CHAIRMAN	2.00	_	\vdash	Х		_		0.	0.	0	
							_				
032007 12-21-10	<u> </u>	Ь						<u> </u>		Form 990 (2016	

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1. 61	Section A. Officers, Directors, In	istees, Key Er	npic	oyee	s, a	nd I	High	est	Compensated Employ	rees (continued)				
	(A)	(B)	ĺ		(0	C)			(D)	(E)			(F)	
	Name and title	Average	١.,	Position (check all that apply)					Reportable	Reportable		Es	timate	ed
		hours per	(C	heck	(all '	that	app	ily)	compensation	compensation	.]	an	nount	of
		week (describe	ية	ľ					from	from related	- 1		other	
		hours for	director				2		the organization	organizations	~		pensa	
		related	5 8	stee			nsat		(W-2/1099-MISC)	(W-2/1099-MIS	"		om th anızat	
		organizations	Individual trustee	Institutional trustae		Кеу етріоуее	E .		(***-22 1033-141130)		ł	-	d relat	
		ın Schedule	Mdua	草	Þ	Ē	oyea	둏			-		anizati	
		O)	Ē	重	Officer	Æ	Highest compensated employee	For			- 1	5-		
						-	\vdash							
		<u> </u>				\vdash	 	 			\dashv			
		}												
							<u> </u>	-		-				
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				1										
		l		Ш			Ļ				\rightarrow			
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)	 .					<u> </u>		0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	ονε	e) wh	o re	eceived more than \$100	,000 in reportable				
	compensation from the organization													0
											_		Yes	No
3	Did the organization list any former officer,		stee	, key	em/	ploy	yee,	or h	ighest compensated en	nployee on			1	Į
	line 1a? If "Yes," complete Schedule J for s										L	3		X
4	For any individual listed on line 1a, is the su									the organization				ĺ
	and related organizations greater than \$150),000? <i>If</i> "Yes, '	" coi	mple	ete S	Sche	edule	Jf	or such individual	-	L	4]	X
5	Did any person listed on line 1a receive or a							elate	ed organization or indivi	dual for services				
	rendered to the organization? If "Yes," com	plete Schedule	Jf	or su	ıch <u>ı</u>	oers	on					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	lepe	nde	nt c	ontr	acto	rs th	hat received more than	\$100,000 of comp	ensa	tion fr	om	
	the organization. NONE													
	(A)								(B)			(C		
	Name and business	address							Description of s	ervices	Co	mper	sation	n
								1						
			_				_							
								\top						
								_						
								\top						
2	Total number of independent contractors (ii	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received m	ore than				
	\$100,000 in compensation from the organiz					C			,					
												orm (390 (C	2010)

Pa	rt VII	Statement of Rever	nue					<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		, ,	1a				-	
ga		•	1b					
fts,		Fundraising events	1c					
<u>e</u> 'g.		Related organizations	1d					
SiE		Government grants (contribut						
ě	f	All other contributions, gifts, gran		315,968.				
들히		similar amounts not included abo	<u></u>	313,900.				
55	_	Noncash contributions included in lines	1a-1f \$		315,968.			
<u> </u>	<u>n</u>	Total. Add lines 1a-1f			313,300.			
_	0 -		T	Business Code	İ			
ξ	2 a							
Sel	b	···-						
E S	c d	-			ur w			
Program Service Revenue	9		-					
ᇫ	f	All other program service reve	enue					
	q	Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, interes	st, and				
		other similar amounts)		▶ [23,316.			23,316.
	4	Income from investment of ta	x-exempt bond pr	oceeds 🕨				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross Rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(iı) Other				
		assets other than inventory	1,666.					
	b	Less cost or other basis						
		and sales expenses	1 666					
		Gain or (loss)	1,666.		1,666.	1,666.	`	
		Net gain or (loss)			1,000.	1,000.		
ue	ва	Gross income from fundraisin including \$						
ver		including \$contributions reported on line						
Re		Part IV, line 18	a a					
Other Revenue	h	Less: direct expenses	ы					
ō		Net income or (loss) from fund		•				
		Gross income from gaming a	F					
		Part IV, line 19	а					
	ь	Less: direct expenses	b					
		Net income or (loss) from gan	ning activities	>				
		Gross sales of inventory, less						
		and allowances	a	552,550.				
	b	Less: cost of goods sold	ь	201,106.				
	С	Net income or (loss) from sale	s of inventory	. ▶	351,444.	351,444.		
		Miscellaneous Revenu	Je J	Business Code				
	11 a							
	b							
	С							
	d		. L					<u> </u>
	e	Total. Add lines 11a-11d			602 204	252 110	0.	23,316.
<u>0330</u>	12	Total revenue. See instructions	. -	>	692,394.	353,110.	<u> </u>	
0320	ĭ-10				_			Form 990 (2010)

