Form **990-EZ**

OMB No. 1545-1150

Open to Public Inspection

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 dohor 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. 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.

B Check if applicable:	Α	For	the 2011 calendar year, or tax year beginning JUL 1, 2011	to out	and ending				1 dispection				
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Tax-exempt status (check only one)						—							
K Check	j	Tax-e		- 507									
a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (5) below) are \$500,000 or more, file Form 990 instead of Form 990-E2 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I). Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part II Check if the organization used Schedule O to respond to any question in this Part II Check if the organization used Schedule O to respond to any question in this Part II Check if the organization used Schedule O to respond to any question in this Part II Check if the organization used Schedule O to a seaso to the thin inventory. See Schedule O to contributions exceeds \$15,000 to a seaso of contributions or of contributions or from fundaising events (part in the part in the Schedule O) to Check organization of contributions organization organization organization of contributi	K	Chec	if the organization is not a section 509(a)(3) supporting organization or a sec	tion 5	27 organization	32/	(101)	n 990, s	990-EZ, or 990-PF).				
Add lines 5b, 6c, and 7b, to line a compliance feature. Ince 25c, column (8) below are \$500,000 or more, file Form 990 instead of Form 990-E7 Part J Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 1 1 168, 616. 2 Program service revenue including operament fees and contracts 3 Membership dues and assessments 4 Investment income 5 See. Schedule 0.0 4 4 45. 5 Gross amount from sale of assets other than inventory. b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Grass income from quaming (attach Schedule G if greater than \$15,000) b Gross income from tundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceedes \$15,000) b Less: cast or other obesis from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Gross sales of inventory, less returns and lalowances 5 A Gross sales of inventory, less returns and allowances 6 Garrian and smilar amounts paid (list in Schedule O) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 168, 661. 10 Grants and smilar amounts paid (list in Schedule O) 11 Sensetis paid to or for members 12 124, 458. 13 Professional less and other payments to independent contractors 13 1, 0,000. 14 4, 764. 15 Printing, publications, postage, and shipping 15 10, 476. 16 Occupancy, ret, utilities, and maintenance 16 Court expenses (describe in Schedule O) 17 Total expenses, Add lines 10 through 16 18 Excess or (Identity) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year		\$50,0	000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard)	may h	e required (see	anu its yi inotrustis	088 FBC	eipts ar	e normally not more than				
L Add lines 5b, 6c, and 7b, 1o line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 980 instead of Form 980-EZ Part I Revenue, Expenses, and Changes in Next Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to any question in this Part I Check if the organization used Schedule 0 to any question in this Part I Check if the organization used Schedule 0 to any question in this Part I Check if the organization used Schedule 0 to any question in this Part I Check if the organization used to any question in this Part I Check if the organization used to any question in this Part I Check if the organization used to any question in this Part I Check if the organization used to any question in this Part I Check if the organization used to any question in this Part I Check if the organization used to any question in this Part I Check if the organization used to any question in this Part I Check if the organization used to any question in this Part I Check if the organization used to any question in this Part I Check if the organization used to any question in this Part I Check if the organization used to any question in this Part I Check if the organization used		a retu	irn, be sure to file a complete return.	illay b	c required (See	1150 0000	iis). Bu	t ir tne o	rganization chooses to file				
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Part		line 2	5, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-E7			-		•	100 444				
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HA For Dononwork Doduction Act Mating and the second second			Net assets or fund balances at end of year. Combine lines 18 through 20					\neg	64 403				
	.HA	For	Paperwork Reduction Act Notice, see the separate instructions.				<u> </u>						

	, Inc.		<u>62-1866</u>	6 <u>24</u> Page 2
Part II Balance Sheets. (see the instructions for Part	II.)			
Check if the organization used Schedule O to r				X
		(A) Beginning of yea) End of year
22 Cash, savings, and investments		50,70	0.22	64,517.
23 Land and buildings 24 Other assets (describe in Schedule 0) See Schedule			23	
24 Other assets (describe in Schedule 0) See Schedule	0	8,13	6 . 24	5,727.
25 lotai assets	1	58,83	6 . 25	70,244.
26 Total liabilities (describe in Schedule 0) See Schedule	0	6,02	5 . 26	5,751.
27 Net assets or fund balances (line 27 of column (B) must agree with line 27	1)	52 81	1 97	64,493.
Part III Statement of Program Service Accomplishm	ents (see the instruct	ions for Part III	1.)	Expenses
Check if the organization used Schedule O to re	espond to any questic	on in this Part I	川文 (Require	ed for section
What is the organization's primary exempt purpose? See Schedule	0		501(c)(3	3) and 501(c)(4) itions and section
Describe the organization's program service accomplishments for each of its three largest program	m services, as measured by expens	es. In a clear and concise	, 4947(a)	(1) trusts; optional
manner, describe the services provided, the number of persons benefited, and other relevant info	ormation for each program title.		for other	s.)
28 See Schedule O				
(Grants \$) If this amount includes foreign	grants, check here		28a	124,109.
29				
				
(Grants \$) If this amount includes foreign	grants, check here		29a	
30	grantej briodki floro		294	
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		······································		
(Grants \$) If this amount includes foreign	grants check here			
31 Other program services (describe in Schedule O)	grants, check fiele	·············	30a	
(Grants \$) If this amount includes foreign	granta abadı bere			
32 Total program service expenses (add lines 28a through 31a)	grants, check here		31a	104 100
Part IV List of Officers, Directors, Trustees, and Key	Employees		> 32	124,109.
Check if the organization used Schedule O to re	enond to any guestion	ven if not compensated.	,	. —
SHOOM I THE SIGNIFICATION GOOD CONDUCTOR OF				
(a) Name and address	(b) Title and average hours per week devoted to	(C) Reportable compensation (Forms	(d) Health benefits, contributions to	10,20000
(a) Name and address	position	W-2/1099-MISC) (If not paid, enter -0-)	employee benefit plans, and deferred	amount of other compensation
April Ezell, 216 Centerview Dr, Ste	Director	(the para) of the co	compensation	compondution
234, Brentwood, TN 37027	-			
John Roberson, 216 Centerview Dr.		1 11		
Ste 234, Brentwood, TN 37027		0.	0.	0.
DCC 434, DICHLWOOD, IN 3/0//	-	,		
Lauric Tucker 216 Centerries De	1.00	0.	0.	0.
Laurie Tucker, 216 Centerview Dr,	1.00 Director	0.	0.	0.
Laurie Tucker, 216 Centerview Dr, Ste 234, Brentwood, TN 37027	1.00 Director 1.00	,		
Laurie Tucker, 216 Centerview Dr, Ste 234, Brentwood, TN 37027 John Griffith, 216 Centerview Dr,	1.00 Director 1.00 Director	0.	0.	0.
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Laurie Tucker, 216 Centerview Dr, Ste 234, Brentwood, TN 37027 John Griffith, 216 Centerview Dr, Ste 234, Brentwood, TN 37027 Paul Smith, 216 Centerview Dr, Ste 234, Brentwood, TN 37027 Tim Lankes, 216 Centerview Dr, Ste 234, Brentwood, TN 37027 Christopher Atkinson, 216 Centerview Dr, Ste 234, Brentwood, TN 37027 Brett Holladay, 216 Centerview Dr, Ste 234, Brentwood, TN 37027 Brian Leeper, 216 Centerview Dr, Ste 234, Brentwood, TN 37027 J. Russell Corley, 216 Centerview	1.00 Director 1.00 Director 1.00 President 2.00 Vice Presiden 1.00 Director, Tre 2.00 Treasurer 2.00 Secretary 1.00 Executive Dir	0. 0. 0. t 0. asurer 0. 0.	0. 0. 0. 0. 0. 2,524.	0. 0. 0. 0. 0.

Encouragement Ministries, Inc. 62-1866624 Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V Yes No 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 X Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect 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)? b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 N/ 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 35c X 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 X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization file Form 1120-POL for this year? X 37b 38a 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? X b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 N/A b Gross receipts, included on line 9, for public use of club facilities N/A40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: O • ; section 4912 ▶ O • ; section 4955 ▶ b 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 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 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed. ▶ TN 42a The organization's books are in care of ▶ Christopher Atkinson Telephone no. \triangleright 615-846-2230 Located at ▶ 216 Centerview Dr, Ste 234, Brentwood, TN ZIP+4 ► 37027 b 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 Yes No account)? 42b Х If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22, 1, Report of Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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 - Check here Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ X 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

132173 02-06-12

45a

45b 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)

