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EXTENDED TO AUGUST 15, 2016

Department of the Treasury Internal Revenue Service

532001 12-16-15

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	2015 calendar year, or tax year beginning and endi	ng			
В	Check if applicable	C Name of organization		D Emp	loyer identifi	cation number
	Addre chang Name	ELIJAH LIST MINISTRIES, INC.				
Ļ	chang	Doing business as			<u> 16-1</u>	690199
Ļ	Initial return	, , , , , , , , , , , , , , , , , , , ,	n/suite	E Telep	hone numbe	
L	Final return.				<u> 541-</u>	<u>967-3665</u>
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross	receipts \$	324,119.
	Amen return	ALBANI, UR 9/321		H(a) Is t	his a group re	
	Application	F Name and address of principal officer: SIEVE SHULLL		for	subordinates	Yes X No
	pendii	528 ELLSWORTH ST. SW., ALBANY, OR 9/321		H(b) Are	all subordinates ir	ncluded? Yes No
	Tax-ex	empt status X 501(c)(3) 501(c) ()	527	If "	No," attach a	list. (see instructions)
		e: > WWW.ELIJAHLIST.COM		H(c) Gro	oup exemptio	n number 🕨
			L Year c	of formation	n: 2003 n	A State of legal domicile: OR
P	art I	Summary — — — — — — — — — — — — — — — — — — —		-		-
ë	1	Briefly describe the organization's mission or most significant activities $\ { t \underline{A}} \ { t RELIG}$			<u>FANIZAT</u>	ION
anc		<u>PERFORMING CHARITABLE ACTS & TEACHINGS RELA</u>	MITA	G TO	THE BI	BLE.
Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed o	of more	than 25%	6 of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	4
		Number of independent voting members of the governing body (Part VI, line 1b)			4	4
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5	6
Ξ	6	Total number of volunteers (estimate if necessary)			6	0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_		Net unrelated business taxable income from Form 990-T, line 34		<u>-</u>	7b	0.
				Prior		Current Year
<u> </u>	8	Contributions and grants (Part VIII, line 1h)			79,540.	<u>306,542.</u>
enc	9	Program service revenue (Part VIII, line 2g)			L4,264.	15,464.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>		9,416.	2,113.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3(03,220.	324,119.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
es	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13	39,694.	144,402.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>		0.	<u> </u>
X	b	Total fundraising expenses (Part IX) column (0), line 25) 142, 457.	<u>·</u>			
, w	17	Other expenses (Part IX, column (A), lines 11a 11d 11-24e)			52,575.	155,691.
5	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>		2,269.	300,093.
) _	19	Revenue less expenses. Subtract line 18 from line 12	_		10,951.	24,026.
Net Assets or]	Total assets (Part X, line 16)	Beg		Current Year	End of Year
SSe	20		-		74,041.	66,614.
et	21	Total liabilities (Part X, line 26)	-		0,914.	<u>29,461.</u>
	<u>22</u> art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		_	13,127.	37,153.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	ototoma	nto and t	a the best of m	u knowledge and ballet it in
		t, and complete. Declaration of pregarer (other than officer) is based on all information of which pi				y knowledge and bellet, it is
<u>u u c</u>	, , , , , , , ,	t, and complete operation of progress than onices) is based on an information of which pi	терагег	ilas ally ki	iowicuye.	
C:-	_	Signature of officer			Date	
Sig		STEVE SHULTZ, PRESIDENT				
He	re	Type or print name and title				
_			D	ate	Check	PTIN
Pai	d	RICHARD D. PERDUE	- 5	-16-1		
	parer	Firm's name KOONTZ, PERDUE, BLASQUEZ & CO., P.			Firm's EIN	93-0612582
	Only	Firm's address 920 ELM STREET SW			I IIII 3 LIIV	23 UUIZJUZ
	,	ALBANY, OR 97321-2037		į	Phone no 15.	41)926-5543
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)				X Ves No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

orm	990 (2015) ELIJAH L	IST MINISTRIES	, INC.	16-16	90199	Page 2
	rt III Statement of Program Servi					
	Check if Schedule O contains a response	onse or note to any line in th	is Part III			
1	Briefly describe the organization's mission:					
	A RELIGIOUS ORGANIZATI	ON PERFORMING	CHARITABLE AC	TS & TEACHING	3S	
	RELATING TO THE BIBLE.					
	TODITION TO THE DEBE					
2	Did the organization undertake any significa	ent program services during	the year which were not lis	ted on		
~	the prior Form 990 or 990-EZ?	ant program services during	and your windir were not no	tod on	□v _{oo}	X No
	-	ahadula O	•		res	LAL NO
_	If "Yes," describe these new services on So					X No
3	Did the organization cease conducting, or r		now it conducts, any progr	am services?	Yes ⊦	LAL No
	If "Yes," describe these changes on Sched					
4	Describe the organization's program service					
	Section 501(c)(3) and 501(c)(4) organization	is are required to report the	amount of grants and alloc	ations to others, the total	expenses, a	nd
	revenue, if any, for each program service re					
4a		56,883. including grants of) (Revenue \$		<u>164.</u>)
	TRAIN AND PROMOTE THE					PHE
	USE OF CONFERENCES, SI	MINARS, LITER	ATURE, MEDIA,	RADIO AND WE	B TV.	
	PRODUCE AND PUBLISH TH	ROUGH DIFFERE	NT MEDIA DEVIC	ES OF INTERV	IEWS W	LTH
	LEADING CHURCH AND PAR	RACHURCH REPRES	SENTATIVES.			
				•		
						
4b	(Code) (Expenses \$			\ /Pausaus &		
40	(Code) (Expenses \$	mediang grants o	01.9	/ (Revenue \$		
						
						
						
4c	(Code) (Expenses \$	including grants	of \$) (Revenue \$)
	-					
						
				·		
			···			
						
4d		ule O)				
		cluding grants of \$) (Revenue \$			
4e	Total program service expenses	56,883.				

Form 990 (2015) ELIJAH LIST MINISTRIES, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		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			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.7
	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			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		X
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	440	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Λ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			- 21
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	X
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		X
b	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		<u> </u>
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		<u> </u>
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		_ <u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Ì	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		77
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19 Form	990 (X 2015)
		rom	33U (/(1115)

Form 990 (2015) ELIJAH LIST MINISTRIES, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	_23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		·	
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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			
	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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~~	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			v
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		X
31	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	31		Λ
~_	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note, All Form 990 filers are required to complete Schedule O	38	_x	
			ഹവ	0045

Par	TY V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
	Check is Scredule O Contains a response of note to any line in this Part V			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		1.03	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
G	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garr	ina			
•	(gambling) winnings to prize winners?		1c	Ì	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	6			
b			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		
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 (FBA	R).			
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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	n 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				
	were not tax deductible?		6b	 	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				ا
а		to the payor?	7a	 	X
þ			7b		\vdash
C					
	to file Form 8282?		7c	 	X
a	If "Yes," indicate the number of Forms 8282 filed during the year				
e		-	7e 7f		
f	16.1)	naurod?			
9			7 <u>g</u> 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	11 1030-0:	- ' ''		
٥	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.	•			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter	•			
а	the state of the s				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				ĺ
11	Section 501(c)(12) organizations. Enter:				ĺ
а	Gross income from members or shareholders . 11a				1
b	Gross income from other sources (Do not net amounts due or paid to other sources against				•
	amounts due or received from them.)				•
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b]	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			نـــــا	ļ
а		· ·-	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O				1
b	· · · · · · · · · · · · · · · · · · ·				
	organization is licensed to issue qualified health plans				
C					-
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	 	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	.000	(0045)
			LOLU	n 990 i	(2013)

