TAXPAYER'S COPY

Form 990

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 black lung benefit trust or private foundation)

2008

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

Open to Public Inspection

AF	or the	2008 calendar year, or tax year beginning JUL I, 2006 al	id ending C	JON 30, 2003	
B C	heck if pplicable:	Please use iRS		D Employer identifi	cation number
	Address change				
	Name change	type. Doing Business As		36-2	276614
F	Initial return Termin-	See Number and street (or P.O. box if mail is not delivered to street address	) Room/suite		r 389–0555
=	⊒ation ∃Amend∈	motion — — — — — — — — — — — — — — — — — — —		G Gross receipts \$	19,522,130.
$\vdash$	∐retum ∏Applica			H(a) is this a group r	<del></del>
_	Applica tion pending	F Name and address of principal officer:ROBERT HOOKER		for affiliates?	Yes X No
		SAME AS C ABOVE			cluded? Yes No
			27		list. (see instructions)
<del>     </del>	ax-exe	mpt status. (25 50 NG) (5 ) ( (INSERT NO.) (15 454 NG) (1) OF E	<u></u>	H(c) Group exemption	•
		organization: X Corporation Trust Association Other	L Yea		M State of legal domicile: IL
		Summary		<u> </u>	<u></u>
<u> </u>	1	Briefly describe the organization's mission or most significant activities: EL 3	M'S MI	SSION IS TO	BE A
Activities & Governance	]	MINISTRY THAT ENABLES INDIVIDUALS WITH	SPECIA	L NEEDS IO A	CHIEVE
ar 1		Check this box  if the organization discontinued its operations or dis			
ŏ		Number of voting members of the governing body (Part VI, line 1a)			11
2		Number of independent voting members of the governing body (Part VI, line 1			723
es		Total number of employees (Part V, line 2a)			
Σįξ		Total number of volunteers (estimate if necessary)			
Act		Total gross unrelated business revenue from Part VIII, line 12, column (C)			
	b_	Net unrelated business taxable income from Form 990-T, line 34			Current Year
				Prior Year 3,778,731.	
ë	1	Contributions and grants (Part VIII, line 1h)	1	14,910,417	
Revenue		Program service revenue (Part VIII, line 2g)		E0 000	17,072.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		592,654	
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,222,733	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1		54,608	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	II	34,000	51/2501
		Benefits paid to or for members (Part IX, column (A), line 4)		14,234,537	15,127,723.
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		11/201/00/	10/12///201
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	.165.		
X	.   b	Total fundraising expenses (Part IX, column (D), line 25)   539	7103.	5,954,812	5,556,865.
_	117	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		20,243,957	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-1,021,224	
<u></u>	19	Revenue less expenses. Subtract line 18 from line 12	************	Beginning of Year	End of Year
Net Assets or	5  	T. I. I /Dard V. line 163	-	34,228,886	
SS	20	Total assets (Part X, line 16)		18,310,435	
te!	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		15,918,451	
	∄ 22 'art II	Signature Block			
8.8		The state of paints I declare that I have examined this return including accompanying schedu	les and statemen	ts, and to the best of my knowl	edge and belief, it is true, correct,
		and complete. Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowled	ge.	
Sig	an				
	ere	Signature of officer		Date	
•••		NOBERT HOOKER, CONTROLLER			
		Type or print name and title			
_		Preparer's Dai			parer's identifying number instructions)
Pa		signature		employed	
	eparer's	Volume if CAPIN CROUSE LLP		EIN ►	
Us	e Only	yours if self-employed), 972 EMERSON PARKWAY - STE A			
		address, and ZIP+4 GREENWOO, IN 46143		Phone no.	317-885 <b>-</b> 2620
M	ay the	IRS discuss this return with the preparer shown above? (see instructions)	<u></u>		X Yes No
	0001 10	18.09 1 HA For Privacy Act and Paperwork Reduction Act Notice, see t	he separate i	instructions.	Form <b>990</b> (2008)

orm (	90 (2008) ELIM CHRISTIAN SERVICES 50-2270011 16902
	Statement of Program Service Accomplishments (see instructions)
	Briefly describe the organization's mission: ELIM EXISTS TO PROVIDE EDUCATIONAL, VOCATIONAL AND RESIDENTIAL SERVICES TO DISABLED PERSONS.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes", describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: )(Expenses \$ 11,306,257. including grants of \$ 21,290.)(Revenue \$ 11,713,260.)  SPECIAL EDUCATION PROGRAMS: 270 STUDENTS WERE PROVIDED WITH SPECIAL  EDUCATION SERVICES. THE STUDENTS SPECIAL NEEDS INCLUDED LEARNING  DISABILITIES, MENTAL RETARDATION, AUTISM, AND PHYSICAL DISABILITIES.
	(Code: ) (Expenses \$ 4,004,541 · including grants of \$ ) (Revenue \$ 2,508,430 · )
4b	(Code: )(Expenses \$ 4,004,541. including grants of \$ )(Revenue \$ 2,508,430.)  DAY PROGRAMS FOR THE DEVELOPMENTALLY DISABLED: 200 ADULTS WITH  DEVELOPMENTAL DISABILITIES WERE PROVIDED WITH DAY SERVICES CONSISTING  OF REHABILITIATION, VOCATIONAL TRAINING, DEVELOPMENTAL TRAINING,  SUPPORTED EMPLOYMENT AND WORK IN A SHELTERED WORKSHOP SETTING.
4c	RESIDENTIAL CARE PROGRAMS, GENERAL/OTHER: 25 OF THE STUDENTS WHO WERE
	UNABLE TO LIVE AT HOME WERE PROVIDED WITH RESIDENTIAL SERVICES.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 738,828 • including grants of \$ 33,000 • ) (Revenue \$ 579,203 • )
_	(Expenses \$ 738,828 including grants of \$ 33,000 ·) (Revenue \$ 579,203 ·)  Total program service expenses \$ 17,987,684 · (Must equal Part IX, Line 25, column (B).)

Part	IV Checklist of Required Schedules		Yes	No
	in the described in section 501/o/(2) or 4947/o/(1) (other than a private foundation)?			
	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	X	
2 1	f "Yes," complete Schedule A	2	Х	
2	Did the organization required to complete scriedule 5, scriedule of contributors.  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3 !	bublic office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
4	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		Ì	
5	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u>X</u> _
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice	Ì		
0	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ĺ		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
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
0	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	ļ		İ
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			<b>\</b>
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	_X_	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			Ì
12	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	_ <u>X</u> _	
13	Is the organization a school as 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 U.S.?	14a		Х
h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15	X	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		ļ	
	located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X_
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17_		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ <u> </u>	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	ļ	X
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 questions 24b-24d and complete Schedule K.		\	
	If "No" go to guestion 25	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	X
c	and the very second of the state of the stat			١
·	any tax-exempt bonds?	24c	4	<u> X</u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	4_	X
252	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	4	X
Ŀ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Ves " complete Schedule L. Part I	25b	,	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
20	person outstanding as of the end of the organization's tax year? 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, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Part IV Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other Х 28a person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV **b** Have a family member who had a direct or indirect business relationship with the organization? Х 28b If "Yes," complete Schedule L, Part IV c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional X corporation) doing business with the organization? 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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? 34 Х 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 Х If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ...

Form 990 (2008)

	Statements Regarding Other Ind Pilitigs and Tax Compliance			V	NI.
	Durant Comment and Transmittal of	1		Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1a 13	3		
	U.S. Information Returns. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		וֹ וֹנ		
þ	Enter the number of Forms W-2G included in line 1a. Enter 6-11 not applicable.  Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming	7		
С	(gambling) winnings to prize winners?		1c		X
_	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
2a	filed for the calendar year ending with or within the year covered by this return	2a 723	3		
	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	X	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)			
20	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	ed by this return?	3a		Χ
Ja			36		
42	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a		ļ	
<b>→</b> u	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
h	If "Yes," enter the name of the foreign country:				
U	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and			
	Financial Accounts.				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regarding Prohibited			
Ů	Tax Shelter Transaction?		_5c		<u> </u>
6a	Did the organization solicit any contributions that were not tax deductible?		6a_	<del></del>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or gifts			
-	were not tax deductible?		. 6b	U-000000000	380000000000000000000000000000000000000
7	Organizations that may receive deductible contributions under section 170(c).			<b>/</b>	<b>37</b>
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of mo	re than \$75?	. 7a	<b> </b>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		. <b>7b</b>	⊢–	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was required			x
	to file Form 8282?	T	. <u>7c</u>		A
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	personal	7-		X
	benefit contract?		. <u>7e</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?	71	<del>                                     </del>	123
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	17	7g 7h	+	+
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098	-C as required?		<u> </u>	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and se	ercenization have			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	organization, nave	8	200000000	4.000000000
	excess business holdings at any time during the year?	***************************************			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		9a	040000000	30-20000000
a	The state of the s		9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person:				
10	Section 501(c)(7) organizations. Enter: N/A	10a			
a	5 Day VIII line 10 for public use of club facilities		7		
b	Section 501(c)(12) organizations. Enter: N/A				
11	en et et en				
a	to the requirement of the part of the principle of the requirement of the principle of the requirement of the part		$\neg$		
t:	amounts due or received from them.)	11b			
10-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 97.7.		12a	ı	
128	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b			
. <u> </u>	11 1 Ed. Cittor the amount of tax exempt interest to differ a series			000	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	on A. Governing Body and Management	<del></del>	.,	
			Yes	No
j	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
	Enter the number of voting members of the governing body			
b i	Inter the number of voting members that are independent	-		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			X
	officer, director, trustee, or key employee?	2		Λ
	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Х
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
	Does the organization have members or stockholders?	6		Λ
	Does the organization have members, stockholders, or other persons who may elect one or more members of the	\_		v
	governing body?	_7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	******	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		•	
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	1,
а	Does the organization have local chapters, branches, or affiliates?	<u>9a</u>		Х
b	If "Yes." does the organization have written policies and procedures governing the activities of such chapters, affiliates,	Ì	ļ	
	and branches to ensure their operations are consistent with those of the organization?	9b	ļ <u>.</u>	<u> </u>
)	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must		\ <u></u>	ļ
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	<u> </u>
	Is there any officer, director or 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	11		X
ec	tion B. Policies			
			Yes	N
22	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ļ
h	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
D	to conflicts?	12b	X	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			l
C	in Schedule O how this is done	12c		
•	Does the organization have a written whistleblower policy?	13	X	<u> </u>
3	Does the organization have a written document retention and destruction policy?	. 14		2
4	Did the process for determining compensation of the following persons include a review and approval by independent			
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
	The organization's CEO, Executive Director, or top management official?		X	
а	The organization's GEO, Executive Director, or top management unicial.  Other officers or key employees of the organization?	15b		
þ				
_	Describe the process in Schedule O. (see instructions)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	168	1	2
	taxable entity during the year?			
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
b			003000000	*****
b	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	161		
	exempt status with respect to such arrangements?	\16l	)	
	exempt status with respect to such arrangements?	161		
e	exempt status with respect to such arrangements?  ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed IL			
e 7	exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed   List the states with which a copy of this Form 990 is required to be filed   Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.			
e 7	exempt status with respect to such arrangements?  ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed IL  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.			
e 7	exempt status with respect to such arrangements?  Extion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed LL  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availal public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website X Upon request	ble for		
ie:  7  8	exempt status with respect to such arrangements?  Extion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed LL  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availal public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website X Upon request	ble for		
	exempt status with respect to such arrangements?  Extion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed IL  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.  Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy etatements available to the public.	ble for	nancia	
Se 17 18	exempt status with respect to such arrangements?  Exition C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶⊥L  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availal public inspection. Indicate how you make these available. Check all that apply.  □ Own website □ Another's website ▼ Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ble for	nancia	
ie 7 8	exempt status with respect to such arrangements?  Exition C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ►IL  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.  ☐ Own website ☐ Another's website ☐ X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	ble for	nancia	

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0 in columns (D), (E), and (F) if no compensation was paid.
- 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.

X Check this box if the organization did not co		y officer, director, trustee (C)						e, or key employee. (D)	(E)	(F)
<b>(A)</b> Name and Title	(B) Average		ı		رہ ition			Reportable	Reportable	Estimated
Name and The	hours	(cl				арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099·MISC)	other compensation from the organization and related organizations
LEE BRANDSMA	1 00	.,,		7,				0.	0.	0.
CHAIRMAN	1.00	X	-	X	╁	┼-			<del></del>	
RICK BULTHUIS	1 00	17			1			0.	. o.	0.
VICE CHAIRMAN	1.00	X	┢	X	+	-	⊢	<u> </u>		
JOHN DEJAGER	1 00	X			Ì	i		0.	0.	0.
TRUSTEE	1.00	Δ	$\vdash$	-	╀		╁┈			
JOHN HISKES	1.00	Х		X			1	0	. 0.	0.
SECRETARY	1.00	Λ	+-	Λ	+-	+	$\vdash$			
GARY SMIT	1.00	X			-			0	. 0.	0.
TRUSTEE HENRY DOORN	1.00	1	+	+	+	+-	+			
TREASURER	1.00	Х	1	Х	:		Į	0	0.	0.
LIZ RUDENGA				╅▔	$\top$	1	<b>†</b> -			
TRUSTEE	1.00	X						0	. 0.	0.
CALVIN TAMELING					1		1			
TRUSTEE	1.00	X	:					0	. 0.	0.
STEPHANIE WILLIAMS			T				-			
TRUSTEE	1.00	χ					┸	0	. 0.	0.
RICHARD WILLIAMS										0.
TRUSTEE	1.00	Σ	<u> </u>	┸	$\perp$		$\bot$	0	. 0	· · · · ·
WILLIAM LODEWYK		İ	-					100 660	. 0	13,812.
PRESIDENT	40.00	$\downarrow$	_ _	_	4	<u>  X</u>		123,660	•	13,012.
ROBERT MARSH				Ì		١,		107 405	.) 0	14,999.
VICE PRESIDENT	40.00	1	-	-	-	<u> </u>	-	107,485		14/0000
MICHAEL OTTE	40.00					Ι,	,	104,853	0	. 13,320.
DIRECTOR OF CHILDREN'S S	40.00	4	+		+	_ \ }	2	104,653	·	13/3200
				ļ						
		+	+	- -	+	+	$\dashv$			
				- }	-					
		+	+		+	+	$\dashv$			
		+	+	-  -	$\dashv$	+	+			
										<u> </u>
										Form <b>990</b> (2008)

T VII Section A. Officers, Directors,  (A)  Name and title	( <b>B)</b> Average		F	<b>O)</b> Posit	i) tion			<b>(D)</b> Reportable	<b>(E)</b> Reportable compensation	(F) Estimated amount of	
	hours per week	director	Institutional trustee O		ļ	Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other other compensation from the organization and related organizations	
				-							
		-	_								
		 		  -							
		-	-								
b Total						▶		335,998	. 0	42,13	
Total number of individuals (including compensation from the organization  Did the organization list any former or line 1a? If "Yes," complete Schedule of For any individual listed on line 1a, is and related organizations greater that Did any person listed on line 1a receive the organization? If "Yes," complete section B. Independent Contractors  Complete this table for your five high	fficer, director or  truste lal able es," c pens ch pe	com com ation	ey e	empl sati	on ar	nd c	highest compensated other compensation fro I for such individual ated organization for se	employee on m the organization ervices rendered to	5		
the organization. NONE			—				-	(B)	· ·	(C) Compensation	
Name and bu	siness address										
2 Total number of independent contra from the organization ▶	actors (including the	hose	in 1)	) wh	o re	ceive	ed n	nore than \$100,000 in o	compensation	Form <b>990</b> (2	

