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Form 990-EZ

Department of the Treasury Internal Revenue Service

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public Inspection

A F	or the	2011 calenda	ar year, or tax year beginning	01/01	<u>, 2011,</u>	and endin	9	12/31	, 20	11
В	⊼heck of ap	plicable:	C Name of organization				D Empl	o ye r id	entification numbe	er
	Address d	hange	Eric Elder Ministries					3	6-4217876	
닏	Name cha	nge	Number and street (or P.O. box, if mail is no	ot delivered to street address)		Room/suit	e E Telep	hone n	umber	
_	Initial retur		25615 E 3000 North Rd			ļ		81	5-326-5817	
Ħ	Terminate		City or town, state or country, and ZIP + 4	··· · · · · · · · · · · · · · · · · ·		·	F Grou	ın Exe	motion	
=	Amended Apolication	n pending	Chenoa, IL 61726					ber I	•	
		ing Method:	☑ Cash ☐ Accrual Other (spe	oriful D					f the organization	
	Nebsit	-	E case E recita Cilia (spe						ach Schedule B	i is inot
			eck only one) - 🗸 501(c)(3) 🔲 501(c)	() ∢ (insert no.) ☐ 494	17/aV1\ or	527	-		2011 Scriedule B D-EZ, or 990-PF).	
	Check >						<u> </u>			
			e organization is not a section 509(a)(3) s XX. A Form 990-EZ or Form 990 return is							
			oses to file a return, be sure to file a con		330-14 (E	-postcaro	may be req	uirea (see instructions).	. But II
	_		7b, to line 9 to determine gross receipts. If	•	or more	or if total as	neete (Part II			
			ow) are \$500,000 or more, file Form 990 in		O 11100-0,	OI II Waa aa	sseus (Fartii,			
					D-1			\$		80,902
F	art I		e, Expenses, and Changes in							-
	т -		the organization used Schedule		estion	in this Pa	urti			<u>. [/]</u>
	1		ons, gifts, grants, and similar amour					1	!	53,147
	2	-	ervice revenue including governme					2	-	0
	3							3		0
	4	Investment						4		0
	5a		ount from sale of assets other than i	â	5a		127,755			
	b		or other basis and sales expenses		_5b		110,809			
	C	Gain or (los	ss) from sale of assets other than in	ventory (Subtract line 5	b from l	ine 5a) .		5c		16,946
	6		nd fundraising events	~~ \vec{v}						
_	а		ome from gaming (attach Sche	äùle G ∖if∠greater tha	n .					
Revenue	Ì	\$15,000)	[] . BP.R . I	·····	6a		0			
9	b		ome from fundralising events (not inc			f contribu	tions			
æ	l	from fundr	raising events reported on line 1)	ttach Schedule G if the	е			1		
		sum of suc	ch gross income and contributions	exceeds \$15,000)	6b	l	0			
	С	Less: direc	ct expenses from gaming and fundr	aising events	6c		0			
	d	Net incom	ne or (loss) from gaming and fundr	aising events (add line:	s 6a and	6b and	subtract			
	}	line 6c) .						6d		0
	7a	Gross sale	es of inventory, less returns and allo	wances	7a	1	0			
	ь	Less: cost	of goods sold		7b		0			
	C	Gross prof	fit or (loss) from sales of inventory (Subtract line 7b from lin	e 7a) .			7c		0
	8	-	enue (describe in Schedule O)		•			8		0
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c					9		70,093
6	10		d similar amounts paid (list in Scheo					10		0
U	11		aid to or for members					11		
É	12		other compensation, and employee	benefits				12		24.641
8			nal fees and other payments to inde					13		0
_ ₹	14		y, rent, utilities, and maintenance					14		19,116
//Æxpens	15		ublications, postage, and shipping					15		3,757
7	16		enses (describe in Schedule O) .					-		3,757 16,593
	1							16		
Nec Assessed	10	Evere se	enses. Add lines 10 through 16 .	7 from line (1)		<u> </u>	🟲	17		64,107
	18 19		(deficit) for the year (Subtract line 1					18		5,986
	'8	end-of-vec	s or fund balances at beginning of ar figure reported on prior year's ret	year (from line 27, coll	umn (A))	(must aq	gree with	ا مد ا	!	
X	000							19		83,475
	20		nges in net assets or fund balances					20	(8	32,000)
~ _	21	Net assets	or fund balances at end of year. C	ombine lines 18 through	120 .		▶	21		7,461