Form 990 (2015) ELIJAH LIST MINISTRIES, INC. 16-1690199 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			بمر
,,,,	tion A. Governing body and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	Γ.	162	NO
Ia	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	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		Λ	-
3	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
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Did the organization have members or stockholders?	6		X
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		Λ_
/ a	more members of the governing body?	70		Х
_	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a_		
b	persons other than the governing body?	76		х
		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	_8b_		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
202	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		
500	tion b. I onoico (mis deciron b requests information about policies not required by the internal nevenue code)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	_IUa		Α_
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in 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
	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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) is	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, and	i finan	cial	
-	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			

Form 990 (2015)			MINISTRIES,		16-1690199	Page 7
Part Wil Compensat	ion of Officers,	Directo	rs, Trustees, Ke	/ Employees, Highe	st 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 in	or any related	orga	nıza	tion	COI	пре	nsa	ted any current officer, of	director, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos) than	one	Reportable	Reportable	Estimated
	hours per-	box	, unle	ss pe	rson	is bot	th an	•	compensation	amount of
	week	_	ceran	aaa	recto	or/trus	itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	p io a	ig i			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	Tun.		g	ngen	-	(44-2/1099-141130)		organization and related
	below	dual	ttona		[원	st co				organizations
	line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Ē			
(1) STEVE SHULTZ	40.00						Ī			
PRESIDENT		X		X				86,272.	0.	0.
(2) DERENE SHULTZ	1.00									
SECRETARY/TREASURER		X		X				0.	0.	0.
(3) LORI SALLEY	1.00									
DIRECTOR		x				<u></u>		0.	0.	0.
(4) CHUCK PIERCE	0.00									
DIRECTOR		X			L			0.	0.	0.
					ĺ					
		<u> </u>			L	ļ	ļ			
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						<u> </u>	<u> </u>			
							<u> </u>	<u> </u>		- 000

Part VII Section A. C	Officers, Directors, Trus	tees, Key Em	ploy	<u>ees</u>	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(/	A)	(B)			_ (0				(D)	(E)	l		(F)	
Name a	and title	Average	(do			Stion & more than one			Reportable	Reportable		Es	tımate	ed .
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	ו ו	an	ount	of
		week		cer an	dad	recto	or/trus	itee)	from	from related		: 	other	
		(list any	rector						the	organizations			pensa	
		hours for	ᇹ	8			ated		organization	(W-2/1099-MIS	C)		om th	
		related	stee	tast	'	8	Dens		(W-2/1099-MISC)			_	anızat	
		organizations below	la te	onal		ploye	E co		}			ł	i relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınızatı	3118
	·		트	트	ō	32	로등	=			\dashv			
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<u> </u>														
			T -											
			1		1									
				\vdash	Ι				* ****					
			1											
1b Sub-total				1	Щ.	Щ.	1		86,272.		0.			0.
•	tion oboots to Dout VI	Il Costion A							0.		0.			0.
	uation sheets to Part V	ii, Section A							86,272.		0.			0.
d Total (add lines 1		4 1 4 4 4 .		بقصا	ام ام	h a	ابدر ۱۵			000 of reportable				
	dividuals (including but n	iot ilmitea to tr	iose) IIST	eo ai	DOV	e) wi	no re	eceived more than \$100	,000 or reportable	3			_
compensation from	m the organization			_									Yes	No
											1		res	NO
•	on list any former officer,			e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on				
·	omplete Schedule J for s											3		X
	listed on line 1a, is the si									the organization	}			l
and related organi	zations greater than \$15	0,000? If "Yes,	, " co	mpl	ete S	Sche	edul	e J f	for such individual			4		X
5 Did any person list	ted on line 1a receive or a	accrue compe	nsat	tion 1	from	any	y uni	elat	ed organization or indiv	idual for services				
rendered to the or	ganization? If "Yes," com	plete Schedui	le J i	for s	uch	pers	son		* – . –			5		X
Section B. Independer	nt Contractors													
1 Complete this tab	le for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom	
the organization F	Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ıthır	n the organization's tax	year.				
	(A)							Ì	(B)			(C	;)	
	Name and business	address	N	ON	Ε _				Description of	services	С	ompe	nsatio	n
									•					
								1						
								\dashv	·					
O Total number of co	dependent contractors (including but	no+ 1.	mito	d +c	the	ee li	etad	t ahove) who received a	nore than				
	•		iUt II	mule	J 10		0 0	SICU	a above, who leceived t	nore triall				
<u>Φ ΙΟΟ,ΟΟΟ οτ comp</u>	pensation from the organi	IZALIUII 🚩					<u> </u>			<u></u> L		Form	000 /	2015
														~111 7