t VIII	Statement of Revenue	ne					//^\
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>1</b> a F	ederated campaigns	1a					
b N	Membership dues	1b					
c F	Fundraising events		14,442.				
d F	Related organizations		80,000.				
е (	Government grants (contribution	ons) <b>1e</b>	74,820.				
f A	All other contributions, gifts, grants	s, and					
8	similar amounts not included abov	e 1 <u>1f   1</u>	7737 <u>59.</u>		İ		
_	Noncash contributions included in lines		<del></del>	0 (40 001			
h '	Total, Add lines 1a-1f			2,643,021.			
_		ı	Business Code	15303146	15202146		
	PUBLIC FEES	<del></del> !	611600	15383146.			
	DISCOVERY CENTE	KS	900099	579,203.		-	
c j	PRIVATE FEES		611600	465,680.	465,680.		<u> </u>
d .						-	
е.					-	<del> </del>	<del>                                     </del>
	All other program service reve			16428029.			<u> </u>
	Total. Add lines 2a-2f		····	10420023	•		
	Investment income (including			5,672.			5,672
	other similar amounts)			3,012	<u> </u>	<u> </u>	","
	Income from investment of tax						<del>                                     </del>
5	Royalties						
_	a	(i) Real 66,960.	(ii) Personal_	1			
	Gross Rents	00,900.		-			
	Less: rental expenses	66,960.		+			
	Rental income or (loss)		<u> </u>	66,960			66,960
	Net rental income or (loss)			30,300	-		,
7 a	Gross amount from sales of	(i) Securities	(ii) Other 11,400.	1		1	
	assets other than inventory		11/100				
b	Less: cost or other basis						
	and sales expenses	<u> </u>	11,400				
	Gain or (loss)  Net gain or (loss)		<u> </u>	11,400	•		11,40
	Gross income from fundraisin			,			
ga	including \$						
	contributions reported on line		1				
	Part IV, line 18		,				
h	Less: direct expenses						
	Net income or (loss) from fun		<b></b>				
	Gross income from gaming a						
""	Part IV, line 19		a				
h	Less: direct expenses						
	Net income or (loss) from gar						
1	Gross sales of inventory, less	returns					
	and allowances		356,719	<u>.</u>			
b	Less: cost of goods sold	I	188,021	•			
	Net income or (loss) from sal			168,698	. 168,698	•	
	Miscellaneous Reven		Business Cod				
11 a	OTHER REVENUE		900099	10,329	. 10,329	•	
b							
C		-					
d				<u> </u>			
е	Total. Add lines 11a-11d						
	Total Revenue. Add lines 1h, 2g, 3	_	100 and 11e	-	. 16607056	_ [ [	84,03

# Form 990 (2008) ELIM CHRISTIA Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. ations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do no 75, 81	All other organizations must complete include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	21,290.	21,290.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.		22 222		
	See Part IV, lines 15 and 16	33,000.	33,000.		
4	Benefits paid to or for members				
	Compensation of current officers, directors,	270 120	110 172	259,956.	
	trustees, and key employees	378,129.	118,173.	239,930.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	11 705 464	10,788,705.	801,627.	205,132.
7	Other salaries and wages	11,795,464.	10,700,700.	001,027.	203/2020
8	Pension plan contributions (include section 401(k)	199,118.	169,363.	25,427.	4,328.
	and section 403(b) employer contributions)	1,848,757.	1,654,770.	166,502.	27,485.
9	Other employee benefits	906,255.	816,266.	75,151.	14,838.
10	Payroll taxes	900,233	010,200.	73/2321	
11	Fees for services (non-employees):				
а	Management	24,457.		24,457.	
b	Legal	37,055.		37,055.	
	Accounting	31,000.	···	0.17333	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	459,297.	392,221.	46,103.	20,973.
g	Other	128,423.			113,942.
12	Advertising and promotion	219,771.			107,705.
13	Office expenses	110,510.		<del></del>	3,246
14	Information technology	120/0/201			<u> </u>
15	Royalties	939,991.	939,991.		
16	Occupancy	49,641.		16,298.	11,540
17	Travel Payments of travel or entertainment expenses		-		
18	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	29,253.	26,581.	1,877.	795
19		1,171,341.			
20	Interest Payments to affiliates			·	
21 22	Depreciation, depletion, and amortization	1,560,494.	1,189,225	371,269.	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
24	above. (Expenses grouped together and labeled				
	miscellàneous may not exceed 5% of total expenses shown on line 25 below.)				
а	DDACDAM MAMEDIAIC	308,737			754
b	VILLE DADENCEC	245,677			8,995
	BEEC TICENCE DUEC	99,945			12,964
	OCCUPATION OF A TAILARD	76,496			1,641
•	NAT CO	56,656			4,827
f		39,121			<u> </u>
25	Total functional expenses. Add lines 1 through 24f	20,738,878	. 17,987,684	2,212,029.	539,165
26	Joint Costs. Check here ▶ ☐ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
		1	1	1	

12014		Balance Sneet					(B)
					(A) Beginning of year	ļ	End of year
					581,079.	1	532,573.
1		Cash - non-interest-bearing			2,328,144.		1,466,018.
ļ		Savings and temporary cash investments			3,304,619.		$\frac{1,400,0200}{2,674,130}$
	3	Pledges and grants receivable, net				3	2,977,231.
Ì	4	Accounts receivable, net			1,772,721.	4	2/3/1/2310
-	5	Receivables from current and former officers, di				_	
		employees, or other related parties. Complete P	art II of S	Schedule L		5	
Ì	6	Receivables from other disqualified persons (as	defined	under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(E	3). Complete			
		Part II of Schedule L				6	21 010
တ	7	Notes and loans receivable, net				7	31,910.
Assets	8	Inventories for sale or use				8	000 450
As	^	Descript expenses and deforred charges			114,927.	9	288,450.
	10a	Land, buildings, and equipment: cost basis	10a	37,594,749.			
		Less: accumulated depreciation. Complete					
	D	Part VI of Schedule D	106	11,812,809.	25,850,864.	10c	25,781,940.
		Investments - publicly traded securities			Territoria de la companya della companya della companya de la companya della comp	11	
	11	Investments - other securities. See Part IV, line				12	
	12					13	
	13	Investments - program-related. See Part IV, line				14	
	14	Intangible assets				15	
	15	Other assets. See Part IV, line 11	45	0.1.000.000		33,752,252.	
	16	Total assets. Add lines 1 through 15 (must eq	1 271 220		2,075,213.		
	17	Accounts payable and accrued expenses		18			
	18	Grants payable			19		
	19	Deferred revenue					15,000,000.
	20	Tax-exempt bond liabilities					13/000/0000
Š	21	Escrow account liability. Complete Part IV of S	chedule	D		21	
£	22	Payables to current and former officers, direct	ors, trust	tees, key employees,			
Liabilities		highest compensated employees, and disqual	ified per	sons. Complete Part II			
		of Schedule L				22	2,163,357.
	23	Secured mortgages and notes payable to unre	lated th	ird parties	1,939,205		2,103,337.
	24	Unsecured notes and loans payable		24	<u> </u>		
	25	Other liabilities. Complete Part X of Schedule I		25	10 220 E70		
	26	Total liabilities. Add lines 17 through 25		<u> 26</u>	19,238,570.		
_	1	Organizations that follow SFAS 117, check	here 🕨	X and complete			
ø	1	lines 27 through 29, and lines 33 and 34.					11 705 000
Net Assets or Fund Balances	27	Unrestricted net assets			12,613,832		
<u>ra</u>	28	Temporarily restricted net assets				• 28	2,717,780.
B	29	Permanently restricted net assets				29	
Ę	29	Organizations that do not follow SFAS 117,	check l	nere  and			
ī.		complete lines 30 through 34.	•				
Ö			de de			30	
set	30	Paid-in or capital surplus, or land, building, or	equipme	ent fund		31	
As	31		income	or other funds		32	
<u>e</u>	32					• 33	14,513,682.
-	33				24 220 000		7 7 7 7 7 7
200000	34				<u></u>		
		Financial Statements and Reporting	ıy				Yes No
				Cash X Accrual	Other		
1	Ac	counting method used to prepare the Form 990:					2a X
2	a We	ere the organization's financial statements compi	led or re	viewed by an independe	in accountant		··········· <del></del>
	b We	ere the organization's financial statements audite	d by an	independent accountant	L (	the e-	············
	c lf'	Yes" to lines 2a or 2b, does the organization hav	e a com	mittee that assumes res	ponsibility for oversight of	ine au	an,
	res	view, or compilation of its financial statements an	d select	ion of an independent ac	ccountant?		
3	a As	a result of a federal award, was the organization	require	d to undergo an audit or	audits as set forth in the S	single A	Audit   v
	Δα	et and OMB Circular A-133?					3a
	b_lf	"Yes," did the organization undergo the required	audit or	audits?	<u></u>		
							Form <b>990</b> (2008)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008
Open to Public Inspection

Name of the organization

ELIM CHRISTIAN SERVICES Employer identification number 36-2276614

Part I	Reason fo	r Public Chari	ty Status (All organiza	tions must	complete	this part.)	(see instr	uctions)					
The organ	ization is not a p	orivate foundation b	ecause it is: (Please che	ck only <b>on</b>	e organiza	tion.)							
1 🔲	A church, conv	ention of churches	, or association of churc	hes descrit	oed in <b>sec</b> t	ion 170(l	o)(1)(A)(i).						
2 X	A school descr	ibed in <b>section 17</b> 0	0(b)(1)(A)(ii). (Attach Sch	edu <b>le</b> E.)									
з 🗀	A hospital or a	cooperative hospit	al service organization d	escribed in	section 1	70(b)(1)(A	<b>\)(</b> iii). (Atta	ch Sched	ule H.)				
4 🗀	A medical rese	arch organization o	perated in conjunction v	vith a hospi	ital describ	ed in <b>sec</b>	tion 170(t	)(1)(A)(iii)	. Enter the	hospital's	name	<del>)</del> ,	
	city, and state:												
5 🗔	An organization	n operated for the l	penefit of a college or un	iversity ow	ned or ope	rated by	a governm	ental unit	described	in			
		)(1)(A)(iv). (Comple											
6 🔲	A federal, state	e, or local governme	ent or governmental unit	described	in section	170(b)(1)	(A)(v).						
7	An organizatio	n that normally rec	eives a substantial part o	of its suppo	rt from a g	overnmei	ntal unit or	from the	general pul	olic descri	bed in		
		)(1)(A)(vi). (Comple											
8	A community t	rust described in s	ection 170(b)(1)(A)(vi). (	Complete F	Part II.)						-1 <b>4</b> 6		
9	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 the Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)												
10	An organizatio	on organized and or	perated exclusively to tes	st for public	safety. Se	e sectio	n 509(a)(4)	. (see ms	raut the p	irnoese of	f one c	nr.	
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that												
	more publicly	supported organize	ations described in section	on 509(a)(1	or section	1 509(a)(2 11 b	). See <b>se</b> c	ere mon	ijtoj. Oneo	K tile box			
			organization and comple	ete iines i i : Type	e intough Jil - Eupat	TIII. ionally int	earsted		d 🔲 1	Гуре III - С	)ther		
	a ∐ Type I	<b>D</b>	_ Type II cat the organization is not					more disc				n	
e	By checking t	his box, I certify the	at the organization is not han one or more publicly:	Controlled	directly of Lorganizat	ione deer	rihed in se	ection 509	(a)(1) or se	ction 509	(a)(2).		
	toundation ma	anagers and other t	nan one or more publicly tten determination from t	y supported	titie a Twr	a I Tyne	II or Type	:	(4)(1) 01 00		· · · · ·		
f	If the organiza	ation received a wri	tten determination itom i	ine ino ina	l Il 15 a 1 y p	e i, Type	11, 01 1 1 1 1 1						
	supporting or	ganization, check t	his box organization accepted ar	ay aift or co	ntribution	from any	of the follo	wina pers	ons?				
9	Since August	17, 2000, Has the	directly controls, either al	lone or toge	ether with	persons o	lescribed i	n (ii) and (	ii) below,		Yes	No	
	(i) A person	raina bady of the c	supported organization?	one or tog	50101 William					11g(i)			
	tia A family	member of a perso	n described in (i) above?	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					11g(ii)			
	(II) A lamily	controlled entity of	a person described in (i)	or (ii) above	?								
	(III) A 35% C	Mowing information	about the organizations	the organi	ization suc	ports.							
h	Provide the to	DIOWING INTOTTIALIO	about the organizations	o (10 organ	Lanen cop	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					_		
(i) Nom	ne of supported	(ii) EIN	(iii) Type of	(iv) Is the organization (v) Did you notify the organization in column (vi) listed in your organization in column (vi) listed in your organization in column (vi) listed in your organization in column (vi) listed in your						(vii) An	nount d	of	
. ,	ganization	(11) 2119	organization (described on lines 1-9		sted in your		tion in col. r support?	l (i) organiz	ed in the (	sup	port		
		11	above or IRC section		document?			U.S					
			(see instructions))	Yes	No	Yes	No	Yes	No				
							1	1	1 1				
		ı			L								
				<u> </u>			<u> </u>	_	-		-		
							_						
						_							
						_							

Schedule A (Form 990 or 990-EZ) 2008

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  $5,\,7,\,\mathrm{or}\,8$  of Part I.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to	ì					
	the organization without charge						
	Total. Add lines 1 - 3						
	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)						
e	Public Support. Subtract line 5 from line 4.						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	(4) 200	,				<u> </u>
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
^	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on	-					
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	<ul> <li>MORROSCOCIONOSCOSCOCIONADOS (1966)</li> </ul>					
11		e etc (see instruct	ions)			12	
12	First five years. If the Form 990 is form	or the organization	's first second th	ird, fourth, or fifth	tax vear as a secti	ion 501(c)(3)	
13	organization, check this box and ste	on here	S III St, GOSONA, ti	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>.</u>		<b>&gt;</b>
Se	ction C. Computation of Put	olic Support Pe	ercentage				
	5 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(line 6, column (f)	divided by line 11	, column (f))		14	%
14	Public augnort percentage from 200	17 Schedule A. Par	t IV-A. line 26f			15	%
15	a 33 1/3% support test - 2008. If the	organization did r	ot check the box	on line 13, and lin	ne 14 is 33 1/3% or	more, check this bo	x and
10	stop here. The organization qualifie	s as a publicly sur	ported organizati	on		*******************************	▶
	b 33 1/3% support test - 2007. If the	organization did r	ot check a box o	n line 13 or 16a, a	nd line 15 is 33 1/3	% or more, check th	nis box
	and stop here. The organization qu	ralifies as a publich	supported organ	ization			
	and stop here. The organization quality a 10% -facts-and-circumstances to	et - 2008 If the or	ranization did no	t check a box on	line 13, 16a, or 16b	, and line 14 is 10%	or more,
17	and if the organization meets the "f	acto and circumsts	nces" test check	this box and <b>sto</b>	<b>p here.</b> Explain in F	art IV how the orga	nization
	meets the "facts-and-circumstance	auts-and-circumste	zation qualifies as	a nublicly suppor	rted organization		<b>&gt;</b>
	b 10% -facts-and-circumstances to	s lest. The Organia	rappization did no	t check a box on	line 13, 16a, 16b, c	r 17a, and line 15 is	10% or
	b 10% -facts-and-circumstances to more, and if the organization meets	sthe "feeterand sim	sumetances" test	check this hox a	nd stop here. Expl	ain in Part IV how th	e
	more, and if the organization meets organization meets the "facts-and-organization meets the "facts-and-organization meets"	ine racistand-circ	t The ergonization	n qualifies as a ni	ublicly supported of	rganization	▶□
	organization meets the "facts and o	arcumstances tes	a hay an line 12	16a 16h 17a or	17b. check this bo	x and see instruction	ns ▶ 🔲
18	B Private foundation. If the organiza	tion ala not check	a pox on line 13,	10a, 100, 17a, 01	Sc	hedule A (Form 99	or 990-EZ) 2008