Form	990-EZ ((2011)	Encouragement	Ministries	, Inc.			62-1866	624		Page 4
									<u> </u>		No
46	Did the d	organization	engage, directly or indirectly, in the control of t			or in oppositio	n to candidates for p	ublic office?			
Pa	rt VI	Section	n 501(c)(3) organization	ns and section 4	047(a)/1) no	novomnt	shouldele to		46		X
L	•••	organizati	ions and section 4947(a)(1) n	onexempt charitable t	bruste muet and	mexempt	charitable tru	ISTS ONLY. All	section	n 501	I(c)(3)
		for lines 5	0 and 51. Check if the organ	ization used Schedule	e O to respond	to any questio	tion in this Part VI	and complete	tne ta	oles	
		-			, <u>o to toopona</u>	to any ques	don in this 1 art VI		·····	Yes	No
47	Did the o	rganization	engage in lobbying activities or I	have a section 501(h) ele	ection in effect du	ring the tax ye	ear? If "Yes," complet	e Sch. C. Part II	47	103	X
48	Is the org	ganization a	school as described in section 1	70(b)(1)(A)(ii)? If "Yes,"	complete Sched	ule E		ſ	48		X
49 a	Did the o	rganization	make any transfers to an exemp	t non-charitable related c	rganization?			[49a		X
b	If "Yes," v	was the relat	ted organization a section 527 or	ganization?				ſ	49b		
50	Complete	e this table f	or the organization's five highest	compensated employee	s (other than off	icers, directors	s, trustees and key e	nployees) who ea	ich rec	eived r	more
	man \$ 10		mpensation from the organizatio				· · · · · · · · · · · · · · · · · · ·	len -			
		(a) r	Name and address of each emplo paid more than \$100,000	ryee	(b) Title and a per week o		(C) Reportable compensation (Forms	(d) Health benefits contributions to	. 1 (~)	Estima	
	•		NC	NE	posí		W-2/1099-MISC)	employee benefit plans, and deferred		unt of opensa	
								compensation	+		
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			······································							_	
			- <u></u>		4						
					 						
				.	-{			'			
f	Total nun	nber of othe	r employees paid over \$100,000			<u> </u>					
51 (Complete	this table fo	or the organization's five highest	compensated independe	ent contractors w	ho each receiv	ed more than \$100,0	000 of compensat	tion fro	m the	
	organizat	ion. If there	is none, enter "None." NO	NE				•			
(a) l	Name and	d address of	f each independent contractor pa	id more than \$100,000		(b) Type of	service	(c) C	ompen	<u>sation</u>	
			<u>.</u>	·····							
-			· · · · · · · · · · · · · · · · · · ·								
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			· · · · · · · · · · · · · · · · · · ·				- <u></u>				
			r independent contractors each r			·····	▶				
52 [or the or	ganization o	complete Schedule A? Note: All s	ection 501(c)(3) organiz	ations and 4947((a)(1) nonexen	npt		_		
Under p	enalties of	perjury, I dec	t attach a completed Schedule A lare that I have examined this return, in an officer) is based on all information of	cluding accompanying sched	dules and statement	s, and to the bes	t of my knowledge and b	pelief it is true corre	Yes		No
		parer (other th	an officer) is based on all information of	f Which preparer has any know	wledge.			71/4/	>	omplete	 -
Sign	. ▶	Signature of	f officer	7		<u></u>					
Here		. ΄ J. R	ussell Corley,	Executive	Directo	r		·			
			it name and title			<u> </u>					
		Print/Type	preparer's name	Preparer's signature		Date	Check	if PTIN			
Paid					`	111	self- employe				
_		Kathr	<u>yn Beasley</u>		210	13 N 2	013	P0094	4730	8 (
Use	Only	Firm's nan	ne ▶ Tucker & Tucker	cker, PLLC	0		Firm's EIN	► 62-1764			
		Firm's add	dress ► 216 Center		uite 234	1	Phone no.	615-846			
1		<u> </u>	Brentwood,	TN 37027	· · · · · · · · · · · · · · · · · · ·						·
viay th	e IRS dis	cuss this re	turn with the preparer shown abo	ove? See instructions	·····			>	Yes		No
								For	m 990-	EZ (20	111)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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 Encouragement Ministries, Inc. 62-1866624 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated 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 section 509(a)(2), If the organization received a written determination from the IRS that it is a Type II, 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? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the organization in col. (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify the (vii) Amount of organization in col. (i) listed in your organization organization in col. (described on lines 1-9 (i) organized in the U.S.? support governing document? (i) of your support? above or IRC section (see instructions)) No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2011

Total

Schedule A (Form 990 or 990-EZ) 2011 Encouragement Ministries, Inc. 62-1866624 Page 2