<u> </u>		Check if Schedule O con	tains a respons	e or note to anv lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts si	1 a	Federated campaigns	1a	,				
ra L		Membership dues	1b					
S E		Fundraising events	1c					
a it		Related organizations	1d					
Ğ.≣		Government grants (contribution						
Siz		All other contributions, gifts, gran						
ž ž	•	similar amounts not included abo		306,542.				
불				300,342.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines	s 1a-1f \$		306 542			
0 (0	n	Total. Add lines 1a-1f		Rusinasa Cada	306,542.		····	
	•	CONFERENCES		Business Code 900099	15,464.	15,464.		
١	2 a			300033	15,404.	15,404.		
ře Le	b	-						
Program Service Revenue	c	-		1				
	đ	_		-		:		
	e			1	<u> </u>			
		All other program service revo	enue		15 161			
		Total. Add lines 2a-2f		<u> </u>	15,464.			
	3	Investment income (including	i aiviaenas, inte	_				
	_	other similar amounts)			·		·	
	4	Income from investment of ta	x-exempt bona	proceeds		777-271		
	5	Royalties	0.5					
		_	(ı) Real	(ii) Personal				
ŀ	6 a							
i		Less: rental expenses						
İ		Rental income or (loss)						
		Net rental income or (loss)	_ 	>				
	7 a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory						
į	b	Less: cost or other basis		1				
į		and sales expenses						
	C	Gain or (loss)						
		Net gain or (loss)	•	<u> </u>				
Other Revenue	8 a	Gross income from fundraisin including \$						
ě		contributions reported on line	1c). See					
<u>بر</u>		Part IV, line 18		a				
ğ	b	Less: direct expenses		b				
0	С	Net income or (loss) from fund	draising events	•				
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19		a				
ĺ	b	Less: direct expenses		b				
		Net income or (loss) from gan	ning activities	•				
		Gross sales of inventory, less	_					
	-			a				
	b	Less. cost of goods sold		b				
		Net income or (loss) from sale		•				
Ì		Miscellaneous Revenu		Business Code				· · · · ·
Ì	11 a	MISCELLANEOUS		900099	2,113.			2,113.
	b						·	
ĺ	c						,	
j	_	All other revenue					-	
	-	Total. Add lines 11a-11d		>	2,113.		·	
ŀ		Total revenue. See instructions.	-		324.119.	15,464.	0.	2.113.

Form 990 (2015) ELIJAH LIST MINISTRIES, INC.

Part IX Statement of Functional Expenses

Jecu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			impiete column (/-y	
	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				
	ındıvıduals 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	86,272.	21,568.	21,568.	43,136.
6	Compensation not included above, to disqualified		Ì		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	45,968.		45,968.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	306.		306.	
10	Payroll taxes	11,856.	2,104.	6,042.	3,710.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting _	6,623.		6,623.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	· F				
f	Investment management fees				
g	, , ,			5 5 00	
	column (A) amount, list line 11g expenses on Sch O.)	7,700.		7,700.	00.460
12	Advertising and promotion	80,463.		F 710	80,463.
13	Office expenses	19,064.		5,719.	13,345.
14	Information technology				_
15	Royalties	0.425	1 265	F 005	1 205
16	Occupancy	8,435.	1,265.	5,905.	1,265.
17	Travel	538.			538.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	31,946.	31,946.		
19	Conferences, conventions, and meetings	31,340.	31,340.		
20	Interest		***		
21 22	Payments to affiliates Depreciation, depletion, and amortization	172.		172.	
22 23	Insurance	1/20		1,20	-
24	Other expenses. Itemize expenses not covered				• ••
24	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 0.) LICENSE & PERMITS	550.		550.	-
	ME COULT T ANTHONY	200.		200.	
b		200.		200.	
c					
d	All other expanses			-	
	All other expenses Total functional expenses. Add lines 1 through 24e	300,093.	56,883.	100,753.	142,457.
<u>25</u> 26	Joint costs. Complete this line only if the organization	300,033.		100,133,	+4414710
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)				

Form 990 (2015)
Part X Balance Sheet

Part X	Balance Sneet			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part X	(A)		. (P)
		Beginning of year		(B) End of year
1	Cash - non-interest-bearing	73,912.	1	63,338
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	129.	3	
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			
,	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
ž '8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
1 -	Land, buildings, and equipment cost or other		3	
IVa	30 020			
[Less: accumulated depreciation 10b 26,744.	0.	10c	3,276
	Investments - publicly traded securities	<u> </u>	11	3,210
11	Investments - other securities. See Part IV, line 11		12	
12	Investments - other securities. See Part IV, line 11		13	
13	Intangible assets		14	·-
14	Other assets. See Part IV, line 11		15	
15		74,041.		66,614
16	Total assets. Add lines 1 through 15 (must equal line 34)	51,070.	16	17,126
17	Accounts payable and accrued expenses	51,070.	17	1/,120
18	Grants payable	9,844.	18	12,335
19	Deferred revenue	3,044.	19	14,333
20	Tax-exempt bond liabilities	·	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	···· -
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		,	
	parties, and other liabilities not included on lines 17-24). Complete Part X of		05	
00	Schedule D	60,914.	25	20 461
26_	Total liabilities. Add lines 17 through 25	00,914.	26	29,461
_	Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ا ق	complete lines 27 through 29, and lines 33 and 34.	12 127		27 152
	Unrestricted net assets	13,127.	27	37,153
5 28 5 20	Temporanly restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	10 100	32	20 452
33	Total net assets or fund balances	13,127.	33	37,153
34_	Total liabilities and net assets/fund balances	74,041.	34	66,614

orm	990 (2015) ELIJAH LIST MINISTRIES, INC.	16-169	0199	Page	<u>∍ 12</u>
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,11	
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,09	
3	Revenue less expenses. Subtract line 2 from line 1	3	24	1,02	<u> 6.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13	3,12	<u>:7.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period 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	37	7,15	<u>.3.</u>
Pa	t XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	<u></u> _
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O			
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 reviewe	d on a		ŀ	
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,		İ	
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audīt,			
	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 Sch	iedule O.		ŀ	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		. .	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit	1 1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2	015)

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

2015

Open to Public Inspection

Name of the organization **Employer identification number** 16-1690199 ELIJAH LIST MINISTRIES 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 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, 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.) 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.) \mathbf{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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 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 I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (iv) is the organization (vi) Amount of (i) Name of supported (ii) EIN (v) Amount of monetary listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and			•			-
	membership fees received. (Do not						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization'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						
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>
	Public support. Subtract line 5 from line 4				<u> </u>		
	ction B. Total Support	T			Т.	·· ··· ··	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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.)						
	Total support. Add lines 7 through 10				1		
	Gross receipts from related activities,	•	,			12	*
13	First five years. If the Form 990 is for	_	s tirst, second, thir	a, tourth, or tirth to	ax year as a sectio	n 501(c)(3)	. □
Sec	organization, check this box and storetion C. Computation of Publ	ic Support Pe	rcentage	_		 -	
	Public support percentage for 2015 (column (f))		14	%
	Public support percentage from 2014		-	oldiiiii (i))		15	
	33 1/3% support test - 2015. If the o		•	n line 13, and line	14 is 33 1/3% or m		
	stop here. The organization qualifies	-				,	▶□
b	33 1/3% support test - 2014. If the o		-		 I line 15 is 33 1/3%	or more, check th	ıs box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation	_	·	ightharpoons
17a	10% -facts-and-circumstances tes	•	•		e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	-					·
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a publi	cly supported orga	ınızatıon	. ▶□
18	Private foundation. If the organization	in did not check a!	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	<u>▶</u>
					Sche	dule A (Form 990	or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 ELIJAH LIST MINISTRIES, INC.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