Section A. Public Support  Jalendar year (or fiscal year beginning in)  Jolits, grants, contributions, and membership fees received. (Do not include any "unusual grants")  2 Gross receipts from schrikeshos, represented to receive the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's baseful and the paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on lines 1, 2, and 3 received from disqualified persons  b Amounts included on lines 2 and 3 neceived from disqualified persons  b Amounts included on lines 2 and 3 neceived from disqualified persons  b Amounts included on lines 2 and 3 neceived the one other than disqualifier persons that exceed the greater of 1% of the total of lines 9, 100, 11, and 12 the beyear 6 5600  c Add lines 7a and 7b  8 Public support Guiged pix for the received on securities loans, rents, reyelties and income from interest, dividends, payments received on securities loans, rents, reyelties and income from interest, officially payments received on securities loans, rents, reyelties and income from interest, officially payments received on securities loans, rents, reyelties and income from interest, officially payments received on securities loans, rents, reyelties and income from interest, officially payments received on securities loans, rents, reyelties and income from interest, officially payments received on securities loans, rents, reyelties and income from interest, officially payments received on securities loans, rents, reyelties and income from interest, officially payments received on securities loans, rents, reyelties and income from interest, officially payments received on securities loans, rents, reyelties and income from interest, officially payments received on securities loans, rents, revealed to the payments of the payments received o	Part III Support Schedule for O	rganizations	Described in S	Section 509(a)	<b>(2)</b> (Complete only i	f you checked the bo	x on line 9 of Part I.)
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assets (Explain in Part IV.)	assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)	13 Total support (Add lines 9, 10c, 11, and 12.)			aird fourth or fifth	tay year as a sec	tion 501(c)(3) orga	nization.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,	14 First five years. If the Form 990 is for	or the organizatio	n's first, second, ti	ara, tourin, or man	itan year as a sco		
check this box and stop here	check this box and stop here	# 0					
Section C. Computation of Public Support Percentage	Section C. Computation of Pur	Support F	<u> ercentage</u>	t column (f)		15	9
15 Public support percentage for 2000 tille o, column ti) divided by into 10, octamin ti)	15 Public support percentage for 2008	(line 8, column (f	) divided by line 13	, column (i))	***************************************		9
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16 Public support percentage from 200	)7 Schedule A, P	art IV-A, line 2/g	<u></u>		1.00	
Section D. Computation of Investment Income Percentage	Section D. Computation of Inve	<u>estment inco</u>	me Percentag	<u> </u>	<u> </u>	17	9
17 Investment income percentage for 2006 (life 100, coldfill (i) divided by life 100, soldfill (i) divided by life 100, soldfill (i) divided by life 100, soldfill (ii)   divided by life 100, soldfill (iii) divided by life 100, soldfill (iii) divided by	17 Investment income percentage for 2	2008 (line 10c, co	olumn (t) divided by	ııne ıs, column (ī	"		9
	18 Investment income percentage from	n <b>2007</b> Schedule	A, Part IV-A, line 2	/n			
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not	19a 33 1/3% support tests - 2008. If th	ıe organization di	d not check the bo	ox on line 14, and l	ine 15 is more tha	u oo 1/070, and iin	le 17 is not
mars than 33 1/3%, check this hax and stop here. The organization qualifies as a publicly supported organization	more than 33 1/3% check this hox	and stop here. ]	The organization qu	ialities as a public	ıy suppoπeα orga	nization	
b 22 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	h 22 1/29/ support tasts - 2007 If th	ne organization di	id not check a box	on line 14 or line 1	19a, and line 16 is	more than 33 1/3:	76, and <u>.                                    </u>
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	line 18 is not more than 33 1/3%, c	heck this box and	d <b>stop here. T</b> he o	rganization qualific	es as a publicly su	рропео огданіzati	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20 Private foundation. If the organization	tion did not chec	k a box on line 14,	19a, <u>or 19b, chec</u>	k this box and see	Instructions	

#### Schedule D (Form 990) ·

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No. 1545-0047

Open to Public Inspection

ELIM CHRISTIAN SERVICES

Employer identification number 36-227661<u>4</u>

Par	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2			
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	riting that the assets held in donor ad	vised funds
_	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds may	be used only
•	for charitable purposes and not for the benefit of the donor of	r donor advisor or other impermissible	private benefit? Yes No
Pai		anization answered "Yes" to Form 990	), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or p		historically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	ervation contribution in the form of a c	onservation easement on the last day
~	of the tax year.		
	of the tax year.		Held at the End of the Year
_	Total number of conservation easements		2a
a h	Total acreage restricted by conservation easements		
b	Number of conservation easements on a certified historic str	ucture included in (a)	2c
C	Number of conservation easements included in (c) acquired a	after 8/17/06	2d
d	Number of conservation easements modified, transferred, re	leased extinguished or terminated by	the organization during the taxable
3	year	occoo, oxinigatorice, or terminate any	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, violations	 s, and
3	enforcement of the conservation easements it holds?		
6	Staff or volunteer hours devoted to monitoring, inspecting, a		
6	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year	<b>▶</b> \$
7	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section	170(h)(4)(B)(i)
8	and section 170(h)(4)(B)(ii)?		
^	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expe	ense statement, and balance sheet, and
9	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describ	pes the organization's accounting for
		Gon o aparola statomente trat decem-	
B.	conservation easements. It III Organizations Maintaining Collections of	f Art. Historical Treasures, o	r Other Similar Assets.
90.886.2	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
	Complete it the digular and works.		
4	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement ar	nd balance sheet works of art, historical
1.0	treasures, or other similar assets held for public exhibition, e	ducation or research in furtherance o	f public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		, , , , , , , , , , , , , , , , , , , ,
	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and h	alance sheet works of art, historical treasures.
Ľ	or other similar assets held for public exhibition, education,	or receased in furtherance of public se	rvice provide the following amounts relating to
		of research in furtherance of public se	Tribo, provide the renewing amount
	these items:		<b>&gt;</b> \$
	(i) Revenues 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 tr		ulciai galli, provide
	the following amounts required to be reported under SFAS	To relating to these items:	<b>b</b> ¢
	Revenues included in Form 990, Part VIII, line 1		<b></b>
1	Assets included in Form 990, Part X		Ψ

Sched	ule D (Form 990) 2008 ELIM_CHR	ISTIAN SEI	RVICES	5				76614	
Dan	III Organizations Maintaining Co	llections of Ar	t, Histo	r <u>ical Tre</u>	asures, or	Other Sir	<u>nilar Asse</u>	ts (continu	<u>ued)</u>
3	Using the organization's accession and other	records, check any	of the follo	owing that	are a significa	nt use of its	collection ite	ems (check	all
	that apply):								
а	Public exhibition	d	==		ange program				
b	Scholarly research	е	L Ot	her					
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explai	n how they	y further th	e organization	's exempt p	urpose in Pa	rt XIV.	
5	During the year, did the organization solicit or	receive donations	of art, histo	orical treas	ures, or other	sımılar asse	rts _	_	□ Na
	to be sold to raise funds rather than to be main	intained as part of t	the organ <u>iz</u>	<u>zation's col</u>	lection?			Yes	No_
Par	Trust, Escrow and Custodial reported an amount on Form 990, Parl	Arrangements	. Complet	e if organiz	ation answere	ed "Yes" to l 	Form 990, Pa 	art IV, line 9	, or 
	Is the organization an agent, trustee, custodia	an or other intermed	diary for co	ontributions	or other asse	ets not inclu	ded	<b>-</b> 1	
	on Form 990, Part X?						L	Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	ble:		_			
-							_+-	Amount	
c	Beginning balance						1c		
d	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?				L	Yes	No
	If "Yes," explain the arrangement in Part XIV.								
pă	TV Endowment Funds. Complete i	f organization answ	rered "Yes	" to Form 9	90, Part IV, lir	ne 10.			
30.500.A		(a) Current year		ior year	(c) Two years	back (d) T	hree years bac	k (e) Four	years back
4.0	Beginning of year balance								
	Contributions								
_									
c	Investment earnings or losses  Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses	h .							
g	End of year balance  Provide the estimated percentage of the year		las.						
2			% %						
а									
b									
C	Term endowment  Are there endowment funds not in the poss		ization the	t are held :	and administe	red for the o	organization		
3a		ession of the organ	iization the	tt alo noio			Ū		Yes No
	by:							3a(i)	
	(i) unrelated organizations							3a(ii)	
	(ii) related organizations		Cahaa	dula R2					
ŀ	If "Yes" to 3a(ii), are the related organization	ns listed as required	JOH Scher	Jul <del>o</del> III: fundo					
4	Describe in Part XIV the intended uses of the	e organization's en	<u>mont Sc</u>	o Form 90	0 Part X line	10.			
	art VI Investments - Land, Buildin			(h) Cos	st or other	(c) Depr	reciation	(d) Boo	ok value
	Description of investment	(a) Cost o basis (inve			s (other)	(c) Dob	00.00.0	<b>V-7</b>	
			Strient/		18,203.			61	8,203.
1:	a Land				65,924.	7.56	8,479.		7,445.
1	b Buildings			<u> </u>	VJ1724.	.,,,,,	<del>~, ~ • • •</del>		
	c Leasehold improvements			/ A	60,115.	3 20	8,449.	1.16	51,666.
	d Equipment				50,113.		5,881.		4,626.
_	e Other					·			31,940.
То	tal. Add lines 1a-1e. (Column (d) should equal	Form 990, Part X, c	olu <u>mn (B),</u>	line 10(c).	)	<u></u>			000) 2008