_				
Farm	990-	F7	(2011)	١

Page 2

Pa	Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			1,475	22	7,461
23	Land and buildings			82,000	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			83,475	25	7,461
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column			83,475	27	7,461
Par		- '		•		Expenses
	Check if the organization used Schedule			Part III 🔲	(Re	gured for section
Wha	t is the organization's primary exempt purpose?	Religious, Education	nal and Charitable			(c)(3) and 501(c)(4)
	ribe the organization's program service accompli					anizations and section (7(a)(1) trusts; optional
	neasured by expenses. In a clear and concise mons benefited, and other relevant information for each		e services provide	d, the number of		others.)
28	Created inspirational messages and music to encou	rage people in their f	aith			
	(sent to 35,000 people weekly)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28	a 43,685
29	Continued renovation of Clover Ranch property					
	(including renovations on house, garage and outbu	ildings)			ļ	}
	(Grants \$) If this amount	includes foreign gra	ints, check here	▶ 🗆	29:	a 13,491
30	Provided spiritual guidance and personal prayer for	those needing minist	try			
	(responded to 150 personal requests)					
					İ	1
		includes foreign gra	ints, check here .	<u> Þ 🗆 </u>	30	a 11,917
31	Other program services (describe in Schedule O)				ŀ	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31	
32					32	
Par					nstr	uctions for Part IV.)
	Check if the organization used Schedule	O to respond to a			·-	<u> U</u>
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISo (if not paid, enter -0-		ľ) Estimated amount of other compensation
Eric	Elder	President, 50			T	
2561	5 E 3000 North Rd, Chenoa, IL 61726		24,64	1	0	0
Al L	owry	Vice President, 1		1	Т	
2502	1 Shaver Lake Circle, Lake Forest, CA 92630			0	0	0
Brer	it Knapton	Secretary,			Т	•
1910	7 Inland Grove Ct, Cypress, TX 77429	Treasurer, 1		0	0	0
Dan	Mountney	Board Member, 1			1	
4376	Bennett Park Circle, Troy, MI 48085			0	0	0
	**************************************			1		
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		4				
		i e	•	•		

Form 99	0-EZ (2011)		þ	age 3
. Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
	Dild the second of the second		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<u> </u>	<u> </u>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		1	١,
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	-	✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		ſ
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		V	┢
b	Did the organization file Form 1120-POL for this year?	37ь	İ	1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			- * -
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	1	1	
b 40a	Gross receipts, included on line 9, for public use of club facilities	1		ļ .
408	section 4911 ▶ 0 : section 4912 ▶ 0 : section 4955 ▶ 0			
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		ĺ	ļ
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			1
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		✓
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	ĺ	ļ	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
•	reimbursed by the organization			1
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		1	
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	✓
41	List the states with which a copy of this return is filed.	045 04	. F04	
42a	The organization's books are in care of ► Eric Elder Located at ► 25615 E 3000 North Rd, Chenoa, IL ZIP + 4 ►	815-32	726	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	01	Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	_	√
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			,
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	Ц	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		•	_
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	ļ		
_	completed instead of Form 990-EZ	44a	-	✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			,
^	Did the organization receive any payments for indoor tanning services during the year?	44b 44c	 	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	 	1-	├ ▼
_	explanation in Schedule O	44d	1	l
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	+	1
45b	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," Form 990 and Schedule R may need to be completed instead of		1	1.
	Form 990-EZ (see instructions)	45b	1	1 1

