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EXTENDED TO AUGUST 17, 2015

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No 1545-0047

Information about Form 990 and its instructions is at www.lrs.gov/form990. and ending For the 2014 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number Address change ELIJAH LIST MINISTRIES, INC. Name change 16-1690199 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number]Final return/ 528 ELLSWORTH ST SW 541-967-3665 termin-ated City or town, state or province, country, and ZIP or foreign postal code 303,220. G Gross receipts \$ Amended return ALBANY, OR 97321 H(a) Is this a group return Applica-F Name and address of principal officer: STEVE SHULTZ for subordinates? Yes X No pending 528 ELLSWORTH ST. SW., ALBANY, OR H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.ELIJAHLIST.COM H(c) Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 2003 M State of legal domicile; OR Part I | Summary Briefly describe the organization's mission or most significant activities. A RELIGIOUS ORGANIZATION PERFORMING CHARITABLE ACTS & TEACHINGS RELATING TO THE BIBLE. Check this box I 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2014 (Part V. line 2á) 5 5 Total number of volunteers (estimate if necessary) 6 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 184,243. 279,540. 20,419 14,264. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 155 0. 9,416. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 204.817. 303,220. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 125,761 139,694. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 146,205. **b** Total fundraising expenses (Part IX, column (D), line 25) 121,245 152,575. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 247,006. 292,269. <42,189. 10,951. Revenue less expenses Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** End of Year 37,937 74,041. 20 Total assets (Part X, line 16) 35.761 60,914. 21 Total liabilities (Part X, line 26) 2.176 13,127. Net assets or fund balances. Subtract line 21 from line 20 | 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. Tev 71 Signature of officer Date Sign Here STEVE SHULTZ, PRESIDENT Type or print name and title ^D2 9 2015 Print/Type preparer's name Paid RICHARD D. PERDUE P00129286 self-employed Firm's name KOONTZ, PERDUE, BLASQUEZ & CO., Preparer Firm's EIN > 93-0612582 Firm's address > 920 ELM STREET SW **Use Only**

Phone no. (541)926-5543

ALBANY, OR 97321-2037

May the IRS discuss this return with the preparer shown above? (see instructions)

	1990 (2014) ELIJAH LIST MINISTRIES, INC.	16-1690199	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. \square
1	Briefly describe the organization's mission	-	
	A RELIGIOUS ORGANIZATION PERFORMING CHARITABLE ACTS & T	EACHINGS	
	RELATING TO THE BIBLE.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	LY	es X No
_	If "Yes," describe these new services on Schedule O.		. T.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L_JY	es X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported	ers, the total expense	es, and
4a	0.4 0.75		1,264.)
40	TRAIN AND PROMOTE THE TEACHING AND PREACHING OF THE GOS		
	USE OF CONFERENCES, SEMINARS, LITERATURE, MEDIA, RADIO		
	PRODUCE AND PUBLISH THROUGH DIFFERENT MEDIA DEVICES OF		
	LEADING CHURCH AND PARACHURCH REPRESENTATIVES.	THIBKATEME	AA T T 11
			
			_
4b	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)
			
		 	
			
		 -	
			
40			•
4c	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)
			
			
4d	Other program services (Describe in Schedule O.)		·
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 91,075.		
		Form	n 990 (2014)

			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_	Х	
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	l .		
	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	i		i
	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	ŀ		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			ŀ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	ì		Ì
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.	1		İ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		x	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a_	Λ	
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	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		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
þ	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 and XII is optional	12b_		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	[
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			3,7
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
^	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		^
<u>p</u>	ii res to line zoa, dio trie digaritzation attach a copy or its addited initalicial statements to tries return?	20b		Ц

