Form **990-EZ**

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 private foundations)

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 7/01 , 2019, and ending 6/30	. 2020
B Check if applicable: C	D Employer identification number
Address change Taxonina Carlo Falls No. 1310	50 1055551
Name change ENCOURAGEMENT MINISTRIES, INC.	62-1866624
Initial return PO BOX 2082 BRENTWOOD, TN 37024-2082	E Telephone number
Final return/terminated DREINIWOOD, IN 37024-2002	615-330-8807
Amended return Application pending	F Group Exemption Number ▶
	k ► if the organization is not
	red to attach Schedule B
J Tax-exempt status (check only one) — X 501(c)(3) 501(c)() 4947(a)(1) or 527 (Form	1 990, 990-EZ, or 990-PF).
K Form of organization: X Corporation Trust Association Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$ 184,489.
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	
Check if the organization used Schedule O to respond to any question in this Part I	
1 Contributions, gifts, grants, and similar amounts received	
2 Program service revenue including government fees and contracts	
3 Membership dues and assessments	3
4 Investment income	4 225.
5 a Gross amount from sale of assets other than inventory	100
b Less: cost or other basis and sales expenses	10.00
c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c
6 Gaming and fundraising events:	
a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	
b Gross income from fundraising events (not including \$ of contributions	
a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
c Less: direct expenses from gaming and fundraising events 6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d
7a Gross sales of inventory, less returns and allowances	100000
b Less: cost of goods sold	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c
8 Other revenue (describe in Schedule O)	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	
10 Grants and similar amounts paid (list in Schedule O).	
11 Benefits paid to or for members	
12 Salaries, other compensation, and employee benefits	12 176,589.
13 Professional fees and other payments to independent contractors.	
14 Occupancy, rent, utilities, and maintenance	
	15 6,856.
15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O). SEE SCHEDULE O	16 22,573.
17 Total expenses. Add lines 10 through 16	
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 -26,893.
to the state of th	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-offgure reported on prior year's return).	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O).	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	
BAA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2019)

FOIIT	990-EZ (2019) ENCOURAGEMENT M	INISTRIES, INC.		62	2-186	6624 Page 2
Par	til Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II)	estion in this Part II			X
	Officer if the organization used conte	date o to respend to driy de	OSCIONA CHIST CHEM.	(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments			237,524		211, 984.
23				431,345	23	211, 304.
24	Land and buildings	SEE SCHEDULI	E 0	1,939		
25				239, 463		211,984.
26	Total liabilities (describe in Schedule O)	SEE SCHEDULI	3 0	2,416		
	Net assets or fund balances (line 27 of			237,047		1,830. 210,154.
***************************************	t III Statement of Program Service Ac			231,04	-12/	Expenses
rai	Check if the organization used Sci	nedule O to respond to any o	question in this Part	III [X]		TO THE PERSON STATE OF THE
What i	is the organization's primary exempt purpose? SEE	SCHEDITE O	question in this i air		(Requi	ired for section 501 and 501(c)(4)
Desc	ribe the organization's program service a	complishments for each of	its three largest prop	ram services as		izations; optional
meas	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	manner, describe the servi	ces provided, the nu	mber of persons	for oth	
28	HOSPITAL CHAPLAINCY PROGR				4	
	FAMILIES TO PROVIDE, ON A				4	
	AND SPIRITUAL SUPPORT FOR	PEOPLE AS THEY FA	ACE SERIOUS I	LLNESS.		
	(Grants \$) If the	s amount includes foreign g	rants, check here		28 a	163,886.
29						
	AND NOT HERE AND ADDR. THE THE STATE STATE STATE STATE STATE STATE STATE AND ADDR. THE STATE STATE AND ADDR.					
	(Grants \$) If thi	s amount includes foreign g	rants, check here		29 a	
30						
				54		
			a Sitter	52	1	
	(Grants \$) If thi	s amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch	edule O)				
	(Grants \$) If the	is amount includes foreign g	rants, check here		31 a	
	Total program service expenses (add lin				32	163,886.
Par	t IV List of Officers, Directors,				see the in	structions for Part IV)
	Check if the organization used Sci	nedule O to respond to any o	question in this Part	IV		Ц
		(b) Average hours per	(c) Reportable compensat	on (d) Health benef	its,	(a) F-V
	(a) Name and title	week devoted to	Manual INCOMMON ASSOCIA			
			(if not paid, enter -0-)	benefit plans, and de	eferred	(e) Estimated amount of other compensation
-		position	(c) Reportable compensat (Forms W-2/1099-MISC (if not paid, enter -0-)	benefit plans, and de compensation	eferred	other compensation
-	TT_HOLLADAY			сопрепзивоп	eferred	other compensation
VIC	E PRESIDENT			benefit plans, and de compensation	eferred	other compensation
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	1990-EZ (2019) ENCOURAGEMENT MINISTRIES, INC.	62-18666	24	F	age 3
Par	tV Other Information (Note the Schedule A and personal benefit contract statement re the instructions for Part V.) Check if the organization used Schedule O to respond to an	quirements in y question in this Part V	SEE S	SCH	0 X
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	amended documents if they reflect	34		
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from (such as those reported on lines 2, 6a, and 7a, among others)?	ousiness activities			X
1-	of Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an e		35 a		X
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect	ion 6033(e) notice	22.0		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part II	1	35 c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule $N_{\rm c}$.		36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a 0	37 b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employ	ee; or were			250
Ь	any such loans made in a prior year and still outstanding at the end of the tax year covered of Yes, complete Schedule L, Part II, and enter the total		38 a		X
20	amount involved	38b 0	•		
	Initiation fees and capital contributions included on line 9	20-			
	Gross receipts, included on line 9, for public use of club facilities	39a 0			
			-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the section 4911 ► 0 .; section 4912 ► 0 .; section 4955				
h		0.			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an benefit transaction during the year, or did it engage in an excess benefit transaction in a price	r 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organiz managers or disqualified persons during the year under sections 4912, 4955, and 4958	ation	POTEN		Control of
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimburs by the organization.	sed			
	All organizations. At any time during the tax year, was the organization a party to a prohibite	d tay	-		Standard .
C	shelter transaction? If 'Yes,' complete Form 8886-T.	u lax	40 e		X
41	List the states with which a copy of this return is filed NONE				
42 a	The organization's books are in care of ► PAULETTE FEWELL	Tolophono no > C1 F	220 0	007	
	Located at 1328 GENERAL MCARTHUR DRIVE BRENTWOOD TN	- Telephone no. ► 615- ZIP + 4 ► 3702	330-8	801	
		and the comment of th	'r	Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fi	authority over a	42 b	103	X
	If 'Yes,' enter the name of the foreign country. ▶	narrorar accounty	42.0	-	Α_
				Maria Maria	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	rounts (FRAR)			
С	At any time during the calendar year, did the organization maintain an office outside the Unit	and the same of th	42 c		X
	If 'Yes,' enter the name of the foreign country ▶				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Ch	eck here	1	► □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			لــا	N/A
		Income and the same and the sam		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of	completed instead	1.00		
	of Form 990-EZ		44 a		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ	be completed	AAL		***
_	Did the organization receive any payments for indoor tanning services during the year?		44 b		X
	If 'Ves' to line 44c, has the organization filed a Form 720 to report these payments?		710		Λ
	If 'No,' provide an explanation in Schedule O		44 d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45 a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	of section 512(b)(13)? If 'Yes,'			
BAA	Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		45 b	- James	X
MAN	IEEWOOTEL ANGSTER	F	orm 990	I-EZ (2019)