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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(a) 2011	T 45 - 1
1	Gifts, grants, contributions, and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10,200	(4) 2010	(e) 2011	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	115,623.	145.858.	129,805.	154 140	168,616.	744 0-4
2	Tax revenues levied for the organ-			2237003.	132,149.	100,010	714,051
	ization's benefit and either paid to						!
	or expended on its behalf				İ		
3	The value of services or facilities					<u> </u>	
	furnished by a governmental unit to	1]				
	the organization without charge	1					
4	Total, Add lines 1 through 3	115,623.	145,858.	129,805.	154,149.	168,616.	714 054
5	The portion of total contributions			2237003.	134,143.	100,010.	714,051
	by each person (other than a			-		1 2	
	governmental unit or publicly	1					
	supported organization) included						
	on line 1 that exceeds 2% of the			***			
	amount shown on line 11,						
	column (f)						4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
_ 6	Public support. Subtract line 5 from line 4.	1, 4, 7					101,342
Sec	ction B. Total Support						612,709
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(-1) 0040		
	Amounts from line 4	115,623.	145,858.	129,805.	(d) 2010 154,149.	(e) 2011	(f) Total
	Gross income from interest,			125,005.	134,149.	168,616.	714,051.
	dividends, payments received on	1			1	ł	
	securities loans, rents, royalties	ļ				j	
	and income from similar sources	185.	120.	147.	65.	4.5	=
9	Net income from unrelated business					45.	<u>562.</u>
	activities, whether or not the						
	business is regularly carried on]	i				
	Other income. Do not include gain					 +	
	or loss from the sale of capital					1	
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						74 4 64 5
	Gross receipts from related activities,	etc. (see instruction	ns)				714,613.
13	First five years. If the Form 990 is for	the organization's	first second third	fourth or fifth toy	L	12	
	organization, check this box and stop	here		, locatin, or militiax	year as a section	501(c)(3)	. —
	are the state of t	c aubhour seu	centage	-			
14	Public support percentage for 2011 (li	ne 6, column (f) div	ided by line 11, co	olumn (fl)		4	05 74
ıo	Public support percentage from 2010	Schedule A, Part II	, line 14		1.	15	85.74 %
ioa .	33 1/3% support test - 2011, if the oi	rganization did not	check the box on	line 13 and line 14	is 33 1/3% or mo	ro obsolvákie k	<u>85.80 %</u>
	stop here. The organization qualifies a	as a publicly suppo	rted organization		110 00 17070 01 1110	re, check this box	and Les
	oo non support test - 20 lo, il tile of	ryanization did not	Check a box on lin	e 13 or 16a, and lir	ne 15 is 33 1/30/ a	r more shart this	
•	and stop nere. The organization qualif	lies as a publicly su	pported organizat	ion			, —
17a '	10% -facts-and-circumstances test	- 2011. If the organ	nization did not ch	eck a box on line 1	3 162 or 16b an		▶∟_
•	and it the organization meets the fact:	s-and-circumstance	es" test, check this	S box and ston har	Evolain in Dort I	\/ hair 4h	
ſ	meets the "facts-and-circumstances" to	est. The organization	on qualifies as a pi	iblicly supported o	roanization	v now the organiza	ation
Ь.	10% -facts-and-circumstances test	- 2010, If the organ	nization did not ch	eck a box on line 1	3 160 16b or 17		▶∟_
	note, and it the organization meets the	e "tacts-ang-circum	stances" test. che	ck this hox and eta	on here. Evoloin in	Dort IV have the	
c	organization meets the "facts-and-circu	umstances" test. Th	ne organization ou	alifies as a nublicly	shipported execu-	ran iv now the	,
18 F	Private foundation, If the organization	did not check a bo	ox on line 13, 16a	16b. 17a or 17b. o	hack this box sed	auon	▶ٰٳ
			10, 100,	, 11 a, 01 17 b, 0			D
					Schedu	le A (Form 990 or	990-EZ) 2011

Schedule A (Form 990 or 990 EZ) 2011 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.)

