BANNED MAR 12 2001

Form **990-EZ**

OMB No 1545-1150

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public Inspection

_						2009
B .	Check if applicab	le Please		D Emp	loyer i	dentification number
<u> </u>	Addre					
	Name chang	e print or	Encouragement Ministries, Inc.	6	<u>2-1</u>	866624
	Initial	type See	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Tele	phone	number
	Term	In- Specific	216 Centerview Drive 234	6:	15-	846-2230
F	Amer	ided tions	1 6			mption
F	returr Applic pendir		Brentwood, TN 37027		nber 🕨	•
			(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Account			
	-	00 .(0)(Schedule A (Form 990 or 990-EZ).	-		
	Wehsit	e. • mm	www.encouragementministries.net H Check			the organization is not
				-		Jule B (Form 990, 990-EZ or 990-PF)
		-	the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not			
			organization chooses to file a return, be sure to file a complete return.		παιν φε	20,000: 7110:0111110:1101
			and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ		\$	145,978.
	art I	Reven	nue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	ictions		41)
<u></u>	1		ons, gifts, grants, and similar amounts received	10110110	1	145,858.
	2			ŀ		143,030.
	1		service revenue including government fees and contracts	}	2	
	3		nip dues and assessments	ŀ	3	120.
	4	Investment	1 1	-	4	120.
	5a		ount from sale of assets other than inventory 5a			
	b		or other basis and sales expenses 5b		_	
4	C	•	iss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
ž	6		ents and activities (complete applicable parts of Schedule G). If any amount is from gaming , check here >	ΨН		
Revenue	a		enue (not including \$ of contributions			
æ		reported on	·			
	b		ct expenses other than fundraising expenses 6b		,	
	C		e or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	A	Gross-sales	of mode soft 2 7a 7b			
	1 -		- 1/Al			
l	1	Gross profi	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	ļ	7c	
189	185	1 6 B er ