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Form **990-EZ**

OMB No 1545-1150

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. All other organizations with gross receipts less than \$200,000 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.

Open to Public Inspection

		o no to		and en	g						
B	Check if applicab	C Name of organization				D Em	ployer id	fentification number			
L	Addre	ess change									
	Name	change ELIJAH LIST MINISTRIES, INC.		16-1690199							
L	linitial	Number and street (or P.O. box, if mail is not delivered to street address	E Tel	E Telephone number							
	Termi	inated 528 ELLSWORTH ST SW	5	41-9	967 <u>-</u> 3665						
L	Amer	city or town, state or country, and ZIP + 4				F Gro	oup Exen	nption			
	Applica	ation pending ALBANY, OR 97321				Nu	mber 🕨				
G	Accour	nting Method:				H Ch	eck 🖊	if the organization is not			
ı	Websit	e: ► WWW.ELIJAHLIST.COM				req	juired to	attach Schedule B			
J	Tax-ex	empt status (check only one) — X 501(c)(3) 501(c) (') ◀(insert r	no.)] 4947(a)(1) (or 🔲 527	(Fo	rm 990,	990-EZ, or 990-PF).			
K	Check	If the organization is not a section 509(a)(3) supporting organization or a	a section	527 organiza	ion and its o	ross r	eceipts a	re normally not more than			
		O. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postc									
	a returr	n, be sure to file a complete return.				•		•			
L	Add lin	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,	,000 or m	nore, or if total	assets (Part	II,					
	line 25,	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			•		▶ \$	199,819.			
P	art I	Revenue, Expenses, and Changes in Net Assets or F	und E	Balances (see the instr	uctions	for Part				
		Check if the organization used Schedule O to respond to any question in this Pa	art I					X			
	1	Contributions, gifts, grants, and similar amounts received					1	182,054.			
	2	Program service revenue including government fees and contracts					2	17,765.			
	3	Membership dues and assessments					3				
	4	Investment income					4	<u> </u>			
	5a	Gross amount from sale of assets other than inventory	5	ia							
	Ь	Less: cost or other basis and sales expenses	5	ib]				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line	5a)				5c				
	6	Gaming and fundraising events	•								
Ð	a	Gross income from gaming (attach Schedule G if greater than		1 1							
Revenue		\$15,000) RECEIVED	E	ia							
ě	Ь	Gross income from fundraising events (not including \$. 01	contributions			-,				
E		from fundraising events reported on line 1) (attach Schedule G if the sum of such	<u> </u>								
		gross income and contributions exceeds \$15,000 AUG 1 2 2013	임 6	ib							
	C		S 6	ic							
	d	Net income or (loss) from gaming and fundraising events and limited for an analysis an	nd subtra	ct line 6c)			6d				
	7a	Gross sales of inventory, less returns and allowances	1 1	'a							
	b_	Less: cost of goods sold	7	'b			Marianta.				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<u></u> -				7c				
	8	Other revenue (describe in Schedule O)					8				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				>	9	199,819.			
_	10	Grants and similar amounts paid (list in Schedule O)	SEE	SCHEDU	JLE O		10	502.			
3	11	Benefits paid to or for members					11				
₹8	12	Salaries, other compensation, and employee benefits					12	84,110.			
چو	13	Professional fees and other payments to independent contractors			-		13	5,461.			
AU (Expensesul)	14	Occupancy, rent, utilities, and maintenance	SEE	SCHEDU	JLE O		14	13,250.			
۳	15	Printing, publications, postage, and shipping					15	395.			
Z	16	Other expenses (describe in Schedule 0)	SEE	SCHEDU	JLE O		16	71,278.			
	17	Total expenses. Add lines 10 through 16				>	17	174,996.			
بيبا	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	24,823.			
0	19	Net assets or fund balances at beginning of year (from line 27, column (A))									
Ą.		(must agree with end-of-year figure reported on prior year's return)					19	19,542.			
Net AssisteD	20	Other changes in net assets or fund balances (explain in Schedule O)					20	0.			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20					21	44,365.			
LH	A For	Paperwork Reduction Act Notice, see the separate instructions.						Form 990-EZ (2012)			

