Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public Inspection

Α	Fort	he 2011 calendar year, or tax year beginning , 2011, and ending		,
B	Check	if applicable: C Name of organization D	Employer	identification number
	Addre	ss change REJOICE MINISTRIES, INC.	62-17	91396
$\vdash$	l	change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	Telephone	number
	Initial	1700 DUGGETT GEDERF	(615)	210-1147
	Termi	City or town, state or country, and ZIP + 4	············	
		ation pending NASHVILLE TN 37206	Group E	xemption
G				e organization is not
ı		site: > WWW.REJOICESCHOOLOFBALLET.ORG required	to attach	Schedule B (Form
J		xempt status (ck only one) — X 501(c)(3) 501(c) ( ) ◄(insert no.) 4947(a)(1) or 527 990, 990	EZ, or 9	90-PF).
K	Chec		n and its	oross receipts are
	norm instr	ally <b>not</b> more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-posuctions). But if the organization chooses to file a return, be sure to file a complete return.	tcard) ma	y be required (see
	asse	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if totals (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990 EZ	▶\$	147,089.
Pa	irt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru		
	r	Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received		53,370.
	2	Program service revenue including government fees and contracts		11,856.
	3	Membership dues and assessments		
	4	Investment income	4	1.
	5a	Gross amount from sale of assets other than inventory 5a	64.616	
	b	Less: cost or other basis and sales expenses		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	30000000	
Ÿ		Gross income from fundraising events (not including \$ of contributions		
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	2.	· ·
	С	Less: direct expenses from gaming and fundraising events 6c 57, 680	-1.	
	١ ,		70,000	
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	24,182.
		Gross sales of inventory, less returns and allowances	_	
		Less: cost of goods sold	_	
	_	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)		
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	89,409.
	10	Grants and similar amounts paid (list in Schedule O)		
	11	Benefits paid to or for members		
E	12	Salaries, other compensation, and employee benefits		53,108.
PE	13	Professional fees and other payments to independent contractors		6,803.
N S	14	Occupancy, rent, utilities, and maintenance		4,499.
EXPERSES	15	Printing, publications, postage, and shipping	15	11,664.
-	16	Other expenses (describe in Schedule O)		7,748.
	17	Total expenses. Add lines 10 through 16		83,822.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,587.
A N S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		
A NS ES T T		figure reported on prior year's return)	19	24,436.
Ť	ļ	Other changes in net assets or fund balances (explain in Schedule O)		
٠	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	30.023.