Form 990 (2014) ELIJAH LIST MINISTRIES, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ĺ		
	Part iX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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	Ì	'	
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
b	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			l
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٠,
	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		X
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?	١.,		
	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x
20	Schedule N, Part II	32	<u> </u>	-^-
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22	ļ	Х
04		33		Α
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSa		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		_
36	If "Yes," complete Schedule R, Part V, line 2	36		x
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,	\vdash	
50	Note. All Form 990 filers are required to complete Schedule O	38	x	
	140(c) viii otti ood iidia did ladanad ta dampiata asinada a		990	(2014)

	990 (2014) ELIJAH LIST MINISTRIES, INC. 16-1690	199	Р	age (
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>. </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		İ
	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		ľ	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	
С				
	to file Form 8282?	7c		X
d		ļ		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	.7e	<u> </u>	ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>	 -	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	,		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	1		
b	amounts due or received from them.)			
10-	, ,	400		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	 	
	•	1	[
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	•	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O			
þ				
_		1		
140	Did the organization receive any payments for indoor tanning services during the tax year?	14a	.	X
1 70	Did the organization receive any payments for indeed talining services during the tax year:	170		-47

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2014) ELIJAH LIST MINISTRIES, INC. 16-1690199 Page 6 '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 [v-]

	Check if Schedule O contains a response or note to any line in this Part VI			<u>IXI</u>
Sec1	tion A. Governing Body and Management			
			Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		
b	Enter the number of voting members included in line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	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		X
6	Did the organization have members or stockholders?	6		X
7a	Print the state of			
74	more members of the governing body?	7a		х
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	· /a		
D		7.		X
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	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	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		_X_
ы Ь	Other officers or key employees of the organization	15b		X
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.55		
16~	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
··va	taxable entity during the year?	16a		х
		104		
b		1		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
	exempt status with respect to such arrangements?	<u>16b</u> _		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed OR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) avaılab	le	
	for public inspection. Indicate how you made these available Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨			
	STEVE SHULTZ - 541-967-3665			
	528 ELLSWORTH STREET SW, ALBANY, OR 98321			

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

Check if Schedule O contains a response or note to any line 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.

Check this box if neither the organization		orga	ınıza			mpe	nsat		director, or trustee.	
(A)	(B)	(C) Position			(C)			(D)	(E)	(F)
Name and Title	Average	(do	(do not check more than one box, unless person is both an officer and a director/trustee)			than	one	Reportable	Reportable	Estimated
	hours per	box				is bot	h an	compensation	compensation	amount of
	week		<u> </u>	luau	I	7,403	100)	from	from related	other
	(list any	iect					ł	the	organizations	compensation
	hours for	5	ぉ	1	ĺ	E E	1	organization	(W-2/1099-MISC)	from the
	related	ste	캺	1		ië E	1	(W-2/1099-MISC)		organization
	organizations below	를	<u>6</u>	ĺ	훒	2 8				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) STEVE SHULTZ	40.00									
PRESIDENT		X		X		<u> </u>		86,373.	0.	0.
(2) DERENE SHULTZ	1.00		1							
SECRETARY/TREASURER		X	<u> </u>	X				0.	0.	0.
(3) LORI SALLEY	1.00		l						_	_
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>		!	0.	0.	0.
(4) CHUCK PIERCE	0.00	-	İ							
DIRECTOR	-	X	├			╀		0.	0.	0.
		┨								
	<u> </u>		┢╌	 						
								<u> </u>		
							l			
		<u> </u>	-			-	-			
		-								
	-		ļ		ļ.,	Ļ				
		1								
		-		_	<u> </u>	-	<u> </u>			
	-	1								
		_	<u> </u>	ļ	_		_	<u> </u>		
		1								
	 		\vdash		-	+				<u> </u>
							L			
		<u> </u>	<u> </u>		L		<u> </u>	<u> </u>		