Form 990-EZ (2019) ENCOURAGEMENT MINISTRIES, INC.

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2019 New Tax Return, Encouragement Ministires.pdf

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			m the organization. If there	is none, enter parte.		
	(a) Name and title of each employee	(b) Average nours per week peyched to position	(c) Recortable compensation (Forms W-2/1099-Y 3C)	(d) mea th cenefits, contributions to employee cenefit clans, and ceterred compensation	(e) Est mated amount of other compensation	
NONE						
pr 15.00 server trouge range						
				angani kananinan kananinan (18.7) di panan harapinan (-aliang), gabah dingga sasah	Commence (1) Massic Standards and Administration (April 1) (2) Proping and (1) (2) Commence (1) and (1) April 1	
to make any some steps	this limit that the this case what the total first that the total				year in the mineral early reprise the displayment and in a second of the	
the martin deliber convert growth	CONTROL CONTRO					
	I number of other employees paid over \$10			and the second	because (see a second s	
51 Com	plate this table for the organization's five high pensation from the organization. If there is	est compensated ince none, enter 'None.'	pendent contractors who ea	sch received more than \$	100,000 of	
	(a) Name and susiness address of each independent con	dramer	(b) Type o	of service	(c) Compensation	
NONE	the second secon	and the Mile Mile and the transfer and the transfer and		The second secon		
manta fra mentro vicalità e a compania po		All the gradients of the state				
to their sept to an own		are the are the way they below both point of				
to the second second			- 4. Paragraphy of the contract of the paragraphy of the paragraph	A Systematic Part American Server Dynamics and Indian Server (A Section Server)		
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					Prompt And September 1900 (1911) and do part out on only 1911 (America on according	
, year thing spots were	and when said their contribute soft and table table was care and social court and direct court and area.				*	
d Total	number of other independent contractors	each receiving over	\$100,000	-		
52 Did t	he organization complete Schedule A? Not	te: All section 501(c)	(3) organizations must at	tach a	Table	
the rest of the second state of the second	pleted Schedule A				► X Yes N	
ncer penalti us, correct, a	es of perjury, I declare that I have examined this return, in and complete. Declaration of preparer (other than officer)	iziuding accompanying schi is casaci on all information	equies and statements, and to the of which preparer has any knowle	best of my knowledge and beli dge.	e ² , it is	
Sign	Signature of officer	Date				
lere	RUSSELL SHOUP Type or print name and the	TREASURER				
W	PrintTyce preserer's name F	reparer a signature	Dete		T. S.	
aid	LAURA T. TUCKER		11/30/2	Check I 4 0 self-employed P	00164587	
reparer	forsname ► STONE, RUDOLPH &	HENRY, PLC			00103007	
lse Only	* ws address - 124 CENTER POINT	E DRIVE	Firefa EIN		62-0811623	
	CLARKSVILLE, TN :				31) 648-4786	

TEEA0812L 08/23/19