11-41	Check if the organization used Sch	edule O to respond to any que	estion in this Part II			Г
				(A) Reginging of ve		(B) End of year
22	Cash, savings, and investments	*******************	,	24 436		30,023
23	Land and buildings				) . 23	<del></del>
24	Other assets (describe in Schedule O) .	*****************	<i></i>	(	. 24	<del> </del>
25	Total assets	************		24,436	. 25	30,023
26	Total liabilities (describe in Schedule O	)	<i></i>	(	26	<del></del>
27	Net assets or fund balances (line 27 of	column (B) must agree with I	line 21)	24,436		
Par	t III   Statement of Program Ser	vice Accomplishments	(see the instrs for Pa	t III.)		Expenses
	Check if the organization used So	hedule O to respond to any q	uestion in this Part III	· · · · · · · · · · · · · · · · · · ·	(Rec	uired for section
What i	s the organization's primary exempt purpose? TE	ACH DANCE TO AT-RISK CH	ILDREN IN A CHRIST	IAN ENVIRONMENT	501(	c)(3) and 501(c)(4) nizations and section
Desc	ribe the organization's program service a sured by expenses. In a clear and concis	ccomplishments for each of it	s three largest progra	n services, as	4947	(a)(1) trusts; optional
bene	s the organization's primary exempt purpose? TE ribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for e	ach program title.	cs provided, the halfit	er or persons	for o	thers.)
28	MORE THAN 100 CHILDREN P	ARTICIPATED IN AFT	TER-SCHOOL DAN	CE CLASSES,		
	AND PERFORMED IN CHURCHE	S, AND COMMUNITY S	SETTINGS. THE	Y ALSO		
	PERFORMED IN A DANCE REC	ITAL AT THE END OF	THE SCHOOL Y	EAR.		
	(Grants \$ 0.) If the	nis amount includes foreign g	ants, check here		28 a	40,954
29	THE ORGANIZATION CREATED	AN ORIGINAL BALLE	T BASED ON TH	E BOOK, THE		10/331
	LITTLE ENGINE THAT COULD	. WHERE TWELVE STU	IDENTS PERFORM	ED		
	FOUR TIMES AT DIFFERENT	VENUES FROM THE IN	INER CITY TO T	HE SUBURBS		
	(Grants \$ 0.) If the	nis amount includes foreign gr	ants, check here	<u> </u>	29 a	6,408
30					200	0,400
					]	
	(Grants \$ ) If the	nis amount includes foreign gr	ants chack here	<del>-</del>	30 a	
31	Other program services (describe in Sch	edule (1)	arts, creck here		Sua	
٥.		nis amount includes foreign gr			21 -	
32	Total program service expenses (add li	nee 28a through 31a)	ants, theck here		31 a	
Par	LIV List of Officers, Directors,	Trustees and Key Emr	NOVERS List sections	von if not someonested	/222.15	47,362.
PERSON.	Check if the organization used Sc	hedule O to respond to any o	Dioyees, List each one	even ir not compensated.	(see tu	e instructions for Part IV.)
	onock if the organization docu oc	(b) Title and average	(c) Reportable compensation	n (d) Health benefi	 le	
	(a) Name and address	hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	contributions to emp	loyee	(e) Estimated amount of other compensation
		devoted to position	(ii not pato, enter-u-)	penent plans, at	ıd	
PAT	RICIA CROSS			deferred compensa	tion	
	RUSSELL STREET	EXEC DIRECTOR				
	HVILLE TN 37206	50.00	40,200			,
	CY MILLER	30.00	40,200	•	0.	0.
700	BUSCETT CABREA	PAST BOARD CHAIR				
NAG	RUSSELL STREET HVILLE TN 37206	0.00	_		_	
	Y CORLEY	0.00	0	•	0.	0,
	RUSSELL STREET	BOARD CHAIR				
700	NATILE WM 27206					_
		2.00	0	•	0.	0.
	Y GREER RUSSELL STREET	DIDEGEOR				
		DIRECTOR			_	
	HVILLE TN 37206	1.00	0	•	0.	0.
	NI MURPH	DIDIGMOD				
	RUSSELL STREET	DIRECTOR				:
	HVILLE TN 37206	1.00	0	•	0.	0,
	IAN WILHOITE					
	RUSSELL STREET	DIRECTOR				
	HVILLE TN 37206	0.50	0		0.	0.
	HULME		•			
	RUSSELL STREET	DIRECTOR				
	HVILLE TN 37206	1.00	0	•	0.	0.
	TTANY MITCHELL					
	RUSSELL STREET	DIRECTOR				
	HVILLE TN 37206	1.00	0	•	0.	0,
$\rightarrow$	ESSA HANDRICK GARNER					
	RUSSELL STREET	PRESIDENT-ELECT		-	}	
***************************************		1.00	0		0.	0.
See L	ist of Officers, Directors, Trustees, & Key	Employees Stmt			"	
BAA		TEEA0812 0	2/14/12			Form 990-EZ (2011)