Part.IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	plete column (A) but are			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,370.	1,370.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,750.	6,750.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	50,053.	50,053.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	228,176.	123,880.	95,949.	8,347.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	11,168.	6,701.	4,132.	335.
9	Other employee benefits	73,379.	44,027.	27,150.	2,202.
10	Payroll taxes	19,606.	11,764.	7,254.	588.
11	Fees for services (non-employees)		ĺ		
а	Management	600		600	_
b	Legal	600.		600.	
С	Accounting	10,395.		10,395.	
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other				
12	Advertising and promotion	36,154.	14,200.	20,933.	1,021. 165.
13	Office expenses	5,504.	1,101.	4,238.	165.
14	Information technology				
15	Royalties	14 400	14 400		<u> </u>
16	Occupancy	14,400.	14,400.	1 200	
17	Travel	9,989.	8,599.	1,390.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	274.	274.		
19	Conferences, conventions, and meetings	2/4.	2/4.		
20	Interest				
21	Payments to affiliates	4,101.		4,101.	
22	Depreciation, depletion, and amortization	4,717.	1,808.	2,819.	90.
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)	1,7,1,0	1,000.	2,010.	
а	PUBLIC SERVICE	136,859.	136,859.		
b	POSTAGE	8,978.	1,796.	6,913.	269.
С	MINISTRY	7,600.		7,600.	
d	TELECOMMUICATIONS	3,787.	248.	3,539.	
е	BANK & PAYROLL FEES	1,784.		1,784.	
f	All other expenses	6,888.	1,785.	4,799.	304.
25	Total functional expenses Add lines 1 through 24f	642,532.	425,615.	203,596.	13,321.
26	Joint costs. Check here 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	0 12 21 10				Form 990 (2010)

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Pa	rt.X	Balance Sheet		_	
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	365,292.	1	500.
	2	Savings and temporary cash investments	81,331.	2	446,849.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	57,106.	4	70,244.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			,
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
w		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	<u> </u>
As	8	Inventories for sale or use	377,413.	8	429,043. 1,668.
	9	Prepaid expenses and deferred charges	12,495.	9	1,668.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 57,516. 42,316.	40.000		
	Ь	Less: accumulated depreciation 10b 42,316.	12,338.	10c	15,200.
	11	Investments · publicly traded securities	405 045	11	
	12	Investments · other securities. See Part IV, line 11	487,917.	12	469,926.
	13	Investments - program-related. See Part IV, line 11	· ·	13	
	14	Intangible assets	100 140	14	
	15	Other assets. See Part IV, line 11	102,143.	15	110,916.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,496,035.	16	1,544,346.
	17	Accounts payable and accrued expenses	39,790.	17	45,639.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ĭ	22	Payables to current and former officers, directors, trustees, key employees,			
Lia		highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	91,914.	25	89,789.
	26	Total liabilities. Add lines 17 through 25	131,704.	26	135,428.
	ŀ	Organizations that follow SFAS 117, check here X and complete			
Ses		lines 27 through 29, and lines 33 and 34.	1 000 104		1 005 014
auc	27	Unrestricted net assets	1,030,184.	27	1,097,214.
Ba	28	Temporarily restricted net assets	298,486.	28	274,988.
Pu	29	Permanently restricted net assets	35,661.	29	36,716.
Ę		Organizations that do not follow SFAS 117, check here and			
ō		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	1 264 221	32	1 400 010
_	33	Total net assets or fund balances	1,364,331.	_33	1,408,918.
	34	Total liabilities and net assets/fund balances	1,496,035.	34	1,544,346.

Form **990** (2010)

Part XI Reconciliation of Net Assets		· ugo /
Form 990 (2010) ECS MINISTRIES	01-0555559	Page 12

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

separate basis, consolidated basis, or both:

Act and OMB Circular A-133?

ra	Heconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	92	, 3	94.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	42	, 5	32.			
3	Revenue less expenses. Subtract line 2 from line 1	3		49	49,862.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,3	64	, 3	$\overline{31.}$			
5	Other changes in net assets or fund balances (explain in Schedule O) 5								
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,4	08	, 9	18.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII					X			
				TY	es	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<i></i>	\top	\Box				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a		X			
b			2	5	X				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,		\top					
	review, or compilation of its financial statements and selection of an independent accountant?		2	ر ا ء	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		\top					

Form **990** (2010)

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SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization ECS MINISTRIES