<u>Se</u>	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and				1	(0) 2011	(i) iotal
	membership fees received. (Do not						
	include any "unusual grants.")		İ				
2	Gross receipts from admissions,			-			
	merchandise sold or services per-						
	formed, or facilities furnished in			1			j
	any activity that is related to the organization's tax-exempt purpose						1
2	Gross receipts from activities that				 	<u> </u>	
3	are not an unrelated trade or bus-		1	İ			
	iness under section 513						}
	***************************************				<u> </u>	 	<u> </u>
4	Tax revenues levied for the organ-				-		
	ization's benefit and either paid to or expended on its behalf		İ				
-	***************************************	-			<u> </u>		<u> </u>
5	The value of services or facilities					1	
	furnished by a governmental unit to				İ		i
	the organization without charge				<u> </u>		
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						•
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	i					
	amount on line 13 for the year	}					
С	Add lines 7a and 7b				† - · · · - · · ·		
	Public support (Subtract line 7c from line 6.)		1			t the	
	tion B. Total Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(6) Total
	Amounts from line 6	1-7	(2). = 00	(0) 2000	(u) 2010	(e) 2011	(f) Total
10a	Gross income from interest,		<u>-</u> -				
	dividends, payments received on						ı
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
D		Í					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
, c	Add lines 10a and 10b			<u> </u>			
11	Net income from unrelated business activities not included in line 10b,		1				
	whether or not the business is					i	
	regularly carried on						
12	Other income. Do not include gain			-			
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x vear as a section	501(c)(3) organiza	
	check this box and stop here	•••••		, , , , , , , , , , , , , , , , , , , ,	,	. 00 1(0)(0) 01 ga: 1122	
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2011 (li	ne 8, column (f) div	vided by line 13, co	olumn (fl)		15	%
16	Public support percentage from 2010	Schedule A, Part I	`	······································	Г	16	
	tion D. Computation of Inves					1	%
	Investment income percentage for 20			: 13, column (f))		17	
18	Investment income percentage from 2	010 Schedule A. F			· F	18	%
	33 1/3% support tests - 2011. If the			line 14. and line	L 15 is more than 33		/ is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualifi	es as a publicly e	o o more man o o		`
b	33 1/3% support tests - 2010. If the	organization did no	ot check a hox on !	ine 14 or line 10a	and line 16 is mor	a than 33 1/3% or	
_	line 18 is not more than 33 1/3%, che	ck this box and etc	on here. The organ	ization qualifies a	s a nublicly suppor	ted organization	, F [
20	Private foundation, If the organization	n did not check a b	oox on line 14 19a	or 19h chack thi	is hav and see inst	ruotione	
			, 10a,	- I JULIOUR UII	S SON BING SEE INSU	<u> </u>	

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2011

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
Wolcott, Randy and Jennifer	58,000.	43,708
Holladay, Brett	40,500.	26,208
Ezell Foundation	25,000.	10,708
Corley, Pat	23,850.	9,558
The Memorial Foundation, Inc.	20,000.	5,708
Ezell, Gil and April	18,000.	3,708
Corley, Russ and Jackie	15,600.	1,308
Burkhart, Larry and Laura	14,728.	436
otal Excess Contributions to Schedule A, Part II, Line 5		101,342.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number Encouragement Ministries, Inc. 62-1866624 Form 990-EZ, Part I, Line 4, Other Investment Income: Description of Property: Amount: Interest 45. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Supplies 2,324. Licenses and permits 260. Telephone 1,945. Insurance 1,755. Meals and entertainment 79. Miscellaneous 180. Bank charges _____ 7. Amortization expense 1,583. Merchant fees 240. Email communications 507. Depreciation 2,270. Total to Form 990-EZ, line 16 11,150. Form 990-EZ, Part II, Line 24, Other Assets: Beg. of Year End of Year Description Due from employee 0.____ 1,444. Other Depreciable Assets _____ 8,136. 4,283. Total to Form 990-EZ, line 24 _______ 8,136. 5,727.

Form 990-EZ, Part II, Line 26, Other Liabilities:

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ,

2011
Open to Public Inspection

Encouragement Ministries, Inc.	Employer identification numbe 62-1866624
<u>Description</u> Be	g. of Year End of Yea
Accounts payable and accrued expenses	6,025. 5,751
Form 990-EZ, Part III, Primary Exempt Purpose - Wor	king with families in
crisis in hospitals	
	· · · · · · · · · · · · · · · · · · ·
Form 990-EZ, Part III, Line 28, Program Service Acc	omplishments:
Hospital chaplaincy program working with patients a	nd
their families to provide, on a daily basis, compas	sionate
pastoral care and spiritual support for people as t	hey
face serious illness.	
Form 990-EZ, Part V, Information Regarding Personal	Benefit Contracts:
The organization did not, during the year, receive	any funds, directly,
or indirectly, to pay premiums on a personal benefit	contract.
The organization, did not, during the year, pay any	premiums, directly,
or indirectly, on a personal benefit contract.	
<u> </u>	

Form **8868**

(Rev. January 2012)
Department of the Treasury internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