при	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			_
33	Did the organization engage in any activity not previously reported to the IRS3 If You'll provide a detailed the city in		Yes	No
	each activity in Schedule O	. 33		X
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	. 34		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	. 35a		х
ı	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		1
(	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	. 35 c		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0. b Did the organization file Form 1120-POL for this year?	-1	i i ji	
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a	43346	X
ŀ	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved	304		Х
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
k	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			i nea euro Listation
	section 4911 ►; section 4912 ► ; section 4955 ►		648.00	
Ŀ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	400		^
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tay year, was the organization a postulate a practicity of the			
	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed   Tennessee	40 e		X
••	Temessee			
b	The organization's books are in care of PATRICIA_CROSS  Located at \$\int 420\$ ELYSIAN FIELDS RD A-16  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country: \$\int \text{ (615)}\$		- <u>114</u> Yes	7 No X
С	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
44a b	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No X X X
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		ľ	
45 a		777		
	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44 d		×
b	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'  Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  TEEA0312 02/14/12	44 d 45 a 45 b		X

Form <b>990-</b>	EZ (2011) REJOICE MINISTRIES	. INC.		62-179	91396	P	Page 4
<u>, , , , , , , , , , , , , , , , , , , </u>		,			32330	Yes	1
46 Did t	he organization engage, directly or indirectlidates for public office? If 'Yes,' complete	ctly, in political campaiq Schedule C, Part I	ın activities on behalf of	or in opposition to	46		х
Part VI		s and section 4947	(a)(1) nonexempt o	haritable trusts on	ıly. All se	ction	
	501(c)(3) organizations and sec 47-49b and 52, and complete t	ction 4947(a)(1) no ne tables for lines !	nexempt charitable 50 and 51.	trusts must answe	r questio	ns	
	Check if the organization used Schedul	e O to respond to any o	uestion in this Part VI.				
47 Did to	he organization engage in lobbying activit	ies or have a section 50	01(h) election in effect d	uring the tax year? If 'Yo	es,' 47	Yes	No X
	e organization a school as described in se						Х
	he organization make any transfers to an				·		Х
	es,' was the related organization a section plete this table for the organization's five	<del>-</del>			· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>
empl	oyees) who each received more than \$10	0,000 of compensation	from the organization. If	there is none, enter 'No	one.'		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
NONE _	NONE		-				
				:			
			: - -				
	number of other employees paid over \$1- plete this table for the organization's five l		donondont contractors u	the each received more	than \$100 (	200 04	
comp	pensation from the organization. If there is	none, enter 'None.'	·				
(a) f	Name and address of each independent contractor paid	i more than \$100,000	(b) Type	of service	(c) Com	pensation	n 
NONE		·					
		****					
		·					
		·					
			00.000				
	number of other independent contractors he organization complete Schedule A? No	,	•	7/a)/1) nonevemnt			
chari	table trusts must attach a completed Sche	edule A			► X Yes		No
true, correct, a	es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office T	, including accompanying sche er) is based on all information of	dules and statements, and to the of which preparer has any know		elief, it is		
C!	Signature of officer			05/14/12 Date		-	
Sign Here	PATRICIA CROSS			EXECUTIVE DIRE	CTOR		
	Type or print name and title.		)				
	Print/Type preparer's name	Preparer's sortatore	Date	Clieck [X]	TIN		
Paid Preparer	DAVID P. GUENTHER  Firm's name DAVID P. GUENTH	ER, CPA	105/14/1	.2 self-employed P	0108069	8	·····
Use Only	Firm's address > 311 BLUEBIRD DR			Firm's EIN	62-1643	664	

Yes No Form 990-EZ (2011)

Phone no.

TN

GOODLETTSVILLE

May the IRS discuss this return with the preparer shown above? See instructions ......

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

(E)

Total

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

62-1791396

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

<u>Se</u>	ction A. Public Support							
beg	endar year (or fiscal year iinning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	45,847.	51,911.	49,417.	44,753.	53,370.	245,298.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					33,373,	2137230.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total, Add lines 1 through 3	45,847.	51,911.	49,417.	44,753.	53,370.	245,298.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4						245,298.	
	ction B. Total Support	1						
begi	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> Total	
7	Amounts from line 4	45,847.	51,911.	49,417.	44,753.	53,370.	245,298.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,842.	446.	100.	3.	1.	2,392.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on					1,		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
	Total support. Add lines 7 through 10						247,690.	
12	Gross receipts from related activi	ties, etc (see instr	uctions)			12	<u> </u>	
13	First five years. If the Form 990 is organization, check this box and	s for the organizat	ion's first, second	third fourth or fi	Cila Land		▶∏	
	tion 6. Computation of Fur	nic Support Pe	ercentage					
15	Public support percentage for 201	1 (line 6, column	(f) divided by line	11, column (f))	• • • • • • • • • • • • • • • • • • • •	14	99.03%	
	Public support percentage from 2						99.17%	
	33-1/3% support test — 2011. If the and stop here. The organization of	tuaimes as a publi	ciy supported org	anization			► X	
b	b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances tes or more, and if the organization in the organization meets the 'facts-and organization meets the 'facts-and organization's meets and org	and-circumstances	a-circumstances s' test. The organi	test, check this bo zation qualifies as	x and <b>stop here,</b> E a publicly suppor	Explain in Part IV ted organization .	how ▶	
	10%-facts-and-circumstances tes or more, and if the organization morganization meets the 'facts-and-	circumstances' te	st. The organization	on qualifies as a pi	k and stop nere, t ublicly supported	xplain in Part IV organization	how the ▶ □	
18	Private foundation. If the organiza	ation did not check	ca box on line 13,	, 16a, 16b, 17a, or				
BAA					Sch	edule A (Form 99	0 or 990-EZ) 2011	