	0-12 (2011)							age 4
46	Did the organization engage, directly or	indirectly in political	ampaign activition	on bobolf	of ar in annaci		Yes	No
70	to candidates for public office? If "Yes,"	' complete Schedule (C Part I	on benan (or or in opposi	40		
Part \							rtion	I ✓
	501(c)(3) organizations and sec							Ь
	and 52, and complete the table							_
	Check if the organization used S			n this Part	VI		_	. 🗆
							Yes	
47	Did the organization engage in lobbying	g activities or have a	section 501(h) elec	ction in effe	ect during the	tax	1	1
	year? If "Yes," complete Schedule C, Pa							1
48	Is the organization a school as described						<u> </u>	7
	Did the organization make any transfers							7
	If "Yes," was the related organization as					. 49b		
50	Complete this table for the organization	's five highest comper	nsated employees (other than	officers, direct	ors, truste	es an	id key
	employees) who each received more that	an \$100,000 of compe	nsation from the or	ganization.	If there is non	e, enter "N	lone."	•
	(a) Name and address of each employee	(b) Title and average	(c) Reportable		ealth benefits,	(a) Faterate		
	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MIS	honofit n	tions to employee lans, and deferred	(e) Estimate other con		
		devoted to position	(FORTIS 44-2) 1093-1403	∞ ∞	mpensation			
None								
		_						
		4						
		4	ļ					
51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization and address of each independent contractor process.	n's five highest comp panization. If there is n	ensated independe one, enter "None."		<u> </u>			than
	rearine and address or each independent contractor p	oaid more than \$100,000	(b) Type of	service	(c)	Compensati	on	
None			4					
	· · · · · · · · · · · · · · · · · · ·		 		 			
			-					
			 					
			4					
			 					
			1					
			 					
		***************************************	1		,			
d	Total number of other independent cont	ractors each receiving	over \$100,000	. ▶		-		
	Did the organization complete Schedule	_	•	ons and 49	47(a)(1)		_	
	nonexempt charitable trusts must attach					► 🗹 Yes		No
Under pe	enalties of perjury, I declare that I have examined this	s return, including accompar	rying schedules and stat	ements, and t				
	rect, and complete. Declaration of preparer (other the							•
	Lew Colder				4/5/12			
Sign	Signature of officer				Date			
Here	Eric P Elder, President							
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	-	
Prepa	arer				self-emplo			
Use (1				Firm's EIN ▶			
	Firm's address ▶				Phone no.			
May th	e IRS discuss this return with the prepare	er shown above? See	instructions			Veg		No

SCHEDULE A (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.

2011 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization **Eric Elder Ministries**

Employer identification number 36-4217876

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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 ☐ Type I b Type II c Type III-Functionally integrated e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of the organization in col. (i) of your organization (described on lines 1-9 in cot (i) listed in your governing document? above or IRC section (i) organized in the support? (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

							raye 🕰
Part		ations Descri	ibed in Secti	ons 170(b)(1)(A)(îv) and 1	70(b)(1)(A)(v)
	(Complete only if you checked the	he box on line	5, 7, or 8 of	Part I or if the	organization	n failed to qua	alify under
	Part III. If the organization fails to	o qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
Calen	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1					
	include any "unusual grants.")	51,892	42,539	53,027	48,472	53,147	249,077
2	Tax revenues levied for the	,					
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	51,892	42,539	53,027	48,472	53,147	249,077
5	The portion of total contributions by	ł					
	each person (other than a	1					
	governmental unit or publicly	Ι Ι					
	supported organization) included on						
	line 1 that exceeds 2% of the amount]]					
_	shown on line 11, column (f)		·····				86,760
6	Public support. Subtract line 5 from line 4.						162,317
	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	51,892	42,539	53,027	48,472	53,147	249,077
8	Gross income from interest, dividends,	1					
	payments received on securities loans,	1					
	rents, royalties and income from similar sources	30	0				20
9	Net income from unrelated business	33	U	0	0	0	33
9	activities, whether or not the business						
	is regularly carried on	0	O	O	0	0	0
10	Other income. Do not include gain or	<u> </u>					
	loss from the sale of capital assets]					
	(Explain in Part IV.)	ا	ام	0	0	o	
11	Total support. Add lines 7 through 10						249,110
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	240,110
13	First five years. If the Form 990 is for the	he organization	i's first, secon				n 501(c)(3)
	organization, check this box and stop he	=			=		
Secti	ion C. Computation of Public Support	rt Percentage	9				
14	Public support percentage for 2011 (line	6, column (f) di	vided by line 1	1, column (f))		14	65.16 %
15	Public support percentage from 2010 Sc		•			15	62.38 %
16a	331/3% support test-2011. If the organi	ization did not o				3% or more, c	heck this
	box and stop here. The organization qua			•			. ▶ ☑
ь	331/3% support test-2010. if the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 33¹/3%	or more,
	check this box and stop here. The organ	ization qualifie:	s as a publicly	supported org	anization .		. ▶ 🗆
17a							
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	eck this box an	d stop here. E	Explain in
	Part IV how the organization meets the "	facts-and-circu	ımstances" tes	st. The organiza	ation qualifies	as a publicly s	upported
	organization						. ▶ □
b	10%-facts-and-circumstances test-2	010. If the orga	ınization did n	ot check a box	on line 13, 16	a, 16b, or 17a	, and line
	15 is 10% or more, and if the organization				•		•
	Explain in Part IV how the organization m	neets the "facts	s-and-circums	tances" test. T	he organizatio	n qualifies as a	a publicly
							. ▶ 🗆
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	inetraletione						