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	mago-ex (2015) ELIJAH LIST M				<u> </u>	99 Page 2
Pa	art II Balance Sheets (see the instr	•				
	Check if the organization used	<u>d Schedule O to re</u>				X
			(A) Beginning of year		nd of year_
22	Cash, savings, and investments			43,434	. 22	<u>48,436.</u>
23	Land and buildings				23	
24	Other assets (describe in Schedule 0)	EE SCHEDULE	0	<u>3,891</u>		23,309.
25	5 Total assets			47,325	. 25	<u>71,745.</u>
26	5 Total liabilities (describe in Schedule 0) SE	EE SCHEDULE	0	<u>27,783</u> .	26	27,380.
27				19,542	. 27	44,365.
Pa	art III Statement of Program Servi	-	•	•		kpenses .
	Check if the organization used	d Schedule O to re	espond to any questic	on in this Part III		for section and 501(c)(4)
Wha	at is the organization's primary exempt purpose? SE	EE SCHEDULE	0			ons and section
Desc	cribe the organization's program service accomplishments for	each of its three largest program	m services, as measured by expense	es in a clear and concrse) trusts; optional
manı	nner, describe the services provided, the number of persons be	enefited, and other relevant info	mation for each program title		for others	.)
28	SEE SCHEDULE O					
	_				_	
	(Grants \$) If this a	mount includes foreign	grants, check here	•	28a	
29						
					_	
					_	
	(Grants \$) If this a	amount includes foreign	grants, check here	>	29a	
30	Ţ		<u>g</u>	·		
••						
					-	
	(Grants \$) If this a	amount includes foreign	grants, check here	•	30a	
31	Other program services (describe in Schedule		granto, oriooktrioro	·		
٠.		amount includes foreign	nrants check here	.	□ 31a	
32	Total program service expenses (add lines 2		rgiants, check here	•	▶ 32	0.
P	Part IV List of Officers, Directors, T	rustees, and Kev	Employees List each one	even if not compensated (c		for Part IVA
<u></u>	Check if the organization used					
	Onder it the organization door	<u>a concadio o to re</u>	(b) Average hours		(d) Health benefits,	(e) Estimated
	(a) Name and title		per week devoted to	compensation (Forms	contributions to employee benefit	amount of other
	(a) Name and the		position	W-2/1099-MISC)		
Cu.			position	(if not paid, enter -0-)	plans, and deferred	compensation
_	יידיוד פאוווייי		position		plans, and deferred compensation	compensation
	TEVE SHULTZ			(if not paid, enter -0-)	plans, and deferred compensation	
ТТ	RESIDENT		40.00		plans, and deferred	compensation 0.
	RESIDENT ISA AJ COOKEDOYLE		40.00	(if not paid, enter -0-)	plans, and deferred compensation	0.
TF	RESIDENT ISA AJ COOKEDOYLE REASURER			(if not paid, enter -0-)	plans, and deferred compensation	
TF	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE		40.00	77,458.	plans, and deferred compensation 0.	0.
TF CH DI	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR		40.00	(if not paid, enter -0-)	plans, and deferred compensation	0.
TF CF DI DE	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ		15.00	77,458.	plans, and deferred compensation 0.	0.
TE CH DI DI DI	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR		40.00	77,458.	plans, and deferred compensation 0.	0.
TE CH DI DE DI CH	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR HERYL BLACK		40.00 15.00 1.00	77,458. 0. 0. 0.	plans, and deferred compensation 0. 0.	0.
TE CH DI DE DI CH	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR		15.00	77,458.	plans, and deferred compensation 0.	0.
TE CH DI DE DI CH	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR HERYL BLACK		40.00 15.00 1.00	77,458. 0. 0. 0.	plans, and deferred compensation 0. 0.	0.
TE CH DI DE DI CH	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR HERYL BLACK		40.00 15.00 1.00	77,458. 0. 0. 0.	plans, and deferred compensation 0. 0.	0.
TE CH DI DE DI CH	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR HERYL BLACK		40.00 15.00 1.00	77,458. 0. 0. 0.	plans, and deferred compensation 0. 0.	0.
TE CH DI DE DI CH	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR HERYL BLACK		40.00 15.00 1.00	77,458. 0. 0. 0.	plans, and deferred compensation 0. 0.	0.
TE CH DI DE DI CH	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR HERYL BLACK		40.00 15.00 1.00	77,458. 0. 0. 0.	plans, and deferred compensation 0. 0.	0.
TE CH DI DE DI CH	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR HERYL BLACK		40.00 15.00 1.00	77,458. 0. 0. 0.	plans, and deferred compensation 0. 0.	0.
TE CH DI DE DI CH	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR HERYL BLACK		40.00 15.00 1.00	77,458. 0. 0. 0.	plans, and deferred compensation 0. 0.	0.
TE CH DI DE DI CH	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR HERYL BLACK		40.00 15.00 1.00	77,458. 0. 0. 0.	plans, and deferred compensation 0. 0.	0.
TE CH DI DE DI CH	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR HERYL BLACK		40.00 15.00 1.00	77,458. 0. 0. 0.	plans, and deferred compensation 0. 0.	0.
TE CH DI DE DI CH	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR HERYL BLACK		40.00 15.00 1.00	77,458. 0. 0. 0.	plans, and deferred compensation 0. 0.	0.
TE CH DI DE DI CH	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR HERYL BLACK		40.00 15.00 1.00	77,458. 0. 0. 0.	plans, and deferred compensation 0. 0.	0.
TE CH DI DE DI CH	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR HERYL BLACK		40.00 15.00 1.00	77,458. 0. 0. 0.	plans, and deferred compensation 0. 0.	0.
TE CH DI DE DI CH	RESIDENT ISA AJ COOKEDOYLE REASURER HUCK PIERCE IRECTOR ERENE SHULTZ IRECTOR HERYL BLACK		40.00 15.00 1.00	77,458. 0. 0. 0.	plans, and deferred compensation 0. 0.	0.