	(A) Name and title	(B) Average hours per week	verage Position (do not check more than one box, unless person is both a officer and a director/brustee					h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate lount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		fro orga and	pensa om the anizate d relate inizate	e Ion ed
												l		
	· · · · · · · · · · · · · · · · · · ·				-									
				-			 							
				_			-							
					_	_	<u> </u>					 -		
					_									
			<u> </u>	_			_							
									_					
	Sub-total	// C	•						86,373.		0.			0
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	/II, Section A	.,			•		<u> </u>	86,373.		0.			0
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wl	no re	eceived more than \$100	0,000 of reporta	ble			(
													Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for	•		e, ke	ey er	nplo	yee	, or I	highest compensated e	mployee on		3		Х
4	For any individual listed on line 1a, is the sand related organizations greater than \$15								· · · · · · · · · · · · · · · · · · ·	the organization	ו	4		х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	accrue compe	nsat	ion f	from	any	unr/			idual for service	s			х
Sec	tion B. Independent Contractors								·			5		
1	Complete this table for your five highest complete this table for your five highest compensation for the organization.										mpens	ation fi	rom	
	(A) Name and business			נאכ					(B) Description of s		С	(C omper		n
						•							•	
								+					-	
								+			├			
													_	
	Total control of the				4.	••					 			
2	Total number of independent contractors \$100,000 of compensation from the organ		iOt II	mite	:u 10		se III O	sted	above) who received h	nore than				

rai	(VII	Check if Schedule O contains a re	sponse or note	to any lin	e in this Part VIII			
		,	550135 01 11010	to driy iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats ts	1 a	Federated campaigns	1a					
ar our	b	Membership dues	1b					
A, G	С	Fundraising events	1c					
護희	d	Related organizations .	1d		İ			
š.E	е	Government grants (contributions)	1e		[
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and						
		similar amounts not included above	1f 279	<u>,540.</u>				
92	g	Noncash contributions included in lines 1a-1f \$_						
<u>റ്റ് ഉ</u>	<u>h</u>	Total. Add lines 1a-1f			279,540.			
Į.				ss Code				
8	2 a	CONFERENCES	90	0099	14,264.	14,264.		
E S	b							
e S	С				·			
E S	d							
Program Service Revenue	е							ļ
٦	f	All other program service revenue	. L		44 054			
		Total. Add lines 2a-2f			14,264.			
1	3	Investment income (including dividend	is, interest, and	' .]				
		other similar amounts)		. 🏲				
•	4	Income from investment of tax-exemp	t bona proceed	is 🟲 i				
	5	Royalties	Page 63 D	272222				 -
	6.		Real (ii) P	ersonal				
	6 a							
	d 2	Don't land of the land						İ
	_ ч с	Net rental income or (loss)	i.					
		, ,	cunties (ii)	Other				
	, "	assets other than inventory	Janus (ii)	04.101				1
	: b	Less cost or other basis			,			
	-	and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		•				
ņe		Gross income from fundraising events including \$		•				
Yer		contributions reported on line 1c). See						
Other Revenue		Part IV, line 18	a	i				
he	h	Less: direct expenses	b					
ŏ		Net income or (loss) from fundraising			ļ			
		Gross income from gaming activities.		·				
		Part IV, line 19	a					
	b	Less: direct expenses	b		ì			
		Net income or (loss) from gaming active	rities	•	i			
		Gross sales of inventory, less returns						
		and allowances	a					
	b	Less: cost of goods sold	ь					
	!	Net income or (loss) from sales of inve	entory	. •				
		Miscellaneous Revenue	Busine	ess Code				
	11 a	MISCELLANEOUS		0099	9,416.			9,416.
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		. ▶	9,416.			
	12	Total revenue. See instructions			303,220.	14,264.	0.	9,416.