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.)

A-	11 the organization rails to quality	dildor the to	oto ilotoa boit	, picaco oc	inplote i art		
	on A. Public Support	() 0007	T		(= 0040	4 2 5 5 4 4	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					1	
2	Gross receipts from admissions, merchandise		·i				
_	sold or services performed, or facilities		[[[[
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose						
•	unrelated trade or business under section 513					}	
4	Tax revenues levied for the	<u> </u>	 				
4	organization's benefit and either paid		1		ļ		
	to or expended on its behalf		ŀ	ļ	+		
5	The value of services or facilities		 	 	 		
•	furnished by a governmental unit to the					1	
	organization without charge						
6	Total. Add lines 1 through 5		† · · · · · · · · · · · · · · · · · · ·				
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		i			1	
b	Amounts included on lines 2 and 3						
	received from other than disqualified		Į.	l	į		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			<u> </u>			
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			1	1		
	line 6.)		1	<u> </u>	<u> </u>	<u> </u>	
	on B. Total Support		T #	T	T		
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		 				
iva	Gross income from interest, dividends, payments received on securities loans, rents,		į		ł	l l	
	royalties and income from similar sources .		1]	j		
h	Unrelated business taxable income (less		 		·		
	section 511 taxes) from businesses		1				
	acquired after June 30, 1975						
С	Add lines 10a and 10b		1		 		
11	Net income from unrelated business				†		
	activities not included in line 10b, whether				1	İ	
	or not the business is regularly carried on		ł		j	Ì	
12	Other income. Do not include gain or		1				
	loss from the sale of capital assets		1		1]]	
	(Explain in Part IV.)				<u> </u>		
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon	•	•		* * * * *
Secti	on C. Computation of Public Suppor	rt Percentag	30				
15	Public support percentage for 2011 (line	B, column (f) d	livided by line 1	3, column (f))		15	%
16	Public support percentage from 2010 Sci	hedule A, Part	III, line 15 .	<u> </u>	<u></u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2011 (17	%
18	Investment income percentage from 2010					18	%
19a	331/a% support tests—2011. If the organ			-			
	17 is not more than 33½%, check this box		=	•	•	=	_
b	331x% support tests -2010. If the organization 19 is not more than 221x94, shock this						
00	line 18 is not more than 331/3%, check this	-	_	-			_
_20	Private foundation. If the organization d	u not check a	DOX ON LINE 14	, 19a, or 19b,	CHECK THIS DOX	and see instru	cuons 🟲 📙

A LOURING U. ft	um 330 u 330-12/2011	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		
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(Form 990 or 990-EZ) SCHEDULE N

Department of the Treasury Internal Revenue Service Name of the organization

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OMB No. 1545-0047 20

Open to Pub

Employer identification number ► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions, or plans. ► Attach to Form 990 or 990-EZ

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Schedule N (Form 990 or 990-EZ) (2011)

Cat. No. 50087Z

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

• If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

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

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Part III	

SCHÈDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number **Eric Elder Ministries** 36-4217876 Form 990-EZ, Part 1, Line 16 - internet access, phone, license fees, supplies Form 990-EZ, Part 1, Line 20 - sale of Clover Ranch property