Pa	instructions for Part V) Check if the organization used Sch. O to respond to any question in the			$\overline{\mathbf{x}}$
	, and the second of the second			
00	Did the greatest and are seen as a second seed of the IDOO MAN. It is the seed of the IDOO MAN.	Γ	res	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	1 1		
• •	activity in Schedule 0	33		X
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		X
35 a	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		X
	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	N/	<u>A</u>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	<u>.</u>		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	-	<u> </u>	-
39	Section 501(c)(7) organizations. Enter:	7 '	ĺ	
а	Initiation fees and capital contributions included on line 9		-	İ
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	7		i .
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	7	-	
	section 4911 ► O . ; section 4912 ► O . ; section 4955 ► O .] '	1	
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the		1	İ
•	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?		l	
	If "Yes," complete Schedule L, Part 1	40b		x
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	400		12
·	or disqualified persons during the year under sections 4912, 4955, and 4958		1	
4	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		1	
u	•	1		
_			-	-
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1	1	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed OR CHILD TO CHILD THE CONTROL TO CHILD THE CONTROL TO CHILD THE C	<u> </u>	<u> </u>	
42 a	The organization's books are in care of STEVE SHULTZ Telephone no. 541-9			
		<u>9832</u>	_	
p	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	\\\ -	NI.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	† — —
-	account)?	42b		X
	If "Yes," enter the name of the foreign country:		- i	<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	Ţ 1		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	X
	If "Yes," enter the name of the foreign country:			
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	N/A		
				,
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
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	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
_	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	1.04		
700	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b]
	5 12/4/1/10/ 11 100/ 1000 data contagnia in may move to be completed moteau on only 200-L2 (255 monactions)	Form 9:	90-F7	(2012)
			JU LA	(2012)

16-1690199

Page 3

ELIJAH LIST MINISTRIES, INC.

Form	990-EZ (2	2012)	ELIJA	H LIST	MINISTRIES,	INC.			16-16901	.99	I	Page 4
40	D-4 #	` •								-	Yes	No
46			on engage, dire <u>Schedule C,</u> Pa		ly, in political campaign act	ivities on behalf	of or in opposition	on to candidates for p	ublic office?		57 47 E	-
Pa					ations only			 -		46		<u> </u>
					must answer questions	47-49b and 5	2. and comple	te the tables for line	es 50 and 51			
					chedule O to respond to				·			
											Yes	No
47					es or have a section 501(h)			rear? If "Yes," complete	e Sch. C, Part II	47		Х
48					tion 170(b)(1)(A)(ii)? If "Ye				-	48		X
49 a			-		xempt non-charitable relate	d organization?				49a		<u>X</u>
50			_		527 organization?	/atha. th				49b		
30					ighest compensated emplo nization. If there is none, en		omcers, airecto	rs, trustees and key er	npioyees) who ea	on rec	eivea r	nore
	шштфто.		(a) Name and				erage hours	(C) Reportable	(d) Health benefits,	(e)	Estim	ated
			paid mor	e than \$100,0	00		ek devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit		unt of	
					NONE	1	osition	VV-27 1089-14113C)	plans, and deferred compensation	cor	npensa	ation
					·							
						_						_
			•				 -			ـــــ		
			<u></u>			_						
										┼		
							-			 		
						_						
51 (a)	Complete organizat	this tabl	ere is none, ent	ızatıon's five h er "None."	ighest compensated indepe NONE ctor paid more than \$100,00			eived more than \$100,	· · · · · · · · · · · · · · · · · · ·		om the	
									107	<u></u>		
							<u> </u>					
	-											
			-				-					
							-					
							-					
			.				<u></u>					
					each receiving over \$100,0	•		>				
52					e: All section 501(c)(3) org	anizations and 4	947(a)(1) nonex	empt	. •	л	_	٦
Unde	r penalties o	f periury. I	nust attach a co	e examined this	eturn, including accompanying s	schedules and stat	ements, and to the b	pest of my knowledge and	belief, it is true, corre	Yes	comple	<u>No</u>
		parer (otne	r than officer) is b	ased on all inform	nation of which preparer has any	knowledge	 <u>-</u>		8/6/1	-7		
Sig He		, <u>S</u>	print name and to	hult	- Presi	dent			Date	_		
			ype preparer's		Preparer signati	()	Date	Check] if PTIN			
Pai	d	' ' ' ' '	ypo proparci s	Hamo			Date	self- emplo	→			
	parer	RICE	HARD D.	PERDII	R' ILIX	Q_{-}	H36/	113	P001	291	286	
	e Only	Firm's			PERDUE, BLAS	OUEZ &	CO., P.	Firm's FIN	► 93-061			
	-		address ▶ 9			<u> </u>		Phone no.	(541)9			43
			_		OR 97321-20	37_			, , J	_ •	J J .	_ •
May	the IRS di	scuss thi		-	own above? See instructions				▶ X	Yes		No
									Fo	rm 99	0-EZ ((2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2012

Name of the organization

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

Dai	.	Banan	ELIJAH	LIST MINISTR	IES,	INC.				1	6-1690	199	
Par				ity Status (All organiz					tructions.				
ihe ο	rgani			because it is: (For lines 1	_		-	•					
1 L	=	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2 L	=	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3 L	===	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											
г		section 170(b)(1)(A)(iv). (Complete Part II.)											
6 L	믁	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 L		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
_		•	b)(1)(A)(vi). (Comple	· · · · · · · · · · · · · · · · · · ·									
8 [믗			ection 170(b)(1)(A)(vi).									
9 [X.			eives: (1) more than 33 1									
				nctions - subject to certa							=		
				axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization	after June 3	30, 1975.	
Г	_¬		509(a)(2). (Complete	•									
10 L	=	_	-	perated exclusively to te	-	•			•			_	
11 [-	-	perated exclusively for the						-			
				ations described in section				2). See se e	ction 509(a)(3). Ch	eck the box	that	
				organization and compliance of the complex of the c		-				- 111 - 51-			
آ ۔		a Type I	·	•	ype III - Fu	•		-				lly integrated	
el				it the organization is not									
				han one or more publicly						9(a)(1) or	section 50s)(a)(2).	
f		_	ation received a will rganization, check th	ten determination from t	ine ino ine	atitisa iy	pe i, Type	ii, or Type	B 111			[]	
_		• • •	•	irs box organization accepted ar	waft or o	 ontribution					•		
g		-		rectly controls, either al			•		•			Yes No	
				upported organization?	one or tog	GUIGI WILLI	persons c	escribed	iii (ii) aiiu (iii) DeiOW	11g(i)	Tes No	
		-	- •	n described in (i) above?	•	•		•	•		11g(ii)	 	
		• •	•	person described in (i) of	• •	a ?		•	••		11g(iii)	 	
h			-	about the supported or		•		•		•••	[r · g(m)		
"	-				<u> </u>	- =							
(:) 1		of supported	(S) CINI	(iii) Type of organization	(iv) is the o	rganization	(v) Did voi	i notify the	(vi) Is	the	(-:!) Amoun		
(1)		of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis				organization	on in col.		t of monetary	
	o, gc			above or IRC section	governing (document?	(i) of your	support?	(i) organız U.S	.?	Зар	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
_													
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Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990 EZ) 2012

Part II

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

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

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games and the flatte and encounterances test. The organization qualifies as a publicly supported organization				•				ightharpoonup
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions					•	•		
Schedule A (Form 990 or 990-EZ	1111	Januarien n aro organization	. a.a not oncor a	<u> </u>	, 100, 17a, 01 17D.		- '-	r 990-F7\ 2012