Part VII Investments - Other Securities. Se	ee Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of v ost or end-of-year	aluation: market value
inancial derivatives and other financial products				
Closely-held equity interests				
Other				
			<del></del>	
		,		
	<u> </u>			<del>,</del>
000 B. I.V 1 (B) See 40 1				
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	See Ferre 000 Bort V lin	0.12		
Part VIII Investments - Program Related.		<u> </u>	(c) Method of	valuation:
(a) Description of investment type	(b) Book value	c	Cost or end-of-year	
	<u> </u>			
				·
				<u> </u>
			· · ·	
			,	
······································				
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)	<b>&gt;</b>			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.			
(3	a) Description			(b) Book value
	<u>.</u>			
	· 			
	<u></u>			
Total. (Column (b) should equal Form 990, Part X, col (B		***************************************		<u>P</u>
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.	(b) Amount		
(a) Description of liability		(b) Amount	-	
Federal income taxes		<u>.</u>	$\dashv$	
			-	
			$\dashv$	
			$\dashv$	
			$\dashv$	
		<u> </u>	[	
			_	
			_	
Total (Column (b) should equal Form 990 Part X col (F	2) line 25 1			

	dule D (Form 990) 2008 ELIM CHRISTIAN SERVICES		<u> </u>	<u> 36-2</u>	276614 Page <b>4</b>
Par	Reconciliation of Change in Net Assets from Form 990 to	Financia	l Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)				19,334,109.
	Total expenses (Form 990, Part IX, column (A), line 25)				20,738,878.
	Excess or (deficit) for the year. Subtract line 2 from line 1				-1,404,769
3					
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				· · · · · · · · · · · · · · · · · · ·
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV)				0.
9	Total adjustments (net). Add lines 4-8			_	-1,404,769.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	\A/iala	Devenue nor	Poturn	
Par	XII Reconciliation of Revenue per Audited Financial Stateme	ents with	Revenue per	Tetuili	19,522,130.
1	Total revenue, gains, and other support per audited financial statements			1	19/322/130.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments			-	
b	Donated services and use of facilities	. 2b		-	
c	Recoveries of prior year grants	2c		_	
	Other (Describe in Part XIV)		188,021	•	
	Add lines 2a through 2d			2e	188,021.
3	Subtract line 2e from line 1				19,334,109.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	·· <u> </u>		4c	0.
	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12.)				19,334,109.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  REXIII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses pe	r Retu	
	A AIII Reconciliation of Expenses per Audited Financial Otation	iloiito iiit	il Expolicac la	1	20,926,899.
1	Total expenses and losses per audited financial statements				<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م			
а		1 1		-	
b				-	ĺ
c	== · · · · · · · · · · · · · · · · · ·				
d				-	0.
е	· · · · · · · · · · · · · · · · · · ·			2e	20,926,899.
3	Subtract line 2e from line 1			. 3	20,920,099.
4					
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	100 001		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	-188,021	.•	100 001
a	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)	4a 4b			-188,021.
a t	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b	4a 4b		. 4c	-188,021. 20,738,878.
5 P	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	4a 4b		4c	20,738,878.
5 Pa Cor X; F	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b	4a 4b		4c	20,738,878.
5 Pa Cor X; F	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Int XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part art XI, line 8; Part XII, lines 2d and 4b.	4a 4b		4c	20,738,878.
5 Pa Cor X; F	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Int XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part art XI, line 8; Part XII, lines 2d and 4b.	4a 4b		4c	20,738,878.
5 Pa Cor X; F	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Int XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part art XI, line 8; Part XII, lines 2d and 4b.	4a 4b		4c	20,738,878.
5 Pa Cor X; F	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) Int XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part art XI, line 8; Part XII, lines 2d and 4b.	4a 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	and 4; Part IV, line	4c	20,738,878.
5 Pa Cor X; F	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Total expenses and Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  ST OF GOODS SOLD	4a 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	and 4; Part IV, line	4c	20,738,878.
5 Pa Cor X; F	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Total expenses and Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  ST OF GOODS SOLD	4a 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	and 4; Part IV, line	4c	20,738,878.
5 Pa Cor X; F	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Total expenses and Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  ST OF GOODS SOLD	4a 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	and 4; Part IV, line	4c	20,738,878.
5 Pa Cor X; F	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Total expenses and Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  ST OF GOODS SOLD	4a 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	and 4; Part IV, line	4c	20,738,878.
5 Pa Cor X; F	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Total expenses and Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  ST OF GOODS SOLD	4a 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	and 4; Part IV, line	4c	20,738,878.
5 Pa Cor X; F	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Total expenses and Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  ST OF GOODS SOLD	4a 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	and 4; Part IV, line	4c	20,738,878.
5 Pa Cor X; F	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Total expenses and Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  ST OF GOODS SOLD	4a 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	and 4; Part IV, line	4c	20,738,878.
5 Pa Cor X; F	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)  Total expenses and Information Inplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.  ST OF GOODS SOLD	4a 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	and 4; Part IV, line	4c	20,738,878.

#### **SCHEDULE E** (Form 990 or 990-EZ)

**Schools** 

► To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Name of the organization

Employer identification number 36-2276614

	ELIM CHRISTIAN SERVICES	36-221	_	$\overline{}$	<del></del>
	Vanish Vanish I I I I I I I I I I I I I I I I I I I	_	YE	S   N	10
_	oes the organization have a racially nondiscriminatory policy toward students by statement in its charter, byla ther governing instrument, or in a resolution of its governing body?		X		
• г	logs the organization include a statement of its racially nondiscriminatory policy toward students in all its broc	nures,		, ,	<i>.</i>
_	etalogues, and other written communications with the public dealing with student admissions, programs, and	SCHOOLSHIPO!	X	<u> </u>	
9 L	les the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media du	ring the			
_	exited of policitation for students, or during the registration period if it has no solicitation program, in a way that	illiaves bosso	}	**************************************	33333
	the state of the congress community it serves? If "Yes," please describe, it "No," please expire	all		<b>\</b>	·
1	TITM INCLUDES ITS NON-DISCRIMINATORY POLICY IN ADDITION	TED			
ī	MATERIALS USED IN THE ENROLLMENT OF NEW STUDENTS AND				
7	ADULT CLIENTS				
_					
4	Does the organization maintain the following?			K	2000000
_ 1	Records indicating the racial composition of the student body, faculty, and administrative statt?	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	<u> </u>	X -	_
a. 1	Departs degree that scholarships and other financial assistance are awarded on a racially nondiscrimination	atory basis:	<u>'</u>		
_	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	With Student	c   :	x Ì	
	admirations, programs, and echolarships?			X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	222	Ĭ		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate stateme	nt.)			
		<del></del>			
5	Does the organization discriminate by race in any way with respect to:		ja	3003000p.	X
а	Students' rights or privileges?		ib		X
b	Admissions policies?		ōc		X
C	Employment of faculty or administrative staff?		5d		X
d	Scholarships or other financial assistance?		5e	_	X
е	Educational policies?		5f		Х
f	Use of facilities?		5g		X
g	Athletic programs?		5h		X
h	Other extracurricular activities?	nent.)			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate states	,			
	figure from a covernmental agency?		6a		X
6a	Does the organization receive any financial aid or assistance from a governmental agency?		6b		X
b	Has the organization's right to such aid ever been revoked or suspended?				
	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.	4.05 of			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	,	7	X	

# Schedule F (Form 990)

### **Statement of Activities Outside the United States**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16. **Employer identification number** Name of the organization 36-2276614 ELIM CHRISTIAN SERVICES

		ctivities Out	tside the United States. Comple	ete if the organization answered	"Yes"
to Form 990, Pa  1 For grantmakers. Doe grantees' eligibility for t	s the organization	maintain record	ds to substantiate the amount of the gra selection criteria used to award the gra	ants or assistance, the nts or assistance?	Yes No
2 For grantmakers. Des	cribe in Part IV th	e organization's	procedures for monitoring the use of g	rant funds outside the United St	ates.
3 Activities per Region. (  (a) Region	Use Schedule F-1 (b) Number of offices in the region	(c) Number of employees or agents in region	ditional space is needed.)  (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SOUTHEAST ASIA		0	GRANTS		33,000.
		_			
Totals	<b>▶</b>				33,000

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2008

Schedule F (Form 990) 2008 (i) Method of valuation (book, FMV, appraisal, other) Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance o Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a 36-2276614 cash disbursement WIRE TRANSFER, (f) Manner of **PRAVELERS** 33,000 CHECKS of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 SCHOOL FOR AUTISTIC (d) Purpose of TO HELP START A grant ELIM CHRISTIAN SERVICES CHILDREN Use Schedule F-1 (Form 990) if additional space is needed. SOUTHEAST ASIA (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) section 501(c)(3) equivalency letter Schedule F (Form 990) 2008 (a) Name of organization Part က Page 3