Employer identification number 01-0555550

-				TOTRIES						<u> </u>	1-0333339	
PE	ırt I	Reason	tor Public Char	rity Status (All organi	zations mu	ist comple	te this pai	rt) See ins	tructions.			
The	organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one I	oox.)				
1	\sqsubseteq	A church, co	onvention of churche	s, or association of chu	rches desc	inbed in se	ection 170)(b)(1)(A)(i).			
2	\sqsubseteq	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E.))						
3	\sqsubseteq	A hospital or	r a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).				
4	\Box	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in s e	ection 170)(b)(1)(A)(ii	i). Enter t	he hospital's name,	
		city, and sta	te:									
5	Ш	An organizat	tion operated for the	benefit of a college or u	iniversity o	wned or or	perated by	y a govern	mental uni	t describe	ed in	
		section 170)(b)(1)(A)(iv). (Compl	ete Part II.)								
6		A federal, sta	ate, or local governm	ent or governmental un	rt describe	d ın sectio	n 170(b)(1)(A)(v).				
7		An organizat	tion that normally rec	eives a substantial part	of its supp	oort from a	governme	ental unit d	or from the	general p	oublic described in	
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9	X	X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from										
		activities rela	ated to its exempt fu	nctions - subject to cert	aın except	ons, and (2	2) no more	e than 33 °	1/3% of its	support	from gross investment	
		income and	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	nızatıon a	after June 30, 1975.	
		See section	509(a)(2). (Complete	e Part III.)								
10		An organizat	tion organized and of	perated exclusively to te	est for publ	lic safety. S	See <mark>secti</mark> o	on 509(a)(4	4).			
11		An organizat	tion organized and of	perated exclusively for t	he benefit	of, to perfo	orm the fu	nctions of	, or to carr	y out the	purposes of one or	
		more publicly	y supported organiza	ations described in sect	ion 509(a)(1) or section	on 509(a)(2). See se e	ction 509(a)(<mark>3).</mark> Che	ck the box that	
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
		a L Type	1 b _	∐ Type II	с 📖 Тур	e III - Func	tionally in	tegrated		d	Type III - Other	
е		By checking	this box, I certify the	at the organization is not	t controlled	directly o	r indirectly	y by one o	r more disc	qualified p	persons other than	
		foundation m	nanagers and other t	han one or more publicl	ly supporte	ed organiza	ations des	cribed in s	section 509	(a)(1) or s	section 509(a)(2).	
f		If the organiz	zation received a writ	tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III			
		supporting o	organization, check ti	nis box								
9		Since Augus	t 17, 2006, has the o	organization accepted a	ny gift or c	ontribution	from any	of the foll	owing pers	sons?		
		(i) A perso	on who directly or inc	lirectly controls, either a	lone or tog	ether with	persons	described	ın (II) and (ii) below,	Yes No	
		the gov	erning body of the s	upported organization?							11g(i)	
		(ii) A family	member of a persor	n described in (i) above?)						11g(ii)	
		(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e [?]					11g(iii)	
h		Provide the f	following information	about the supported or	ganızatıon	(s).						
				Y			r		·			
(i)	Name	of supported	(ii) EIN	(iii) Type of		organization			(vi) is	the	(vii) Amount of	
	orga	nization		organization (described on lines 1-9		sted in your		tion in col	organization (i) organiz	ed in the 📗	support	
				above or IRC section	governing	document?	(i) or you	r support?	US	7		
				(see instructions))	Yes	No	Yes	No	Yes	No		
										}		
								ļ	<u> </u>			
										<u> </u>		
Tota	ıt				1			<u> </u>	<u> </u>			
LHA	For P	aperwork Re	eduction Act Notice	, see the Instructions t	or				Schedul	e A (Form	990 or 990-EZ) 2010	

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Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to					•	
	or expended on its behalf						
3	The value of services or facilities	1					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				ļ		
	Public support. Subtract line 5 from line 4		1	<u> </u>	1		L
	ction B. Total Support		1	T	Τ .		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources			-			
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)				ļ		
	Total support. Add lines 7 through 10	L	<u> </u>	1	1		
	Gross receipts from related activities,	•	<u>-</u>			12	
13	First five years. If the Form 990 is for	•	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publ	ic Support Pe	rcentage				
				ooluma (fl)		14	9/
	Public support percentage for 2010 (Public support percentage from 2009)	, ,	•	column (I))		15	<u>%</u> %
	33 1/3% support test - 2010. If the o	•	•	n line 13 and line	14 is 33 1/3% or r		
	stop here. The organization qualifies	-			14 13 00 170 70 01 1	nore, check this bo	× and ▶ □
ь	33 1/3% support test - 2009.If the o		-		line 15 is 33 1/39	6 or more check th	is hox
_	and stop here. The organization qual	-				o or more, encore	▶ □
17a	10% -facts-and-circumstances tes				13. 16a. or 16b.	and line 14 is 10%	or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					organ	▶□
ь	10% -facts-and-circumstances tes	_	•		•	17a, and line 15 is	10% or
_	more, and if the organization meets the	_				·	
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization		-				s •
						edule A (Form 990	
						•	•

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	441,845.	341,881.	427,574.	434,071.	315,968.	1961339.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	352,323.	401,488.	434,247.	528,892.	552,550.	2269500.		
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5	794,168.	743,369.	861,821.	962,963.	868,518.	4230839.		
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons						0.		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year	283,732.	197,931.	197,494.	213,873.	159,573.	1052603.		
	Add lines 7a and 7b	283,732.	197,931.	197,494.	213,873.	159,573.	1052603.		
	Public support (Subtract line 7c from line 6)						3178236.		
	ction B. Total Support	r ··· · · · · · · · · · · · · · · · · ·							
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
	Amounts from line 6	794,168.	743,369.	861,821.	962,963.	868,518.	4230839.		
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	63,894.	33,737.	14,500.	17,956.	23,316.	153,403.		
b	Unrelated business taxable income			,	·				
	(less section 511 taxes) from businesses					•			
	acquired after June 30, 1975								
c	Add lines 10a and 10b	63,894.	33,737.	14,500.	17,956.	23,316.	153,403.		
11		,	,	•	•		•		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				5,361.		5,361.		
13	Total support (Add lines 9, 10c, 11, and 12)	858,062.	777,106.	876,321.	986,280.	891,834.	4389603.		
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,		
	check this box and stop here						<u>▶</u>		
Sec	ction C. Computation of Publ	ic Support Per	rcentage			· · · · · · · · · · · · · · · · · · ·			
15	5 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 15 72.40 %								
	16 Public support percentage from 2009 Schedule A, Part III, line 15 16 69.91 %								
Sec	Section D. Computation of Investment Income Percentage								
17									
18	2.10								
19a	33 1/3% support tests - 2010. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1			
	more than 33 1/3%, check this box as	nd stop here. The	organization qual	fies as a publicly s	supported organiza	ation	$\triangleright X$		
b	33 1/3% support tests - 2009. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here . The orga	ınızatıon qualifies a	as a publicly suppo	orted organization	▶ 🔲		
20	Private foundation. If the organization	n did not check a l	<u>box on line 14, 19</u>	a, or 19b, check th	ns box and see ins	structions	▶ □		
03202	23 12-21-10				Sch	edule A (Form 99	0 or 990-E Z) 2010		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ECS MINISTRIES