Schedule A (Form 990 or 990-EZ) 2012 ELIJAH LIST MINISTRIES, INC. 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

Section	n A. Public Support	olow, picase comp	noto <u>r</u> art ii j							
		(a) 2009	(h) 2000	(-) 2010	(-I) 2011	(-) 2012	(O T-A-I			
	year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
	s, grants, contributions, and mbership fees received. (Do not									
	ude any "unusual grants ")	240,781.	160 564	124 172	110,107.	102 054	026 670			
	ss receipts from admissions.	240,701.	109,304.	134,173.	110,107.	102,034.	030,013.			
mer form any	rchandise sold or services per- ned, or facilities furnished in activity that is related to the anization's tax-exempt purpose									
3 Gro	ss receipts from activities that									
	not an unrelated trade or bus- ss under section 513					:				
4 Tax	revenues levied for the organ-									
	ion's benefit and either paid to									
or e	expended on its behalf	71,464.	11,335.	63,774.	15,210.	17,765.	179,548.			
5 The	value of services or facilities				<u> </u>					
furr	nished by a governmental unit to									
the	organization without charge									
6 Tot	al. Add lines 1 through 5	312,245.	180,899.	197,947.	125,317.	199,819.	1016227.			
7a Am	ounts included on lines 1, 2, and		<u> </u>							
	eceived from disqualified persons						0.			
from	unts included on lines 2 and 3 received other than disqualified persons that led the greater of \$5,000 or 1% of the unt on line 13 for the year						0.			
	d lines 7a and 7b						0.			
	olic support (Subtract line 7c from line 6)	1			-		1016227.			
	n B. Total Support									
Calendar	year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
	ounts from line 6	312,245.	180,899.	197,947.		199,819.	1016227.			
10a Gro divi sec	oss income from interest, dends, payments received on curties loans, rents, royalties I income from similar sources									
b Unr	elated business taxable income									
-	s section 511 taxes) from businesses uired after June 30, 1975									
c Add	d lines 10a and 10b		-		-					
acti whe	ncome from unrelated business in the state of the state o									
or le	ner income. Do not include gain oss from the sale of capital osts (Explain in Bort IV)									
_	ets (Explain in Part IV.) al support. (Add lines 9, 10c, 11, and 12.)	312,245.	180,899.	197,947.	125,317.	199,819.	1016227.			
	st five years. If the Form 990 is for									
	ock this box and stop here		,,	-,		(.,(.,	▶□			
	n C. Computation of Publi	ic Support Per	rcentage							
	olic support percentage for 2012 (I			olumn (fl)		15	100.00 %			
	olic support percentage from 2011		•		•		100.00 %			
	n D. Computation of Inves			· · ·	3					
	estment income percentage for 20		<u>_</u>	e 13. column (f)		17	.00 %			
	estment income percentage from 2	•	•	,	• •	18	<u>*************************************</u>			
	1/3% support tests - 2012. If the		•	on line 14, and line	15 is more than 3					
mo	re than 33 1/3%, check this box ai	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	►X			
	1/3% support tests - 2011. If the						and _			
me	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection ---

Name of the organization **Employer identification number** ELIJAH LIST MINISTRIES, INC. 16-1690199 FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: CHARITABLE PURPOSES GRANTEE RELATIONSHIP: NONE PROPERTY DESCRIPTION: CASH DATE OF GIFT: 03/07/12 AMOUNT GIVEN: 502. FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE: DESCRIPTION OF EXPENSES: AMOUNT: **DEPRECIATION** 1,739. OTHER EXPENSES 11,511. TOTAL TO FORM 990-EZ, LINE 14 13,250. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: INTERNET EXPENSE 9,522. MERCHANT FEES/BANK CHARGES 6,068. LICENSES & PERMITS 22. ADVERTISING 23,772. OFFICE EXPENSE 1,526. CONFERENCES & SEMINARS 28,368. CONTRACT LABOR 2,000. TOTAL TO FORM 990-EZ, LINE 16 71,278. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number ELIJAH LIST MINISTRIES, INC. 16-1690199 DESCRIPTION BEG. OF YEAR END OF YEAR PRE-PAID RENT 1,000. 1,000. ACCOUNTS RECEIVABLE 0. 21,157. OTHER DEPRECIABLE ASSETS 2.891. 1,152. TOTAL TO FORM 990-EZ, LINE 24 3.891. 23,309. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: DESCRIPTION END OF YEAR BEG. OF YEAR ACCOUNTS PAYABLE 10,691. 17,115. DEFERRED REVENUE 11,830. 9,550. PAYROLL LIABILITIES 5,262. 0. NOTE PAYABLE 0. 715. TOTAL TO FORM 990-EZ, LINE 26 27.783. 27,380. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - A RELIGIOUS ORGANIZATION PERFORMING CHARITABLE ACTS & TEACHINGS RELATING TO THE BIBLE. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: THEY TRAIN AND PROMOTE THE TEACHING AND PREACHING OF THE GOSPEL THROUGH THE USE CONFERENCES, SEMINARS, LITERATURE, MEDIA, RADIO AND WEB TV. THEY PRODUCE AND PUBLISH THROUGH DIFFERENT MEDIA DEVICES OF INTERVIEWS WITH LEADING CHURCH AND PARACHURCH REPRESENTATIVES. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211 01-04-13