• If you a	are filing for an Automatic 3-Month Extension, comple	ete only P	art I and check this box			X
• If you a	are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II (on page 2 of	this forr	m).	
Do not c	omplete Part II unless you have already been granted	an autom	atic 3-month extension on a previou	sly filed	Form 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need	a 3-month automatic extension of til	ne to file	e (6 months for a cor	poration
required t	to file Form 990-T), or an additional (not automatic) 3-mo	onth exten	sion of time. You can electronically t	ile Form	8868 to request an	extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception o	f Form 8870, Information Return for	Transfer	s Associated With C	ertain
Personal	Benefit Contracts, which must be sent to the IRS in par	per format	(see instructions). For more details	on the e	lectronic filing of this	form.
visit www	.irs.gov/efile and click on e-file for Charities & Nonprofit	s				
Part i	The state of the s	e. Only	submit original (no copies ne	eded).		
A corpora	ation required to file Form 990-T and requesting an auto	matic 6-m	onth extension - check this box and	complet	e	
Part I only	***************************************			• • • • • • • • • • • • • • • • • • • •		▶ □
All Other o	corporations (including 1120-C filers), partnerships, REN ome tax returns.	AICs, and	trusts must use Form 7004 to reques	st an ext	ension of time	
	 					
Type or	Name of exempt organization or other filer, see instru	ictions.	-	Employ	er identification num	nber (EIN) o
print	Encouragement Ministries,	Tna		(==-	60 40	
File by the	Number, street, and room or suite no. If a P.O. box, s		Al-		62-18666	
due date for filing your	216 Centerview Drive, No.		tions.	Social	security number (SSI	N)
return. See instructions.	City, town or post office, state, and ZIP code. For a fe		trace and instructions			
	Brentwood, TN 37027	oreign auc	iless, see ilistructions.			
	, , , , , , , , , , , , , , , , , , , ,				·	
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			01
				• • • • • • • • • • • • • • • • • • • •		[U]I]
Application	on	Return	Application			I Botom
ls For		Code	Is For			Return
Form 990		01	Form 990-T (corporation)		Code	
Form 990	BL	02	Form 1041-A		07	
Form 990	EZ	01	Form 4720		08	
Form 990	PF	04	Form 5227		10	
Form 990	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990	T (trust other than above)	06	Form 8870			12
	Christopher Atl	cinsor	n .			1 12
The bo	oks are in the care of 216 Centerview	Dr, S	Ste 234 - Brentwood	IT , E	N 37027	
Teleph	one No. ► <u>615-846-2230</u>		FAX No. ►			<u> </u>
If the o	rganization does not have an office or place of business	in the Un	ited States, check this box			
If this is	s for a Group Return, enter the organization's four digit (Group Exe	mption Number (GEN) . If	this is fo	or the whole aroun o	heck this
DOX 🕨	I. If it is for part of the group, check this box ▶	and atta	ch a list with the names and EINs of	all memb	pers the extension is	for.
1 rec	juest an automatic 3-month (6 months for a corporation	required t	o file Form 990-T) extension of time u	until		
	February 15, 2013, to file the exempt	t organizat	ion return for the organization named	d above.	The extension	
is fo	r the organization's return for:					
▶L	calendar year or					
►L	X tax year beginning <u>JUL</u> 1, 2011	, and	d ending <u>JUN 30, 2012</u>		<u> </u>	
2 If the	e tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return Fi	inal retur	m	
L	Change in accounting period					
20 If this	o application in fau Faure 200 DL 200 DE 200 T 4700				· · · · · · · · · · · · · · · · · · ·	
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or refundable credits. See instructions.	or 6069, en	iter the tentative tax, less any			
	enumber credits. See instructions. s application is for Form 990-PF, 990-T, 4720, or 6069, ϵ		and the second s	3a	\$	0.
	s application is for Form 990-PF, 990-1, 4720, or 6069, 6 nated tax payments made. Include any prior year overpa			1		_
	nated tax payments made. Include any prior year overpaince due. Subtract line 3b from line 3a. Include your pay			3b	\$	<u> </u>
	sing EFTPS (Electronic Federal Tax Payment System). S					_
Caution I	f you are going to make an electronic fund withdrawal w	ith this Ec	m 8868 see Form 8452 50 5	3c	50.6	0.
_HA Fo	r Privacy Act and Paperwork Reduction Act Notice, s	ee Instru	ctions	п 8879-		
	,	misu U	- 11011J.		Form 8868 (Rev	/. 1 <i>-</i> 2012\