# Schedule A (Form 990 or 990-EZ) 2011 REJOICE MINISTRIES, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cartes receipts from admissions and accordance of the company of t		n A. Public Support						
1 Galles grents, contributions received. (On oth include stry urnisolal grents). 2 Chross receipts from admissions and includes any urnisolal grents). 3 Chross receipts from admissions are receipted to any admissions and in any admissions and a contribution that are not an unrelated trade or business under section 513. 4 Chross receipts from cellulions that are not an unrelated trade or business under section 513. 5 Chross receipts from cellulions that are not an unrelated trade or business under section 513. 6 Chross receipts from cellulions that are not an unrelated trade or business under section 513. 6 Chross trade to a cepanida on the first section without charge. 7 Chross trade to a cepanida on the first section without charge. 8 Total Add lines 1 Brough 5. 8 Total Support discount of the amount on their them are admissionally an admission of the amount on their them are accorded the greater of \$5.000 or 1/5 of the amount on their them are accorded the greater of \$5.000 or 1/5 of the amount on their them are accorded the greater of \$5.000 or 1/5 of the amount on their them are accorded the greater of \$5.000 or 1/5 of the amount on their them are accorded the greater of \$5.000 or 1/5 of the amount on their them are accorded the greater of \$5.000 or 1/5 of the amount on their them are accorded the greater of \$5.000 or 1/5 of the amount on their them are accorded the greater of \$5.000 or 1/5 of the amount on their them are accorded the greater of \$5.000 or 1/5 of the amount on their them are accorded the greater of \$5.000 or 1/5 of the amount on their them are accorded to a contribution of their them are accorded to a contribution of the greater of \$5.000 or 1/5 of the amount of their them are accorded to a contribution of their them are accorde			(a) 2007	<b>(b)</b> 2008	(c) 2009	(4) 2010	(0) 2011	/0 T ) I
received. (Or not include and and and include and include and and include and included and include and	1 Giff	ts, grants, contributions		,,	(0) 2.005	(d) 2010	(6) 2011	(I) Iotai
2 Cross receipts from admissions, mechanics sold of facilities surrished in any set for facilities far secretary to the original property of the facilities of the original property of the facilities of the original property of the facilities of the original property original pro	rec	eived. (Do not include						;
sions, merchandise sold or survives performed, or facilities related to the organization's text exceeping purpose or facilities related to the organization's text exceeping purpose or facilities text exceeping purpose or facilities or hydrogen and the post of the organization's tender and either post to or expended on either post to expended on either post to expende on expended on expen			•					
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Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add Ins 9, 10c, 11, and 12.)  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)  Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19 a 33-1/3% support tests — 2011. 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 more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 b 33-1/3% support tests — 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  17 Investment income percentage from 2010 Schedule A, Part III, line 17  18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	9 Amo 10 a Gros divid on se royal simil b Unre incor taxes acqu c Add I 11 Net inc	unts from line 6	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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Total support. (Add Ins 9, 10c, 11, and 12.)  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)  Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19 a 33-1/3% support tests — 2011. 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 more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 b 33-1/3% support tests — 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 17 line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	9 Amo 10 a Gros divid on se royal simil. b Unre incor taxes acqui c Add I 11 Net inc whethe regular	sunts from line 6 s income from interest, lends, payments received ecurities loans, rents, lites and income from ar sources lated business taxable me (less section 511 s) from businesses ired after June 30, 1975 lines 10a and 10b come from unrelated business ies not included in line 10b, er or not the business is rly carried on	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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)  Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15	9 Amo 10 a Gros divid on se royal simil. b Unre incor taxes acqui c Add I 11 Net inc activiti whethe regular	unts from line 6	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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)  Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15	9 Amo 10 a Gros divid on se royal simil. b Unre incor taxes acqui c Add I 11 Net inc activiti whethe regular 12 Other gain capite	sunts from line 6	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	9 Amo 10 a Gros divid on se royal simil. b Unre incor taxes acqui c Add I 11 Net int activiti whethe regular 12 Other Capita Part I 13 Total 14 First organ Section ( 15 Public	sunts from line 6	s for the organization to the stop here	on's first, second, rcentage	third, fourth, or fi	fth tax year as a s	ection 501(c)(3)	
Investment income percentage from 2010 Schedule A, Part III, line 17  19a 33-1/3% support tests – 2011. 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 more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33-1/3% support tests – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	9 Amo 10 a Gros divid on se royal simil. b Unre incor taxes acqui c Add I 11 Net inc activiti whethe regular 12 Other gain o capit. Part i 13 Total 14 First organ Section ( 15 Public 16 Public	sunts from line 6	s for the organization to the stop here	on's first, second, rcentage of divided by line	third, fourth, or fi	fth tax year as a s	ection 501(c)(3)	<b>&gt;</b> \[ \]
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is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33-1/3% support tests — 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	9 Amo 10 a Gros divid on se royal simil b Unre incor taxes acqui c Add I 11 Net inc activiti whethe regular 12 Other gain capit Part I 13 Total 14 First organ Section ( 15 Public 16 Public Section I	sunts from line 6	s for the organization to here	on's first, second, rcentage ) divided by line art III, line 15 e Percentage	third, fourth, or fi	fth tax year as a s	ection 501(c)(3)	▶ □
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line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	9 Amo 10 a Gros divid on se royal simil b Unre incor taxes acqui c Add I 11 Net inc activiti whethe regular 12 Other gain capit Part I 13 Total 14 First organ Section ( 15 Public 16 Public Section I 17 Invest 18 Invest	sunts from line 6	s for the organization to here	on's first, second, rcentage ) divided by line art III, line 15 e Percentage lumn (f) divided b	third, fourth, or fi	fth tax year as a s	ection 501(c)(3)	\$ \$ \$
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	9 Amo 10 a Gros divid on se royal simil b Unre incor taxes acqui c Add I 11 Net inc activiti whethe regular 12 Other gain capit Part I 13 Total 14 First organ Section ( 15 Public 16 Public Section I 17 Invest 18 Invest 19 a 33-1/3 is not	sunts from line 6	s for the organization top here	on's first, second, rcentage ) divided by line art III, line 15 e Percentage lumn (f) divided b A, Part III, line 17 I not check the bo	third, fourth, or fi	fth tax year as a s  (f))	ection 501(c)(3)	8 8 8
	9 Amo 10 a Gros divid on se royal simil b Unre incor taxes acqui c Add I 11 Net inc activiti whethe regular 12 Other gain capit Part I 13 Total 14 First organ Section ( 15 Public 16 Public Section I 17 Invest 18 Invest 19 a 33-1/3 is not b 33-1/3 line 18	sunts from line 6	s for the organization top here	on's first, second, rcentage i) divided by line art III, line 15 e Percentage lumn (f) divided b A, Part III, line 17 not check the bo ere. The organiza not check a box stop here. The o	third, fourth, or fi 13, column (f)) by line 13, column ox on line 14, and tion qualifies as a on line 14 or line	(f))  line 15 is more the publicly supporter publicly supporter says a nublicly set as a nublicly set	ection 501(c)(3)	% ne 17 ►