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.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 16-1690199 ELIJAH LIST MINISTRIES, INC. OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **8868**

(Rev. January 2013)

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

• If yo	u are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			■ X						
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).												
Do not	Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.											
Electro	Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation											
require	required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension											
	of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain											
Person	al Benefit Contracts, which must be sent to the IRS in par	oer format	(see instructions). For more details of	on the elec	ctronic filing of th	ıs form,						
	www.irs.gov/efile and click on e-file for Chanties & Nonprofits			- · · · · · · · · · · · · · · · · · · ·	·							
Part	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).								
A corp	pration required to file Form 990-T and requesting an auto-	matic 6-mo	onth extension - check this box and	complete								
Part I o				-								
	er corporations (including 1120-C filers), partnerships, REN	1ICs, and t	rusts must use Form 7004 to reques	t an exten	ision of time							
to file ii	ncome tax returns.											
Туре о	 Name of exempt organization or other filer, see instru 	ictions.		Employe	r identification nu	mber (EIN) or						
print												
File by th	ELIJAH LIST MINISTRIES, IN				<u> 16-1690:</u>	199						
due date	for Number, street, and room or suite no. If a P O. box, s	ee instruc	tions.	Social se	cunty number (S	SN)						
filing you return Se	B JZO EDUSWOKIN SI SW											
instructio	513,7 to 111 51 post 511100, otato, and 211 5500 10, a 1	oreign add	fress, see instructions.									
	ALBANY, OR 97321											
Enter t	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1						
A!:-	-41	T	I	-		T_						
Applic	ation	Return	Application			Return						
Is For	00.5	Code	is For			Code						
	90 or Form 990-EZ	01	Form 990-T (corporation)			07						
Form 9		02	Form 1041-A			08						
	720 (ındıvidual)	03	Form 4720			09						
Form 9		04	Form 5227			10						
	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						
• Th-	STEVE SHULTZ		7 GW 31 D3377 OD	00001								
	books are in the care of \triangleright 528 ELLSWORTH	STREE'		<u>98321</u>								
	phone No. ► <u>541-967-3665</u>		FAX No. >			. —						
	e organization does not have an office or place of busines											
_	is is for a Group Return, enter the organization's four digit											
box ▶					ers the extension	is for.						
1 !	request an automatic 3-month (6 months for a corporation				_							
-		t organiza	tion return for the organization name	d above.	The extension							
	s for the organization's return for: ▶ X calendar year <u>2012</u> or											
,	tax year beginning	, an	d ending									
<u> </u>	i Abo Aou voor onkorod in line 4 in factors Ab 40 Ab											
2 h	the tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return I	Final retur	n							
	Change in accounting period											
20 1	this application is far Form 000 BL 000 BT 000 T 4700	6000		- 								
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			0.						
_	nonrefundable credits. See instructions. 3a \$											
	, , , , , , , , , , , , , , , , , , , ,											
	estimated tax payments made Include any prior year overpayment allowed as a credit. 3b \$ 0.											
	7,,,,,,											
	y using EFTPS (Electronic Federal Tax Payment System).			3c	<u> </u>	0.						
cautio	n. If you are going to make an electronic fund withdrawal v	<u>with this Fo</u>	orm 8868, see Form 8453-EO and Fo	<u>rm 8879-E</u>	<u>=O for payment in </u>	structions						

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 1-2013)