Employer identification number 01-0555559

Pa	TI Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	t Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
Ь	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	panization during the tax
	year -		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
e	violations, and enforcement of the conservation easements in		Yes No
6 7	Staff and volunteer hours devoted to monitoring, inspecting,	-	· · ·
8	Amount of expenses incurred in monitoring, inspecting, and		
٥	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 170(n)(4	Yes No
9	In Part XIV, describe how the organization reports conservati	on essements in its revenue and expense eta	
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.	non a manda statementa that describes the	organization 3 accounting for
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		•
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> s > s
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial gai	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		S
ь	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

4	Describe in Part XIV the intended uses of the org	janization's endowment	tunas.		
Pa	rt VI Land, Buildings, and Equipmen	t. See Form 990, Part X	, line 10		
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements		4,270.	1,494.	2,776
d	Equipment		32,875.	22,519.	10,356
е	Other		20,371.	18,303.	2,068
					15 000

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2010

(3) Other (A) MONEY MARKET FUNDS 311,150. END-OF-YEAR MARKET VALUE (B) CERTIFICATE OF DEPOSIT 60,167. END-OF-YEAR MARKET VALUE (C) COMMON STOCK 98,609. END-OF-YEAR MARKET VALUE (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	Part.VII Investments - Other Securities. Se	ee Form 990, Part X, line 12			
	• • • • • • • • • • • • • • • • • • • •	(b) Book value	• •		
	(1) Financial derivatives				
(A) MONEY MARKET FUNDS 311,150. END-OF-YEAR MARKET VALUE (B) CERTIFICATE OF DEPOSIT 60,167. END-OF-YEAR MARKET VALUE (C) COMMON STOCK 98,609. END-OF-YEAR MARKET VALUE (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-held equity interests				
(G) CRITIFICATE OF DEPOSIT 60,167. END-OF-YEAR MARKET VALUE (C) COMMON STOCK 98,609. END-OF-YEAR MARKET VALUE (D) (E) (E)	(3) Other				
(COMMON STOCK 98,609. END-OF-YEAR MARKET VALUE (D) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F		311,150.			
(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c					
(E) (F) (G) (P) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(C) COMMON STOCK	98,609.	END-OF-YEAR	MARKET	VALUE
(f) (G) (G) (P) (G) (P) (G) (P) (D) (G) (P) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(D)		··.		
(G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(E)				
Column	(F)				
Total (Cot (b) must equal form 990, Part X, cot (8) line 12)	(G)				
Total. (Cot (b) must equal Form 990, Part X, cot (B) line 12) A69 , 926 .					<u> </u>
Investments - Program Related. See Form 990, Part X, line 13.		460.026			
(a) Description of investment type (b) Book value (cost or end-of-year market value (t) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (8) line 13) (9) (10) BENEFICTAL INTEREST IN PERPETUAL TRUSTS (2) BENEFICTAL INTEREST IN PERPETUAL TRUSTS (3) DUE FROM EMMAUS BIBLE COLLEGE (4) (5) (6) (7) (8) (9) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (8) line 15.) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (8) line 15.) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (8) line 15.) (1) Federal more laxes (2) ROYALTIES PAYABLE (3) AGENCY FUNDS (4) (4) (5) (6) (7) (7) (8) (9) (9) (10) (11) (10) (11)					
(a) Description of investment type (b) Book value (c) Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII Investments - Program Related. S	See Form 990, Part X, line 10		Ab a d ad salsad	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col(t)) must equal form 990, Part X, col (8) line 13) ▶ Total. (Col(t)) must equal form 990, Part X, col (8) line 13) ▶ (1) BENEFICIAL INTEREST IN SPLITINTEREST AGREEMENTS (2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS (3) DUE FROM EMMAUS BIBLE COLLEGE (4) (5) (6) (7) (8) (9) (10) (10) (11) (1) Federal income taxes (2) ROYALTIES PAYABLE (3) AGENCY FUNDS (4) ANNUITY OBLIGATIONS (5) (6) (7) (7) (8) (9) (10) (10) (11)	(a) Description of investment type	(b) Book value			
(6) (7) (8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (8) line 13) ▶ Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) BENEFICIAL INTEREST IN SPLIT—INTEREST AGREEMENTS (c) BENEFICIAL INTEREST IN PERPETUAL TRUSTS (d) DUE FROM EMMAUS BIBLE COLLEGE (e) (f) (g) (g) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h		<u> </u>	-		
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Total. (Col (b) must equal Form 990, Part X, col (B) line 13. Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value					
Part IX Other Assets. See Form 990, Part X, line 15.		-			
(a) Description (b) Book value (1) BENEFICIAL INTEREST IN SPLIT—INTEREST AGREEMENTS 99,853. (2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS 8,144. (3) DUE FROM EMMAUS BIBLE COLLEGE 2,919. (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, lor (B) line 15.) ▶ 110,916. Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) ROYALTIES PAYABLE 2,104. (3) AGENCY FUNDS 34,613. (4) ANNUITY OBLIGATIONS 53,072. (5) (6) (7) (8) (9) (10) (11)		15			
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(10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ 110, 916. Part X Other Liabilities. See Form 990, Part X, line 25. . 1. (a) Description of liability (b) Amount (1) Federal income taxes . (2) ROYALTIES PAYABLE 2, 104. (3) AGENCY FUNDS 34, 613. (4) ANNUITY OBLIGATIONS 53,072. (5) . (6) . (7) . (8) . (9) . (10) . (11) .					· · · · · · · · · · · · · · · · · · ·
Part X Other Liabilities. See Form 990, Part X, line 25. 1.					
1. (a) Description of liability (b) Amount (1) Federal income taxes (2) ROYALTIES PAYABLE 2,104. (3) AGENCY FUNDS 34,613. (4) ANNUITY OBLIGATIONS 53,072. (5) (6) (7) (8) (9) (10) (11)	Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15.)		>	110,916.
(1) Federal income taxes (2) ROYALTIES PAYABLE (3) AGENCY FUNDS (4) ANNUITY OBLIGATIONS (5) (6) (7) (8) (9) (10) (11)	Part X Other Liabilities. See Form 990, Part X	, line 25.	~~~~		
(2) ROYALTIES PAYABLE 2,104. (3) AGENCY FUNDS 34,613. (4) ANNUITY OBLIGATIONS 53,072. (5) (6) (7) (8) (9) (10) (11)	1. (a) Description of liability		(b) Amount		
(3) AGENCY FUNDS 34,613. (4) ANNUITY OBLIGATIONS 53,072. (5) (6) (7) (8) (9) (10) (11)					
(4) ANNUITY OBLIGATIONS 53,072. (5) (6) (7) (8) (9) (10) (11)					
(5) (6) (7) (8) (9) (10) (11)					
(6) (7) (8) (9) (10) (11)	(4) ANNUITY OBLIGATIONS		53,072.		
(7) (8) (9) (10) (11)	(5)				
(8) (9) (10) (11)	(6)				
(9) (10) (11)	(7)				
(10) (11)	(8)				
(11)					
00.700					
Total (Column /h) must equal Form 900, Part Y col /R) line 25.)			00.700		
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements.	Total. (Column (b) must equal Form 990, Part X, col (B) lin	to the organization's financial statem	oソ, / oソ。 ents that reports the organization's li	ability for uncertain	tax positions under

Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010 ECS MINISTRIES			01-05	55559	Page 4
Pai	t.XI Reconciliation of Change in Net Assets from Form 990	to Audited Finan	cial State	ments		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			394.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			532.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		49,	862.
4	Net unrealized gains (losses) on investments	•	4			24.
5	Donated services and use of facilities .		5			
6	Investment expenses	•	6			
7	Prior period adjustments .		7			
8	Other (Describe in Part XIV.)		8			<u> 299.</u>
9	Total adjustments (net). Add lines 4 through 8		9			275.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3		10		44,	587.
Par	XII Reconciliation of Revenue per Audited Financial Stater	nents With Revei	nue per H	1 1	002	F 2 F
1	Total revenue, gains, and other support per audited financial statements			1	893,	525.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	2.4			
а	Net unrealized gains on investments	2a	24.	1		
Ь	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d				2.4
е	Add lines 2a through 2d			2e	002	<u> </u>
3	Subtract line 2e from line 1			3	893,	501.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 107			
b	Other (Describe in Part XIV.)	4b -20	1,107.		201	107
С	Add lines 4a and 4b			4c	-201,	204
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	692,	394.
	t XIII Reconciliation of Expenses per Audited Financial State	ments with Expe	enses per	I I	012	620
1	Total expenses and losses per audited financial statements			1	843,	639.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1				
a	Donated services and use of facilities	2a				
Ь	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIV.)	2d				0
	Add lines 2a through 2d		-	2e	012	639.
3	Subtract line 2e from line 1			3	043,	039.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a = 20	1,107.			
	Other (Describe in Part XIV)	[4b] -20	1,10/.	4.	-201,	107
	Add lines 4a and 4b Tatal superson Add lines 2 and 4a (This must arrive) Form 900. Fort I line 18			4c 5		532.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **T XIV Supplemental Information			1 3 1	012,	332.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par	rt III. lines 1a and 4: Pa	art IV lines 1	h and 2h:	Part V line	4· Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also co					7, 1 GIL
	RT V, LINE 4: THE INTENDED USE OF THE END					
PRC	OGRAM EXPENSES.					
	•					
PAF	RT XI, LINE 8 - OTHER ADJUSTMENTS:					
						-
CHA	ANGE IN VALUE OF SPLIT INTEREST AGREEMENT	'S			-6 ,	354.
1 13.TT	DEALIZED CAIN IN DEDDERMINI MONORO				1	0 E E
UNF	REALIZED GAIN IN PERPETUAL TRUSTS				1,	055.
топ	TAL TO SCHEDULE D, PART XI, LINE 8				-5 .	299.
					- /	
				Schedule	D (Form 9	90) 2010
~~~~						

Schedule D (Form 990) 2010 ECS MINISTRIES	01-0555559 Page <b>5</b>
Part XIV Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	-201,106.
ROUNDING	-1.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-201,107.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	-201,106.
ROUNDING	-1.
TOTAL TO SCHEDULE D, PART XIII, LINE 4B	-201,107.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States SCHEDULE 1 (Form 990)

Open to Public Inspection	Employer identification number 01-055559		tance, and the selection $oxed{X}$ Yes $oxed{No}$ No	tibe in Part IV the organization's procedures for monitoring the use of grant funds in the United States  Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	ditional space is needed	(g) Description of (h) Purpose of grant	Φ				
Part IV, line 21 or 22.			ollty for the grants or assista	organization answered "Yes"	t II can be duplicated if add	f (f) Method of valuation (book, no FMV, appraisal, other)					
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.			the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ds in the United States nited States. Complete if the or	ceived more than \$5,000 Part	(d) Amount of (e) Amount of cash grant non-cash assistance					
nplete if the organization ar			the amount of the grants or a	onitoring the use of grant fundand Organizations in the Ur	his box if no one recipient re	(c) IRC section (c) if applicable					organizations
OO	ECS MINISTRIES	General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II   Grants and Other Assistance to Governments and Organizations in the United States. Complete	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed	of organization (b) EIN ent					Enter total number of section 501(c)(3) and government organizations