Form 990 (2014) ELIJAH LIST MINISTRIES, INC. Part IX | Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon			····	
	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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	-			
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				· -
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	86,372.	21,593.	21,593.	43,186.
6	Compensation not included above, to disqualified	0070.00	22,000	22/3331	45/1000
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	41,190.	32,757.	8,433.	
8	Pension plan accruals and contributions (include	=1,100	<u> </u>	0,200	
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,132.	5,287.	2,560.	4,285.
11	Fees for services (non-employees).	14,174.	5,201.	2,500.	4,405.
'' a					
a b	Legal				
	Accounting	3,475.		3,475.	
C	Lobbying	3,413.		3,413.	
d	Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
g	· · · · · · · · · · · · · · · · · · ·	7,200.		7,200.	
40	column (A) amount, list line 11g expenses on Sch O.)	82,709.		1,200.	02 700
12	Advertising and promotion Office expenses	13,782.		4,135.	82,709. 9,647.
13	· · · ·	13,104.		4,133.	9,04/.
14	Information technology		· · · ·		
15	Royalties	10,847.	1 607	7 502	1 (07
16	Occupancy	4,751.	1,627.	7,593.	1,627.
17	Travel	4,/51.		,	4,751.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20 711	20 711		
19	Conferences, conventions, and meetings	29,711.	29,711.		· · · · · · · · · · · · · · · · · · ·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Other evenes Itemus evenes not envered	-			_
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CONTENT A COM T A DOOR	100.	100.		
b	CONTRACT DADOR	1000	100.		
C		~			
d					
u e	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	292,269.	91,075.	54,989.	146 205
26	Joint costs. Complete this line only if the organization	<u> </u>	<u>31,013.</u>	J#, 303 ·	146,205.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	}			
	. —				
	Check here If following SOP 98-2 (ASC 958-720)				F 900 (004.4)

Form 990 (2014)
Part X Balance Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	36,549.	1	73,912.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	388.	3	129.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other 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			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,000.	9	0.
	10a	Land, buildings, and equipment, cost or other			
		basis. Complete Part VI of Schedule D 10a 26,572.			
	b	Less: accumulated depreciation 10b 26,572.	0.	10c	0.
	11	Investments - publicly traded securities		11	
	12	Investments - other secunties See Part IV, line 11	_ _	12	
	13	Investments - program related. See Part IV, line 11		13	
	14	Intangible assets .		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	37,937.	16	74,041.
	17	Accounts payable and accrued expenses	28,326.	17	51,070.
	18	Grants payable		18	0.044
	19	Deferred revenue	6,720.	19	9,844.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	···	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
ÞIII		key employees, highest compensated employees, and disqualified persons.			
Lial		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	715.	23 24	0.
	24	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	35,761.	26	60,914.
_	1	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
s	l	complete lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets	2,176.	27	13,127.
aja	28	Temporanly restricted net assets		28	
(B)	29	Permanently restricted net assets	<u> </u>	29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
P	ļ	and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
χA	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	2,176.	33	13,127.
	34	Total liabilities and net assets/fund balances	37,937.	34	74,041.
					Form 990 (2014)

orm	990 (2014) ELIJAH LIST MINISTRIES, INC.	16-	·1690199	Pag	<u>e 12</u>
	t XI Reconciliation of Net Assets				
	Check of Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	303	, 22	20.
2	Total expenses (must equal Part IX, column (A), line 25)	2	292	, 26	69.
3	Revenue less expenses. Subtract line 2 from line 1	3	10	, 9!	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	,1	76.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	13	,12	<u> 27.</u>
Pai	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			. ,	
				es	No
1	Accounting method used to prepare the Form 990:	_		ļ	
	if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).	1 1	l	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?				<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,	,	Ì	
	consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	l	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,	\ \ \		
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher		1 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Auc	dit i	1	
	Act and OMB Circular A-133?		3a	_	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it l		
	or audite, explain why in Schedule O and describe any steps taken to undergo such audite		l an l	1	

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Employer identification number ELIJAH LIST MINISTRIES, INC. 16-1690199 Part I 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (iii) Type of organization (ii) EIN listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions))

11 Total support. Add lines 7 through 10

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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to

	the organization without charge	 Į.		l	į.	!
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)		<u>-</u>			
6	Public support. Subtract line 5 from line 4					

O Public Support. Subtract line 5 from line 4			L			
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 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 VI.)			i			