	qualify under the tests listed be	elow, please comp	lete Part II)				
Section	A. Public Support						
Calendar y	ear (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts,	, grants, contributions, and						
mem	bership fees received. (Do not						
ınclud	de any "unusual grants ")	110,107.	182,054.	184,243.	279,540.	306,542.	1062486.
merc forme any a	s receipts from admissions, chandise sold or services per- ed, or facilities furnished in activity that is related to the nization's tax-exempt purpose				9,416.	2,113.	11,529.
3 Gross	s receipts from activities that						
	ot an unrelated trade or bus- sunder section 513						
4 Tax r	evenues levied for the organ-						
ızatıo	on's benefit and either paid to pended on its behalf	15,210.	17,765.	20,419.	14,264.	15,464.	83,122.
furnis	value of services or facilities shed by a governmental unit to						
	organization without charge	105 217	100 010	204 (62	202 220	224 110	1157127
	I. Add lines 1 through 5	125,317.	199,819.	204,662.	303,220.	324,119.	1157137.
	unts included on lines 1, 2, and eleved from disqualified persons						0.
from of	nts included on lines 2 and 3 received ther than disqualified persons that d the greater of \$5,000 or 1% of the at on line 13 for the year						0.
c Add	lines 7a and 7b						0.
8 Publi	ic support. (Subtract line 7c from line 6)						1157137.
Section	B. Total Support						-
Calendar y	ear (or fiscal year beginning in) 🖊	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amoi	unts from line 6	125,317.	199,819.	204,662.	303,220.	324,119.	1157137.
dıvıdı secu	s income from interest, ends, payments received on rities loans, rents, royalties income from similar sources			155.			155.
b Unrela	ated business taxable income						
•	section 511 taxes) from businesses red after June 30, 1975						
•	lines 10a and 10b			155.		-	155.
11 Net ii activi whet	into Tod and Tod ncome from unrelated business ities not included in line 10b, ther or not the business is larly carned on			133.			133.
or los	r income Do not include gain ss from the sale of capital ts (Explain in Part VI)						
	Support . (Add lines 9, 10c, 11, and 12)	125,317.	199,819.	204,817.	303,220.	324,119.	1157292.
	five years. If the Form 990 is for the this box and stop here	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
	C. Computation of Publi	ic Support Per	rcentage				
	ic support percentage for 2015 (I			olumn (fl)		15	99.99 %
	ic support percentage from 2014			olariir (i <i>jj</i>	•	16	99.98 %
	D. Computation of Inves					10	
	stment income percentage for 20			e 13 column (fl)		17	.01 %
	stment income percentage from 2				•	18	.02 %
	/3% support tests - 2015. If the			on line 14. and line	15 is more than 3	· · · · · · · · · · · · · · · · · · ·	
more	e than 33 1/3%, check this box ar /3% support tests - 2014. If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	$\triangleright \mathbf{X}$
	18 is not more than 33 1/3%, che						.
	ate foundation. If the organization			<u>-</u>		•	

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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 Su	pportina	Organ	izations

- 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(c̄)(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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- **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 fine 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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)