Department of the Treasury Internal Revenue Service	the organization	Part 1 General Informat	1 Does the organization r criteria used to award th	Part II Grants and Othe	recipient that reck	1 (a) Name and address of organization or government					2 Enter total number of section 501(c)(3) an

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. LINE 2: GRANTS AWARDED ARE MONITORED WITH REGULAR (d) Amount of non-cash assistance 0 6,750 (c) Amount of cash grant 27 (b) Number of recipients (a) Type of grant or assistance EMPLOYEES' CHILDREN'S SCHOLARSHIPS PART I, SCHEDULE I, REVIEWS 032102 01-13-11 Part III

Page 2

01-0555559

ECS MINISTRIES

Schedule I (Form 990) (2010)

### **SCHEDULE L**

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Name of the organization

Employer identification number 01-0555559

EC	S MINIST	RIES						1-05	<u>5555</u>	9			
Part I Excess Benefit	t Transaction	1S (section	on 501(c)(	3) and section	n 501(c)(4) organizatio	ons only)							
Complete if the org	anızatıon answe	red "Yes"	on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990·E	Z, Part	V, line 40	b.	,			
1 (a) Name of di	squalified persor	_		(b) Description of transaction						(c) Corrected			
(a) Name of the	squaimed persor	·		(b) Description of transaction			iction			Yes	No		
									·····				
		·											
		_											
<ul><li>2 Enter the amount of tax imposection 4958</li><li>3 Enter the amount of tax, if a</li></ul>	_		-	·		year un	der	<b>▶</b> \$ <b>▶</b> \$					
Part II Loans to and/o	or From Inte	ested l	Persons										
					line 26, or Form 990-E	7. Part \	/. line 38	Ba.					
(a) Name of interested person and purpose	(b) Loan to the organiz	or from	(c) Origin	nal principal nount	(d) Balance due	(e)	(e) In by		(e) In (f)		(f) Approved by board or committee?		ntten nent?
	То	From				Yes	No	Yes	No	Yes	No		
						ļ	ļ <u>-</u>	ļ					
						-							
			<u> </u>			-							
			<del>                                     </del>										
	-		<del> </del>					<del> </del>					
			1			<del>                                     </del>	<del> </del>						
				•									
Total			<del></del>	▶ \$				<u> </u>		<u> </u>			
Part III Grants or Assi		_											
Complete if the org		red "Yes"				•					•		
(a) Name of Interested	l person		(b) Helati		een interested person ganization	and			ount and assistan	d type of ce	i		
			<del>.</del>										
							-						
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							+-						
											-		

032131 12-21-10

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

Page 2

(a) Name of Interested person	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven		
				Yes	No
RANDY GRUBER	PRESIDENT OF SET FR		SET FREE MI		X
DAVID HARPER	SERVES AS BOARD MEM		LIFE'S KEY		X
ED GOODWIN	FORMER BOARD MEMBER		PURCHASED M		X
GREG KURAS	BOARD MEMBER		PURCHASED M		X
DANIEL SMITH	BOARD MEMBER		PURCHASED M PURCHASED M		X
IAN TAYLOR	BOARD MEMBER EXECUTIVE DIRECTOR		·		X
ROBERT TYLER RICK VOLGARINO	OPERATIONS MANAGER		PURCHASED M PURCHASED M	<b></b>	X
TERRY WILSON	BOARD MEMBER		PURCHASED M		X
IERRI WILSON	BOARD MEMBER	150.	TOKCHADED I		^
SCH L, PART IV, BUSINESS  (A) NAME OF PERSON: RAND		G INTEREST	PED PERSONS:		•
(B) RELATIONSHIP BETWEEN	I INTERESTED PERSON AND	ORGANIZAT	CION:		
PRESIDENT OF SET FREE MI	NISTRIES THAT DOES BUS	INESS WITH	ECS MINIST	RIES	
(D) DESCRIPTION OF TRANS	SACTION: SET FREE MINIS	TRIES PURC	HASES COURS	ES	
FROM ECS MINISTRIES	<del></del>				
(A) NAME OF PERSON: DAVI	D HARPER				
(B) RELATIONSHIP BETWEEN	I INTERESTED PERSON AND	ORGANIZAT	CION:		
SERVES AS BOARD MEMBER C	ON LIFE'S KEY THAT DOES	BUSINESS	WITH ECS MI	NIST	RII
(D) DESCRIPTION OF TRANS	SACTION: LIFE'S KEY PUR	CHASES COU	URSES FROM E	cs	
, , , , , , , , , , , , , , , , , , ,					
MINISTRIES					
(A) NAME OF PERSON: ED G	GOODWIN				
(II) WHILD OF THROOMS HE C		MODEL TEN		IR	
	SACTION: PURCHASED MATE	RIAL FROM	ECS FOR THE		
(D) DESCRIPTION OF TRANS				<del></del> -	
	THEIR MINISTRY, OR OR	RGANIZATION	THEY ARE		
(D) DESCRIPTION OF TRANS	THEIR MINISTRY, OR OR OR THE ORG	RGANIZATION	THEY ARE		

032132 12-21-10 Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990-EZ) 2010 ECS MINISTRIES	01-0555559 Page 2
Part V Supplemental Information	
Complete this part to provide additional information for responses to questions on Schedule L (see ins	structions)
(D) DESCRIPTION OF TRANSACTION: PURCHASED MATERIAL FROM E	
OWN PERSONAL USE, USE IN THEIR MINISTRY, OR ORGANIZATION '	THEY ARE
ASSOCIATED WITH PURCHASED MATERIAL FOR THE ORGANIZATION'S	USE
	, .,
<del></del>	
	. <u></u>