Schedule A	(Form 990 or 990-EZ) 2011	REJOICE MIN	ISTRIES,	INC.	6	2-1791396	Page 4
Part IV	(Form 990 or 990-EZ) 2011 <b>Supplemental Informa</b> Part II, line 17a or 17b (See instructions).	t <b>ion.</b> Complete to ; and Part III, line	nis part to pr e 12. Also co	rovide the explo omplete this pa	anations requir rt for any addi	ed by Part II, lir tional informatio	ne 10; on.
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#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

Open to Public

Name of the organization Employer Identification number REJOICE MINISTRIES, INC. 62-1791396 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Solicitation of non-government grants e b Internet and email solicitations f Solicitation of government grants Phone solicitations ¢ g Special fundraising events ч In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ...... Yes b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did fundraiser (vi) Amount paid to (iv) Gross receipts (v) Amount paid to or entity (fundraiser) have custody or control of contributions? from activity (or retained by) (or retained by) fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration 3 or licensing.

		List events with gross receipts gre	eater than \$5,000.	s and gross income	1011 PORTE 990-EZ,	imes rand ob.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CONSIGNMENT SALE	BALLET	NONE	(add column (a)
R			(event type)	(event type)	(total number)	through column (c))
E V						
RE>EZOE	1	Gross receipts	69,320.	12,542.		81,862.
Е	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	69,320.	12,542.		81,862.
	4	Cash prizes				
n	5	Noncash prizes				
DERECT	6	Rent/facility costs				
	7	Food and beverages				
#X##ZSES	8	Entertainment		4,225.		4,225.
N S E	9	Other direct expenses	52,709.	746.		53,455.
\$	10	Direct expense summary. Add lines 4 thro	who O in column (d)		<b>.</b>	57,680.
	1					24,182.
Parison.	11	Net income summary. Combine line 3, col	tumm (a), and time 10	- Lt. C 000 D.	1 11 / line 10 er ren	
Pai	CH	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	mon answered Te	s to ronn 990, Par	tiv, inte 19, or rep	orted more man
		\$15,000 off offin 550 EZ, into oar				
R#>#NUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
N U E						
	1	Gross revenue				
Ε	2	Cash prizes				
DIRECT	3	Non-cash prizes				
C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes ——— *	Yes%	
			<u> </u>			
	7	,				;
	8	Net gaming income summary. Combine li	nes 1, column (d) and l	ine 7	· · · · · · · · · · · · · · · · · · ·	
•	C-1	er the state(s) in which the organization ope	oratoe namina activitica	<b>*</b>		
9		he organization licensed to operate gaming				. Yes No
ı	J II T	, ,				
10.		re any of the organization's gaming licenses	revoked suspended o	r terminated during the	tax vear?	. Yes No
		Yes,' explain:				
			7224 40340 4	1124112	Schodulo C /Ec	rm 990 or 990-EZ) 201
BAA	١.		TEEA3702 (	11124112	Scriedule <b>G</b> (F0	1111 220 OL 220-EZ) 201