	Γ	Yes	No
	1		
	_		
	2		
	3a		
	3b		
	3c_		
	4a		
	- 4b_		
	4-		
	_4c		
	5a		
	5b		
	5c		
	i		
	6		
	7		
	7		
	8		
	0-		
	9a		
	9b_		
	9c		
	10a		
	10b	V) E7)	2015
^	00 ~~ 00	~ ==	2245

	dule A (Form 990 or 990-EZ) 2015 ELIJAH LIST MINISTRIES,	<u> </u>		<u>16-1690199 Page 6</u>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on l	Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-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			
	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) Prior 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)	_	у	
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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	ly-integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2015

	dule A (Form 990 or 990 EZ) 2015 ELIJAH LIST M			.6-1690199 Page 7
	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			·
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	·
4_	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u> -	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6	L		,
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	(2)	(::)	din din
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а	- 1000 · · ·			
b				
С				
d	From 2013			<u> </u>
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f		4 ···	
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3 _j			
	and 4c			
8	Breakdown of line 7:			
a				
b			· · · · · · · · · · · · · · · · · · ·	
	Excess from 2013	· · · · · · · · · · · · · · · · · · ·		
	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-E	Z) 2015	ELIJ.	AH I	LIST	MIN	ISTR	IES.	INC.		16-169019	9 Page 8
Part VI	Supplementa Part IV. Section A	I Inform Ines 1, Ines 1, Ines 1, Ines Ines 1, Ines	nation. 2, 3b, 3c nes 2 and	Provid , 4b, 4d d 3; Pa	de the ex c, 5a, 6, art IV, Se	kplanation 9a, 9b, oction E,	ons requ 9c, 11a, Imes 1c	ired by 1 11b, an , 2a, 2b,	Part II, line 10; F id 11c, Part IV, S 3a and 3b; Par	Section B, lines [.] t V, line 1; Part V	r 17b; Part III, line 12 and 2; Part IV, Sec , Section B, line 1e;	e; tion C.
			_									
		•										
		=					-					
	· ·											
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									· · · · · · · · · · · · · · · · · · ·			
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	-											

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on 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.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	ELIJAH LIST MINIST			16-1690199
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, III			
		(a) Donor advised funds	(t) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed fund	ds
	are the organization's property, subject to the organization's	s exclusive legal control?		. Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	used o	nly
	for chantable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	confer	ing
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990,	Part IV,	line 7
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).		
	Preservation of land for public use (e.g , recreation or	education) Preservation of a his	torically	important land area
	Protection of natural habitat	Preservation of a cer	tified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a co	
	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 st		. }	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture	
	listed in the National Register		L	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organ	ization during the tax
	year >			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			Yes No
^	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting	•••	econyatio	
6	Stall and volunteer flours devoted to morntoning, inspecting	, nanding of violations, and emorcing cor	isei valic	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violations, and enforcing consenu	ation ear	sements during the year
•	S	ding of violations, and emoraling conserve	ation ca	sometic daming the year
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170	0(h)(4)(B	0(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expens	e staten	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization			
	conservation easements.			
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ment an	d balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in further	ance of p	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc			
b	If the organization elected, as permitted under SFAS 116 (A			
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic ser	vice, provide the following amounts
	relating to these items:			
	(i) Revenue included on 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 tre		al gaın, p	provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:		.
а	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990. Part X			- *