Se	ction C. Computation of Public Support Percentage		-
	organization, check this box and stop here		▶[
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	n 501(c)(3)	
12	Gross receipts from related activities, etc. (see instructions)	12	

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14			
15	Public support percentage from 2013 Schedule A, Part II, line 14	15			
16a	33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	nore,	check this box and		
	stop here. The organization qualifies as a publicly supported organization		▶[_	
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box					

- 17a 10% -facts-and-circumstances test 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
 - b 10% -facts-and-circumstances test 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 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

_	• quality under the tests listed b						
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			İ		<u> </u>	
	include any "unusual grants ")	134,173.	110,107.	182,054.	184,243.	279,540.	890,117.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					9,416.	9,416.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf	63,774.	15,210.	17,765.	20,419.	14,264.	131,432.
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	197,947.	125,317.	199,819.	204,662.	303,220.	1030965.
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						0.
c	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)	-					1030965.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	197,947.	125,317.	199,819.	204,662.	303,220.	1030965.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				155.		155.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties				155.		155.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				155.		155.
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses.				155. 155.		155. 155.
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
b 0	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital.				155.		
11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	197,947.	125,317.	199,819.		303,220.	
11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				155. 204,817.		155.
11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).				155. 204,817.		155.
11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	r the organization's	s first, second, thir		155. 204,817.		155.
11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for check this box and stop here.	the organization's	s first, second, thir	d, fourth, or fifth ta	155. 204,817.		155.
11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for check this box and stop here.	r the organization's ic Support Pe	s first, second, thir rcentage ivided by line 13, c	d, fourth, or fifth ta	155. 204,817.	n 501(c)(3) organiz	155. 1031120. ation,
11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public Public support percentage for 2014 (r the organization's ic Support Pe line 8, column (f) d 3 Schedule A, Part	s first, second, thir rcentage ivided by line 13, c III, line 15	d, fourth, or fifth ta	155. 204,817.	n 501(c)(3) organiz	155. 1031120. ation, 99.98 %
11 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here cation C. Computation of Public support percentage for 2014 (Public support percentage from 2013).	ic Support Pe line 8, column (f) d 3 Schedule A, Part stment Incom	rcentage Ivided by line 13, of this line 15 e Percentage	d, fourth, or fifth ta	155. 204,817.	n 501(c)(3) organiz	155. 1031120. ation, 99.98 %
11 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here. Etion C. Computation of Public support percentage for 2014 (Public support percentage from 2013).	ic Support Pe line 8, column (f) d 3 Schedule A, Part stment Incom 014 (line 10c, colur	rcentage ivided by line 13, c III, line 15 e Percentage nn (f) divided by line	d, fourth, or fifth ta	155. 204,817.	n 501(c)(3) organiz	155. 1031120. ation, 99.98 % 99.98 %
11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public support percentage for 2014 (Public support percentage from 2013 extion D. Computation of Investment income percentage for 2014 (Investment income percentage for 2014).	ic Support Pe line 8, column (f) d 3 Schedule A, Part stment Incom 014 (line 10c, colur 2013 Schedule A,	rcentage Ivided by line 13, could lift, line 15 Percentage In (f) divided by line 17	d, fourth, or fifth ta column (f)) ne 13, column (f))	155. 204,817. ax year as a section	15 16 17 18	155. 1031120. ation, 99.98 % 99.98 % .02 % .02 %
11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here. Exion C. Computation of Public support percentage from 2014 (Public support percentage from 2013) Investment income percentage from 2019.	ic Support Pe line 8, column (f) d 3 Schedule A, Part stment Incom 014 (line 10c, colur 2013 Schedule A, organization did r	rcentage Ivided by line 13, of the state of	column (f)) ne 13, column (f)) on line 14, and line	155. 204,817. Ex year as a section	15 16 17 18 3 1/3%, and line 1	155. 1031120. ation, 99.98 % 99.98 % .02 % .02 %
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public support percentage from 2013. Cition D. Computation of Investment income percentage from 2013. Investment income percentage from 2013.	ic Support Pe line 8, column (f) d 3 Schedule A, Part stment Incom 014 (line 10c, colur 2013 Schedule A, organization did r and stop here. The	rcentage Ili, line 15 e Percentage In (f) divided by line 17 and the check the box of the organization qual	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s	204,817. ax year as a section 15 is more than 3 supported organiza	15 16 17 18 3 1/3%, and line 1 ation	155. 1031120. ation, 99.98 % 99.98 % .02 % .02 % .02 %
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Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