## **SCHEDULE O**

(Form.990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Attach to Form 990 or 990-EZ. Internal Revenue Service **Employer identification number** Name of the organization 01-0555559 ECS MINISTRIES FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATION, AND EDIFYING IN NATURE FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PUBLISHED EVANGELICAL CHRISTIAN BOOKS AND GROUP STUDY GUIDES. OF 13,800 BOOKS AND GUIDES WERE DISTRIBUTED. EXPENSES \$ 17,450. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,409. FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FINANCE/AUDIT COMMITTEE WILL REVIEW THE FORM 990 WITH THE TAX PREPARER. FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER, OFFICER, AND MANAGEMENT EMPLOYEE SHALL CERTIFY IN WRITING ANNUALLY TO THE BOARD THAT THEY HAVE RECEIVED AND READ A COPY OF THE CONFLICTS OF INTEREST POLICY AND THAT NO CONFLICTS EXIST EXCEPT AS MAY BE DISCLOSED AS PART OF THEIR CERTIFICATION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED GAINS ON INVESTMENTS: 24. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -6,354. UNREALIZED GAIN IN PERPETUAL TRUSTS 1,055.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211

TOTAL TO FORM 990, PART XI, LINE 5

Schedule O (Form 990 or 990-EZ) (2010)

-5,275.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization ECS MINISTRIES	Employer identification number 01-0555559
FORM 990, PART XI, LINE 2C	
AUDIT COMMITTEE RESPONSIBILITY	
THE ORGANIZATION'S AUDIT COMMITTEE'S PROCEDURES FOR THE	OVERSIGHT OF
THE AUDIT HAVE NOT CHANGED FROM THE PRIOR YEAR.	
· - · · · · · · · · · · · · · · · · · ·	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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20	en to	nspec
	ទ	_

OMB No 1545-0047

Employer identification number

01-0555559

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part !

ECS MINISTRIES

Schedule R (Form 990) 2010 (g) Section 512(b)(13) Ŷ × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling End-of-year assets **e** status (if section Public charity 170(B)(1)(A) 501(c)(3)) Total Income **Exempt Code** section 501(C)(3) ছ Legal domicile (state or Legal domicile (state or foreign country) foreign country) IOWA ACCREDITED, EVANGELICAL PRIVATE, FOUR-YEAR, Primary activity Primary activity BIBLE COLLEGE For Paperwork Reduction Act Notice, see the Instructions for Form 990. EMMAUS BIBLE COLLEGE - 36-2270695 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 52001 2570 ASBURY ROAD DUBUQUE, IA Part II

Page 2

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01-0555559

Schedule R (Form 990) 2010 ECS MINISTRIES

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

S.	General or Percentage managing ownership partner? Yes No			e related	(h) Percentage ownership			Schedule R (Form 990) 2010
5	General or managing partner?  Yes No			one or mo	(g) Share of end-of-year assets			le R (Form
€	Code V·UBI amount in box 20 of Schedule K·1 (Form 1065)			ecause it had				 Schedu
ε	Disproportion- ate allocations?			t IV, line 34 t	(f) Share of total income			
(6)	Share of end-of-year assets			to Form 990, Parl	(e) Type of entity (C corp, S corp, or trust)			
	Share of total income			on answered "Yes"	(d) Direct controlling entity			
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)			olete if the organizati	(c) Legal domcile (state or foreign country)			35
<b>(</b> D)	Direct controlling Featify ex			ration or Trust (Compear.)	(b) Primary activity			:
<u>(</u> )	Legal domicile (state or foreign country)			is a Corpoi g the tax y				
<b>(</b> 2)	Primary activity	•		ianizations Taxable a	Z c			
(e)	Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization			032162 12-21-10

Page 3

Yes

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<del>1</del>9

# Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

entity is listed in Parts II, III, or IV of this schedule.	the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
arts II, II	on er

- Receipt of (i) Interest (ii) annuttes (iii) royalties or (iv) rent from a controlled entity
- - **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- e Loans or loan guarantees by other organization(s)

d Loans or loan guarantees to or for other organization(s)

- - Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
  - Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)

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- Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- Sharing of paid employees
- Reimbursement paid to other organization for expenses 0
- Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

relationships and transaction thresholds.	(d) Method of determining
ine, including covered	(c) Amount involved
ho must complete the	(b) Transaction