		LIST MINIS							<u>90199</u>	
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following tha	at are a s	ignificant i	use of its	collection it	ems
	(check all that apply):									
а	Public exhibition	d	╸┝┤	oan or excl	hange progra	ams				
b	Scholarly research	е	. [_]	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							se in Par	t XIII	
5	During the year, did the organization solicit of					er sımılaı	assets	_		
-	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for c	ontribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?							. \square] Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing to	able.						
									Amount	
С	Beginning balance						1c			
d	Additions during the year		•				1d			
е	Distributions during the year						1e			
f	Ending balance						1f	<u>.</u>		<u> </u>
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	ount liabil	ity? .		Yes	No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization an	swered "	Yes" on Fo	rm 990, Part	t IV, line	10		,	
		(a) Current year	(b) Pr	or year	(c) Two year	rs back	(d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
đ	Grants or scholarships									
е	Other expenditures for facilities									
	and programs .									
f	Administrative expenses .									
g	End of year balance			· · · · · ·		i				
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g	ı, column (a	i)) held as [.]					
а	•		_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held a	nd administe	ered for th	ne organız	ation	_	
	by:								_ Ye	s No
	(i) unrelated organizations		••	•					3a(i)	 -
	(ii) related organizations							•	3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	•			• •			•	3b	Ш
Ba:	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment tu	unas						
rai	Complete if the organization answere) Dort IV	lino 11o C	aa Earra 000) Dort V	lina 10			
						· · · ·			400	
	Description of property	(a) Cost or o basis (investri		(b) Cost basis (1	٠,,	ccumulate preciation	a	(d) Book va	alue
1a	Land					<u> </u>				
	Buildings									
	Leasehold improvements				9,890.		9,89	90.		0.
					0,130.		16,85		3,	276.
	Other .									
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c)				3,	276.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
i) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			<u> </u>
(H)			
otal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line	13
(a) Description of investment	(b) Book value		ost or end-of-year market value
	(3) 200111414	(6)	
(1)	•		
(2)			
(3)			············
(4)		-	
(5)			
(6)			
(7)	~··		
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line	15.
	D		
(a)	Description		(b) Book value
(a) (1)	Description		
	Description		
(1)	Description		
(1)	Description		
(1) (2) (3)	Description		
(1) (2) (3) (4)	Description		
(1) (2) (3) (4) (5)	Description		
(1) (2) (3) (4) (5) (6)	Description		
(1) (2) (3) (4) (5) (6) (7)	Description		
(1) (2) (3) (4) (5) (6) (7) (8)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line			
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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

	rt XI Reconciliation of Revenue per Audited Financial St		ie ner Return	Page 🔫
Pai			de per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, II	ne iza		
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:	10-1		
a		2a		
b	• • •	2b		
С		2c		
d	•	_2d	 	
e		• • • • • • • • • • • • • • • • • • • •	. <u>2e</u>	
3	Subtract line 2e from line 1	•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 4-1		
a	•	4a		
b	, , , , , , , , , , , , , , , , , , , ,	4b		
_C	• •		4c	
5 Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 art XII Reconciliation of Expenses per Audited Financial S	:.) tatements With Expen		
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, II		occ per riotarii	
	Total expenses and losses per audited financial statements		-1	
1	Amounts included on line 1 but not on Form 990, Part IX, line 25	•	•	
2	The state of the s	2a		
a		2b		
b		2c		
C		2d		
d		20	2e	
е 3	Subtract line 2e from line 1	•	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•		
-∓ a	1 1 1 1 1 1 1 1 1 2 1 2 1 2 1 1 1 1 1 1	4a		
b		4b		
c		15	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	 18)	5	
_	art XIII Supplemental Information.			
Prov	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4; Part IV, lines 1b and 2b, F	art V, line 4; Part X, line 2; Part	α,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information		
		*** ** ** *** *** *** *** *** *** ***		
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_		18 1 		
				

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Employer identification number

Name of the organization ELIJAH LIST MINISTRIES, INC.	Employer identification number 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 BEFO	RE IT IS FILED.
THEY GO THROUGH THE RETURN BY PAGE AND DISCUSS ANY QUESTI	ONS OR ISSUES THEY
MAY HAVE WITH THE RETURN.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE MINISTRY PROVIDES COPIES OF ALL INFORMATION UPON REQU	EST AND ALSO HAS
COPIES ON HAND FOR ANYONE WHO WISHES TO REVIEW THEM IN PE	RSON.