_			
		Yes	No
	1_		
	2		
	3a		
	3b		
ı	30		
	3c		
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	dule A (Form 990 or 990-EZ) 2014 ELIJAH LIST MINISTRIES,			16-1690199 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 See inst	ructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	on A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of pnor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	_ 6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	-	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	-	
7	Check here if the current year is the organization's first as a non-functional	lly-integrate	ed Type III supporting or	ganization (see
	instructions)		,, -pp	V

Schedule A (Form 990 or 990-EZ) 2014

<u>Sche</u>	dule A (Form 990 or 990-EZ) 2014 ELIJAH LIST M	<u> INISTRIES, INC</u>	· •	16-1690199 Page 7
Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
<u>Sect</u>	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а		1		
b				
c				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			=
4	Distributions for 2014 from Section D,			
	line 7. \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount	-		
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8_	Breakdown of line 7:			
a				
b				
С				
d	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Part VI	Supplemental Information. 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).
	

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Nam	e of the organization הו.ד.ד.א א דו ארד.ד.א של הוצא של הוצא אינו אינו אינו אינו אינו אינו אינו אינ	DIEC INC	Em	ployer identification number
Pa	ELIJAH LIST MINIST			16-1690199
Fai			S OF ACCO	Ints. Complete if the
	organization answered "Yes" to Form 990, Part IV, line			
_		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (dunng year)		······································	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's	•		L Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring	
	mpermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	Part IV, line 7	<u>. </u>
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	ducation) Preservation of a hist	oncally impo	rtant land area
	Protection of natural habitat	Preservation of a cert	tified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year			
	,			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic stri	ucture included in (a)	2c	
đ	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organizatio	n during the tax
	year ▶			·
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	luring the yea	ar >
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	the year	\$
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			. Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organiza	tion's accounting for
	conservation easements.			
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Simil	ar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		 _
1a	If the organization elected, as permitted under SFAS 116 (AS	•		•
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	ince of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, į	provide the following amounts
	relating to these items			
	(i) Revenue included in Form 990, Part VIII, line 1		. •	\$
	(ii) Assets included in Form 990, Part X			\$ \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia		
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items	-	
а	Revenue included in Form 990, Part VIII, line 1		•	\$
b	Assets included in Form 990, Part X		•	\$