36-2276614

ELIM CHRISTIAN SERVICES

Schedule F (Form 990) 2008

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Schedule F (Form 990) 2008 (h) Method of valuation · (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant Use Schedule F-1 (Form 990) if additional space is needed. (b) Region (a) Type of grant or assistance

Schadi	F /F	orm aar	8000 (	ELI	M CH	IRIST	CIAN S	ERV.	ICES		<u></u>				36-227	6614	Page 4
Part	IV 8	Supple	emental	Infor	matic	วก			_				,				
	·	Complet	e this parl	to pro	vide the	e inform	ation require	ed by	Part I, lin	e 2, ar	nd any other	r addi	tional in	formati	on.		
SCHI	EDUL	E F,	PART	r I,	LII	VE 2:	ELIM	IS	KNO	WLEI	DGABLE	AB	OUT	THE	ORGANI	ZATIO	<u>N</u>
AND	IS	PART	NERI	IG W	HTI	THE	ORGAN	IZA	TION	TO	PROVI	DE_	SPEC	LIAL	NEEDS_		
SERV	VICE	S.															
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								OMB No. 1545-0047	1
SCHEDULE I			Grants and	Other Assistance	is and Other Assistance to Organizations,			. 5008	
		▼ Comple	Governments, and Individuals in the U.S. ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.	Governments, and Individuals in the U.S. Janization answered "Yes," on Form 990,	uals in the U.S. " on Form 990, Pa	rt IV, lines 21 or 22.		Open to Public Inspection	
Department of the Treasury Internal Revenue Service		.		► Attach to Form 990.	n 990.		Em	Employer identification number	b _
Name of the organization	Hon ELIM CHRISTIAN	STIAN SER	SERVICES					777-00	.1 1.
Parti General In	General Information on Grants and Assistance	nd Assistance	11.3	of constant	orantees' eligibility	for the grants or ass	the grants or assistance, and the selection		
1 Does the organi	Does the organization maintain records to substantiate the amount of the	o substantiate the	amount of the grants	or assistance, the		,		X Yes	ŝ
criteria used to	award the grants or assis	tance?	pring the use of grant	funds in the United	States.				
2 Describe in Pari	2 Describe in Part IV the organization's procedures for monitoring in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any possible in the United States.	Sovernments and	Organizations in the	United States. C	omplete if the orga	inization answered "Y	es" on Form 990, Part IV,	Ilne 21, for any	Г
T Grants at	Grants and Critical Assistance of the State of the state of the space	S 000 Check this	box if no one recipien	t received more th	an \$5,000. Use Pa	rt IV and Schedule I-	(Form 990) if additional	(h) Durnose of grant	1
1 (a) Name and a or gc	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	or assistance	
								<b>A</b>	
2 Enter total nur	Enter total number of section 501(c)(3) and government organizations	and government c	rganizations					<b>A</b>	
4	Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990	uction Act Notice	, see the Instructions	s for Form 990.				Schedule I (Form 990) 2008	2008

Schedule | (Form 990) 2008 ELIM CHRISTIAN SERVICES

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

Use Schedule I-1 (Form 990) if additional space is needed.	rj.	'			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TUITION ASSISTANCE	1	21,290.	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: GRANTS	ARE	VIDED TO F	AMILIES PA	PROVIDED TO FAMILIES PAYING TUITION	
TO ELIM. MONITORING IS DONE BY ENS	ENSURING THE		STUDENT REMAINS ENROLLED	ROLLED AT	
ELIM FOR THE TIME THE TUITION GRANT	IS	PROVIDED.			

Department of the Treasury Internal Revenue Service SCHEDULE K (Form 990)

Name of the organization

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047 Open to Public Inspection 2008

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Employer identification number 36-2276614

Name of the organization ELIM CHRISTIAN	IAN SERVICES	ES	l I			36-2276614	14
Part i Bond Issues (Reguired for 2008)		4 01010	Pensi etc. (h)	(e) Issue price	(f) Description of purpose	(g) Defeased	(h) On behalf
(a) Issuer name	(p) Issuer EIN	(c) COSIP #	(d) Date issued			Yes No	of issuer Yes No
\$15,000,000 ILLINOIS A FINANCE AUTHORITY ADJUST		NONE	08/31/07	15000000	CONSTRUCTION OF FACILITIES	NEW	×
a							
0							
Q							
						  -   	
Part II Proceeds (Optional for 2008)		A	8		0		
1 Total proceeds of issue							
3 Proceeds in refunding or defeasance escrows 4 Other unspent proceeds							
1 1							
Working capital expenditures from pro-							
7 Capital expenditures II or process				-		Say.	S.
Teal of substalling completes		Yes	No Yes	No	Yes No Yes	-	
9 Were the bonds issued as part of a current refunding issue?	funding issue?						
10 Were the bonds issued as part of an advance refunding issued.	e refunding						
11 Has the final allocation of proceeds been made?	de?						
	oks and records						
to support the final allocation of proceeds?	(8)						ū
Fart III Private business use (Charle to		Y		8	Į		Ì
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt	ip, or a member y tax-exempt	Yes	No	ON	Yes No Yes	No	++
bonds?  2 Are there any lease arrangements with respect to the financed	ct to the financed						
property which may result in private business use?  832121 12-13-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	duction Act Notice	, see the Instruct	ions for Form 990.			Schedule	Schedule K (Form 990) 2008

### SCHEDULE O

(Form 990) ·

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization

ELIM CHRISTIAN SERVICES

Employer identification number 36-2276614

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THEIR HIGHEST GOD-GIVEN ABILITY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SPECIAL EDUCATION PROGRAMS: CENTERS IN REGULAR EDUCATION SCHOOLS IN
WHICH STUDENTS MAY RECEIVE SPECIALIZED EDUCATIONAL ASSISTANCE:
EXPERTIZE PROVIDED NATIONWIDE FOR ESTABLISHMENT OF SUCH CENTERS; AND
OTHER TESTING AND EVALUATION OF STUDENTS NOT ENROLLED IN THE SCHOOL
EXPENSES \$ 738828. INCLUDING GRANTS OF \$ 33000. REVENUE \$ 579203.
FORM 990, PART VI, SECTION A, LINE 10: THE COMPLETED FORM WILL BE
DISTRIBUTED AT THE BOARD MEETING PRECEDING THE FILING.
FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL DISCLOSURE BY BOARD MEMBER
OF ANY POTENTIAL CONFLICTS OF INTEREST. PERIODIC VENDOR REVIEW TO DETERMINE
IF BOARD MEMBERS HAVE INTEREST
IF BOARD MEMBERS HAVE INTEREST
FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTEE DISCUSSES THE
COMPENSATION FOR THE AGENCY EXECUTIVE DIRECTOR AND MAKES RECOMMENDATION TO
THE BOARD. COMPARABILITY DATA INCLUDES KNOWLEDGE OF THE COMMITTEE OF OTHER
NON-PROFIT AGENCY EXECUTIVE DIRECTOR WAGES. THE BOARD OF TRUSTEES THEN
MAKES THE FINAL DECISION ON THE COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST, ELIM CHRISTIAN
SERVICE WILL PROVIDE AN ELECTRONIC OR PAPER COPY OF THE LISTED DOCUMENTS.

#### **SCHEDULE O**

(Form 990) ·

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization ELIM CHRISTIAN SERVICES	Employer identification number 36–2276614
PART XI, LINE 2C	
AUDIT COMMITTEE- NO CHANGE FROM PRIOR YEAR.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

▶ See separate instructions.