wer to any of the abo	(a) Name of other organization

<b>(a)</b> Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) EMMAUS BIBLE COLLEGE	M	3,000.FMV	FMV
(2) EMMAUS BIBLE COLLEGE	0	8,734.	8,734.ACTUAL EXPENSES PAID
(3) EMMAUS BIBLE COLLEGE	æ	2,710.	2,710.DONATIONS RECEIVED
(4)			
(5)			

032163 12-21-10

Schedule R (Form 990) 2010

01-0555559

Page 4

Schedule R (Form 990) 2010 ECS MINISTRIES

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(g)	(0)	9	(e)	€	(B)	ε
Name, address, and EIN of entity	Primary activity	sign Sign	Are all partners section 501(c)(3) organizations?	end-of- sets	or- e ns?	Code V-UBI amount in box 20	8 5 2
		country)	Yes No			(Form 1065)	, i
							_
				·			
			-				
			-10-1				
			<b></b>				

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Schedule R (Form 990) 2010

Schedule R	(Form 990) 2010 ECS MINISTRIES	01-0555559 b	age 5
Part VII	Supplemental Information		
	Gappienental Information		
	Complete this part to provide additional information for responses to questions on Schedule R (see instru	ructions).	
-			
		<del></del>	
		<del> </del>	

### Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

						<del></del>
• If yo	u are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box		<b>•</b>	X
<ul><li>If yo</li></ul>	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).		
Do no	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868.	
Electr	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time to	o file (6	6 months for a corp	oration
require	d to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically file F	orm 8	868 to request an e	xtension
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Trans	sfers /	Associated With Ce	rtaın
Persor	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on th	ne elec	ctronic filing of this f	orm,
visit w	ww.irs.gov/efile and click on e-file for Charities & Nonprofits					<u>-</u>
Part						
A corp	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete	_	
Part I d					•	
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns	ICs, and ti	rusts must use Form 7004 to request an	exten	ision of time	
	<u> </u>			ī_		
Type o	Name of exempt organization			Emp	loyer identification	number
print	ECS MINISTRIES			ر ا	1-0555559	
File by th	e Noorboo stood oo daasaa saabaa aa Ka DO baasaa			1 0	1-0333333	
due date filing you		ee instruc	tions.			
return See					-	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  DUBUQUE, IA 52004-1028						
	20202017 111 32001 1020	<del></del>				
Enter t	he Return code for the return that this application is for (file	a separat	te application for each return)			0 1
	the field in cook for the feether that the approach to fee the	у ш оорш. ш				لتبلب
Application Return Application					Return	
ls For			Is For			Code
Form 9	90	Code 01	Form 990-T (corporation)			07
Form 9		02	Form 1041-A		.,	08
Form 9	90-EZ	03	Form 4720			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
	ROBERT TYLER					
	books are in the care of ▶ 2250 CHANEY ROA	<u> AD – I</u>	DUBUQUE, IA 52001			
Tele	phone No. ► <u>(563)585-2070</u>		FAX No. ▶			
	e organization does not have an office or place of business				<b>&gt;</b>	
• If th	is is for a Group Return, enter the organization's four digit (	1				
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of all	memb	ers the extension is	for.
1	request an automatic 3-month (6 months for a corporation					
-	FEBRUARY 15, 2012, to file the exemp	t organizat	tion return for the organization named a	bove	The extension	
	s for the organization's return for:					
	►  calendar year or ■ X tax year beginning JUL 1, 2010		TIIN 20 2011			
	tax year beginning JUL 1, 2010	, an	d ending <u>JUN 30, 2011</u>		<b>-</b> ·	
•	faboratory reasonable and the familian about 40 monaths.	h l			_	
2	f the tax year entered in line 1 is for less than 12 months, c	neck reas	on: Initial return I Fina	l retur	n	
	Change in accounting period					
3a	f this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6060 o	nter the tentative toy loss say			
	i (nis application is for Form 990-BL, 990-PF, 990-1, 4720, 6 ionrefundable credits. See instructions.	J. 0003, E	inter the tentative tax, less ally	3a	\$	0.
-	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	Ja	•	
	estimated tax payments made. Include any prior year overp			3ь	\$	0.
-	Balance due. Subtract line 3b from line 3a. Include your pa			"		
	by using EFTPS (Electronic Federal Tax Payment System).	•	•	3c	s	0.
	n. If you are going to make an electronic fund withdrawal v					
	For Panerwork Reduction Act Notice see Instructions		1 Joseph Communication of the Louisian Communication of the		Form 8868 /B	