Sched Par		LIST MINIS				Oth o		-169019		age 2
	Using the organization's acquisition, accession (check all that apply):	on, and other record	ls, check	any of the	following that	are a sigi	nificant use	of its collecti	on item	ıs
а	Public exhibition	d	ı 🔲 ı	oan or excl	hange progra	ms				
b	Scholarly research	е		Other	_					
С	Preservation for future generations			<u> </u>						
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizatio	n's exem	ot purpose	in Part XIII		
5	During the year, did the organization solicit o			•	•					
•	to be sold to raise funds rather than to be ma						.00010	Yes		No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or									
<u>. u.</u>	reported an amount on Form 990, Par		ste ii tiie	Organizatio	ii alisweled	165 1011	Jilli 330, i a	art 1 v , 1110 3, c	•	
	Is the organization an agent, trustee, custodi		tion, for		o or other ear	note not in				
ıa		ian or other intermet	nary ior o	CONTRIBUTION	is or other as:	sets not it	iciadea			٦
	on Form 990, Part X?				•	•		L Yes	L	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing t	able:				·		
	_							Amou	<u>nt</u>	
С	Beginning balance	•• •		•	•	•	1c			
d	Additions during the year		••••			••	1d			
е	Distributions during the year			••••			1e			
f	Ending balance						1f			
2 a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	ustodial accoi	unt liability	/?	Yes	ᆫ	_ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has been	provided in F	art XIII		·]
Par	t V Endowment Funds. Complete r	f the organization ar	swered	"Yes <u>"</u> to Fo	rm 990, Part I	V, line 10				
		(a) Current year	(b) P	rior year	(c) Two years	s back (c	i) Three year	s back (e) Fo	ur years	back
1a	Beginning of year balance									
ь	Contributions									
C	Net investment earnings, gains, and losses									
4	Grants or scholarships									
•										
е	-				li.			ĺ		
	and programs	_ -								
τ	Administrative expenses				-	-				
g	End of year balance	L	L							
2	Provide the estimated percentage of the curr	-		g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administer	red for the	organizati	on		
	by [.]								Yes	No
	(i) unrelated organizations							. 3a(i	Ц	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	lule R?				3b		
4	Describe in Part XIII the intended uses of the				• •	• • •	•			
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere). Part IV	line 11a S	ee Form 990.	Part X. lır	ne 10.			
	Description of property	(a) Cost or o	1		or other		umulated	(d) Bo	ok valu	
	bescription of property	basis (investr		• •	(other)		eciation	(4) 50	JK Valu	•
	Land	523.0 (,		,5.1.0.7					
	Land				+			+		
	Buildings				0 000		0.000	. 		
	Leasehold improvements				9,890.	 .	9,890			0.
	Equipment	 -			6,682.		<u>16,682</u>	· •		0.
<u>e</u>	Other	<u></u>					,			0.
T-4-1	Add lines to through to (Column (d) must a	aual Earm 000 Dart	· V 00/110	on (D) Jone 1	(Cal		<u> </u>	L 1		(1)

Schedule D (Form 990) 2014

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		<u> </u>
(7)		<u> </u>
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2014 ELIJAH LIST MINISTRIES, INC		16-1690199 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per I	Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains (losses) on investments	2a	1
b	Donated services and use of facilities	2b	1
c	Recoveries of prior year grants	2c	7
ď	Other (Describe in Part XIII.)	2d	7
	Add lines 2a through 2d		7 _{2e}
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b	70	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•	5
	rt XII Reconciliation of Expenses per Audited Financial Statement	ents With Expenses pe	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	<u></u>	
4			T .
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	20	
а	Donated services and use of facilities	2a	
þ	Pnor year adjustments	2b	
C	Other losses	2c	-
ď	, , , , , , , , , , , , , , , , , , , ,	_2d	-{ _
е	Add lines 2a through 2d	•	2e
3	Subtract line 2e from line 1	•	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4
b	Other (Describe in Part XIII.)	_4b	-
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	·	5
Pa	rt XIII Supplemental Information.		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Part V, line	4, Part X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any add	tional information.	
			· ·
			1
			
			

SCHEDULE 0 (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.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number ELIJAH LIST MINISTRIES, INC. 16-1690199 FORM 990, PART VI, SECTION A, LINE 2: THE PRESIDENT IS MARRIED TO THE SECRETARY/TREASURER. FORM 990, PART VI, SECTION B, LINE 11: THE ANNUAL TAX RETURN IS REVIEWED AT A BOARD MEETING BEFORE IT IS FILED. THEY GO THROUGH THE RETURN BY PAGE AND DISCUSS ANY QUESTIONS OR ISSUES THEY MAY HAVE WITH THE RETURN. FORM 990, PART VI, SECTION C, LINE 19: THE MINISTRY PROVIDES COPIES OF ALL INFORMATION UPON REQUEST AND ALSO HAS COPIES ON HAND FOR ANYONE WHO WISHES TO REVIEW THEM IN PERSON.