ELIM CHRISTIAN SERVICES

Open to Public Inspection OMB No. 1545-0047

Employer identification number 36-2276614

Schedule R (Form 990) 2008 Direct controlling Direct controlling entity Œ Œ status (if section 501(c)(3)) End-of-year assets Public charity Œ BOX 11 Exempt Code section Total income 501(C)(3) ê € Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>©</u> FOR ELIM CHRISTIAN SERVICES ILLINOIS  $\mathsf{LHA}\;\;\mathsf{For}\;\mathsf{Privacy}\;\mathsf{Act}\;\mathsf{and}\;\mathsf{Paperwork}\;\mathsf{Reduction}\;\mathsf{Act}\;\mathsf{Notice},\;\mathsf{see}\;\mathsf{the}\;\mathsf{Instructions}\;\mathsf{for}\;\mathsf{Form}\;\mathsf{990}.$ PROVIDE FINANCIAL SUPPORT Primary activity Primary activity <u>@</u> Part II Identification of Related Tax-Exempt Organizations ELIM CHRISTIAN FOUNDATION - 36-2276614 Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity PALOS HEIGHTS, IL 60463 13020 SOUTH CENTRAL AVE Parti

Page 2

SERVICES
CHRISTIAN
2008 ELIM
Schedule R (Form 990) 20

Schedule R (Form 990) 2008 Edition Control Line Control Part III Identification of Related Organizations Taxable as a Partnership	elated Organizations Taxable as a Partnership	thership			_		  - 			.
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)		Share of total Sh income end-	Share of Distendent of Posts are assets	(H) Disproportionate allocations? Yes No	Code V-UBI amount in box 720 of Schedule K-1 (Form 1065)	General or managing partner?
Part W Identification of Related Organizations Taxable as a Corporation	ganizations Taxable as a Col		or Trust	İ				Ì		
(A) Name, address, and EIN of related organization		ă.	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp., or trust)	(F) Share of total income		Share of Peend-of-year ov assets	(H) Percentage ownership
										i
										ļ
832162 12-23-08								Sch	Schedule R (Form 990) 2008	90) 2008

ļ	36-2	36-2276614	Page 3
A (Form 990) 2008 ELLM CHKISTIAN SERVICE			
Part V Transactions With Related Organizations			Yes 'No
Note Complete line 1 if any entity is listed in Parts II, III, or IV.			
The company of the following transactions with one or more related organizations listed in Fairs II-19?		-	×
Duffing the tax year, and the organization first revealties five rent from a controlle		3 4	×
a Receipt of (I) Interest (II) annumes that observe the contraction is the contraction of			+
b Gift, grant, or capital contribution to other organization(s)		9	×
c Giff, grant, or capital contribution from other organization(s)		1d	×
א ו המחי or loan quarantees to or for other organization(s)		- <del>1</del>	×
		*	×
* One of cocope to other organization(s)		5	×
Cale of assets to care from other organization(s)		5 T	×
		; :	<u> </u>
		=	4
i Lease of facilities, equipment, or outer assets to outer organization.			•
		4:	×
		*	×
Performance of services or membership or fundraising solicitations for		7	×
		Ē	X
retionance control and life or other assets		ļ	<b>&gt;</b>
m Sharing of facilities, equipment, maining level or or or or or or or or or or or or or		U1	4
n Sharing of paid employees			:
		10	×
o Reimbursement paid to other organization for expenses		1p	×
		5	×
A Other transfer of cash or property to other organization(s)		-	×
	saction thresholds.		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this incoming to the above is "Yes," see the instructions for information on who must complete this incoming to the above is "Yes," see the instructions for information on who must complete this incoming to the above is "Yes," see the instructions for information on who must continue the above is "Yes," see the instructions for information on who must continue the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," and "Yes," see the instruction of the above is "Yes," and "Yes," and "Yes," and "Yes," and "Yes," and "Yes," and "Yes," are "Yes," and "Yes," and "Yes," and "Yes," and "Yes," and "Yes," are "Yes," and "Yes," are "Yes," and "Yes," and "Yes," and "Yes," are "Yes," are "Yes," and "Yes," are "Yes," are "Yes," and "Yes," are "Yes," are "Yes," are "Yes," are "Yes," are "Yes," are "Yes," are "Yes," and "Yes,"			
	(9)	(C)	paylox
Name of other organization(s)	type (a-r)		
		100	7 63 7
TOTAL SET TO SET		00	7 7 7 7
	,		
(5)			
		(000 moon) a dirit	000 000
(9)	500	nedule n (roll	930) 200
832163 12-23-08			

Part VI Unrelated Organizations Taxable as a Partnership

Schedule R (Form 990) 2008 Yes No General or managing partner? Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Code V-UBI amount in box 20 of Schedule K-1 (Forn 1065) Dispropor-tionate allocations? Yes No Œ Share of end-ofyear assets Are all partners section 501(c)(3) organizations? Yes ê Legal domicile (state or foreign country) Primary activity Name, address, and EIN of entity

#### Form 8453-EO

#### **Exempt Organization Declaration and Signature for Electronic Filing**

2008, and ending	JUN	30	<sub>,20</sub> 09

2008

OMB No. 1545-1879

Department of the Treasury Internal Revenue Service

Name of exempt organization

For calendar year 2008, or tax year beginning  ${f J}{f U}{f L}$   ${f 1}$ For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

See instructions.

ELIM CHRISTIAN SERVICES

Employer identification number 36-2276614

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete

more than one line in Part I.		19334109
1a Form 990 check here ► X b Total revenue, if any (Form 990, line 12)		
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶		<u> </u>
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here b Balance due (Form 8868, line 3c)		
5a Form 8808 check here		

#### **Declaration of Officer** Part II

6	I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign					CONTROL	LER	 
Here	Signature of officer	<del></del>	Date	•	Title		

#### Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) Part III

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's	ERO's signature		Date	Check if Check if self-preparer X employ	ed ERO's SSN or PTIN
Use	Firm's name (or yours if seif-employed), address, and ZIP code	CAPIN CROUSE LLP			EIN
O1-4		972 EMERSON PARKWA	Y - STE A		Phone no.
		GREENWOO, IN 46143			317-885-2620

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's **Use Only** 

Preparer's signature	Date	Check if self- employed	Preparer's SSN or PTIN
Firm's name (or			EIN
yours if self-employed), address, and ZIP code			Phone no.

					Page Z
orm <u>88</u>	68 (Rev. 4-2009)	eck this hox		<b></b>	X
lf you	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and cl	viously filed Fo	rm 8868.		
lata C	inly complete Part II if you have already been granted an automatic 3-month extension on a pre-	viously filed i	,,,,,,		
If you					
Part		nginar (10 00p	mployer id	entification	number
r	Name of Exempt Organization	-	anipioy or the		
Type o	l l		36-22	76614	
orint	ELIM CHRISTIAN SERVICES	- I	or IRS use	only	-
File by th extended due date	Number, street, and footing street			•	
filing the return. So	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
	PALOS HEIGHTS, IL 60463		***************************************		
C <u>he</u> ck	type of return to be filed (File a separate application for each return):	1041•A □	Form 522	27	Form 8870
	Form 990 Form 990-EZ Form 990-1 (Sec. 401(a) 61 400(a) (1804)	4720	Form 606		
	Form 990-BL Form 990-PF Form 990-1 (trust office that \$200.7)				
STOP	Do not complete Part II if you were not already granted an automatic 3-month extension	on a previous	y illea For	11 00001	
	CORDORATION				
_	books are in the care of 13020 CENTRAL AVE - PALOS HEIGHTS	s, IL 60	<u>)463                                    </u>		
	► 708_389_0555 FAX NO ►				
		x ,			· L
• If t			, 10 ,0,		, check this
		nd EINs of all r	nembers the	<u>e extension</u>	is for
	MAY 15 2010				
	For calendar year, or other tax year beginning JUL 1, 2008 ,	and ending	<u> </u>	, 2009	<u>'</u> ——.
5	If this tax year is for less than 12 months, check reason: Initial return	l return	Chang	ge in accou	nting period
6					
7	THE DESIGNATION OF LOCK JOVE TO THE PRESENTATION OF LOCKY JOVE	FURTHER	TIME_	<u> 18</u>	
	DECLIESTED TO PREPARE, REVIEW AND FINALIZE INDIA				
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	any	) } .		
8a			8a \$		
	16 this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and expension in the control of the	stimated			
b	tax payments made. Include any prior year overpayment allowed as a credit and any amount prior year overpayment allowed any amount prior year overpayment allowed any account and any amount prior year overpayment allowed any account allowed any account allowed any account allowed any account allowed any account allowed any account allowed any account allowed any account allowed any account allowed any account allowed account allowed allowed account allowed account allowed acco	oaid			
			8b \$		
_	Balance Bus Subtract line 8b from line 8a, Include your payment with this form, or, it requires	d, deposit			N/A
C	with ETD coupon or if required by using EFTPS (Electronic Federal Tax Payment System), Ce	<u>e instructions.</u>	8c \$_		N/A
					1110. 5
Unde	a pagettice of parium. I declare that I have examined this form, including accompanying schedules and state	ments, and to th	e best of my	knowledge ai	id beliet,
it is t	rue, correct, and complete, and that i and authorized to prepare this form		Date ►		
Sian	ature - Title - C.P.A.		Dale	Form 888	8 (Rev. 4-200