	edule <b>G</b> (Form 990 or 990-EZ) 2011 REJOICE MINISTRIES, INC. 62-179139  Does the organization operate gaming activities with nonmembers?	
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	
i	Indicate the percentage of gaming activity operated in:  a The organization's facility	, g
	Name ►	
ł	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$  c If 'Yes,' enter name and address of the third party:	
	Name ►	<u> </u>
	Address ►	1
16	Gaming manager information:	•
	Name ►	
	Gaming manager compensation ► \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	•	
ŀ	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	<del>-</del>
Pai	rt IV   Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also this part to provide any additional information (see instructions).	line 2b, complete
		:
	,	
	0.1.1.0.75 000	000 57 0011

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

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

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

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
REJOICE MINISTRIES, INC.	62-1791396
	<del>.</del>
	<del> </del>
	,
	<del></del>
	<del></del>

### Form 8879-EO

## IRS *e-file* Signature Authorization

for an Exempt Organization OMB No. 1545-1878 For calendar year 2011, or fiscal year beginning \_\_\_\_\_\_, 2011, and ending\_\_\_\_ ► Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ➤ See instructions. Name of exempt organization Employer identification number REJOICE MINISTRIES, INC. 62-1791396 Name and title of officer PATRICIA CROSS EXECUTIVE DIRECTOR Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 4a Form 990-PF check here . . . . ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . 4b Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 onder penalties of perfury, I declare that I am an officer of the adove organization and that I have examined a copy of the organization's 2011 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) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an 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. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Date > 05/14/2012 Part III | Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN ..... 62235004412 I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. Date > 05/14/2012 ERO's signature ERO Must Retain This Form - See Instructions

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2011)

Do Not Submit This Form To the IRS Unless Requested To Do So

## Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
DUES & SUBSCRIPTIONS	100.
INSURANCE	1,016.
PAYROLL TAXES	4,665.
REGISTRATION FEES	222.
TELEPHONE & INTERNET	1,195.
TRAVEL	550.
Total	7,748.

Form 990-EZ, Page 2, Part IV

### List of Officers, Directors, Trustees, & Key Employees Stmt

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business Person X  ASHLEY MONEY  700 RUSSELL STREET  NASHVILLE TN 37206  Foreign City	Title DIRECTOR Hours/Week			
Foreign Country	1.00	<u>0.</u>	0.	0.
SONNET PENTECOST  700 RUSSELL STREET  NASHVILLE TN 37206	Title TREASURER			
Foreign City  Foreign Country  Business	Hours/Week	0.	0.	0.
AURIE GREGOIRE  700 RUSSELL STREET  NASHVILLE TN 37206	Title DIRECTOR			
Foreign Country  Business Person X	Hours/Week	0.	<u> </u>	0.
DIANE ALLEN 700 RUSSELL STREET NASHVILLE TN 37206	Title SECRETARY		:	
Foreign City  Foreign Country	Hours/Week	0.	0.	0.
CHARLYNE WILLIAMS 700 RUSSELL STREET NASHVILLE TN 37206	Title DIRECTOR			
Foreign Country  Business Person X	Hours/Week	0.	0.	0.
JAMES BARON 700 RUSSELL STREET NASHVILLE TN 37206	Title DIRECTOR			
Foreign City Foreign Country	Hours/Week	0.	0.	0.

## Form 990-EZ, Page 2, Part IV List of Officers, Directors, Trustees, & Key Employees Stmt

Continued

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business Person X				
BRIAN COLLINS	Title			
700 RUSSELL STREET	EXEC VP			
NASHVILLE TN 37206				
Foreign City	Hours/Week			
Foreign Country	1.00	0.	0.	0.
Business Person X				
MICHAEL WILLIS	Title			
700 RUSSELL STREET	DIRECTOR			
NASHVILLE TN 37206				
Foreign City	Hours/Week			
Foreign Country	1.00	0.	0.	0.