Form **8868**

(Rev. January 2014)

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.

► Information about Form 8868 and its instructions is at www.lrs.gov/form8868

OMB No. 1545-1709

internal Revo	enue Service	Information about Form 880	oo and its	instructions is at www.irs.gov/io/m	0000 .				
• If you a	are filing for an Aut	matic 3-Month Extension, complete only Part I and check this box					×X		
If you a	are filing for an Ado	litional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).				
Do not co	omplete Part II unle:	ss you have already been granted	an automa	itic 3-month extension on a previous	ly filed Fo	om 8868.			
Electron	ic filing (e-file) . Yo	u can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file (6 months for a cor	poration		
required 1	to file Form 990-T),	or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	868 to request an	extension		
of time to	file any of the form	ns listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for 1	Transfers.	Associated With C	ertain		
Personal	Benefit Contracts,	which must be sent to the IRS in par	er format	(see instructions). For more details o	on the elec	ctronic filing of this	form,		
visit www		lick on e-file for Chanties & Nonprofits							
Part I	Automati	c 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).				
A corpora	ation required to file	Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete				
Part I onl	у						▶ □ □		
		ding 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time			
to file inc	ome tax returns.				Enter file	er's identifying nu	mber		
Type or	or Name of exempt organization or other filer, see instructions			Employe	mployer identification number (EIN) or				
print	i i								
File by the	ELIJAH LIST MINISTRIES, INC.					16-1690199			
due date for filing your	te for Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	Social security number (SSN)				
filing your return See 528 ELLSWORTH ST SW Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
	ALBANY,	· · · · · · · · · · · · · · · · · · ·	oreigir aud	iless, see ilistructions.			•		
	, ruddina,	010 97321				-			
Enter the	Return code for th	e return that this application is for (file	e a senara	te application for each return)			0 1		
Lintoi tiio	Tiotain code for t	is return that this application is for the	c a separa	to application for each return,	• •	•• ••	[0] 1		
Applicati	ion		Return	Application			Return		
Is For	.0.1		Code	Is For			Code		
	or Form 990-EZ		01	Form 990-T (corporation)			07		
Form 990			02	Form 1041-A					
			03	Form 4720 (other than individual)			08		
Form 4720 (individual) Form 990-PF			04	Form 5227			10		
Form 990-T (sec 401(a) or 408(a) trust)			05	Form 6069			11		
	D-T (trust other than		06	Form 8870			12		
<u>, o oo</u> c	y i (trade durior trial	STEVE SHULTZ	1 00	1 01111 007 0					
• The b	ooks are in the care	of ► 528 ELLSWORTH	STREE	r SW - ALBANY, OR	98321				
		-967-3665		Fax No.	<u> </u>	<u>. </u>			
-		not have an office or place of busines	s in the Ur						
		irn, enter the organization's four digit			f this is fo	r the whole group	check this		
		t of the group, check this box							
		3-month (6 months for a corporation				TOTAL OF THE STATE			
•	AUGUST 15			tion return for the organization name		The extension			
is f	or the organization								
	► X calendar year 2014 or								
•	► tax year beginning , and ending .								
	- , ,	•	 -	<u> </u>					
2 If the	'n								
	Change in acco	unting period							
3a If th	his application is fo	r Forms 990-BL, 990-PF, 990-T, 4720	enter the tentative tax, less any						
noi	nonrefundable credits. See instructions.				За	\$	0.		
b if ti	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
	estimated tax payments made. Include any prior year overpayment allowed as a credit.				3ь	\$	0.		
	Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,								
by using EFTPS (Electronic Federal Tax Payment System). See instructions.						\$	0.		
		make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-EO f	or payment		
instruction	ons.								
LHA F	or Privacy Act an	d Paperwork Reduction Act Notice,	see betry	actions. ()		Form 8868 (F	Rev 1-2014)		
423841 05-01-14			1/1/	MAY	11 20	D			
		•	()) Line manning					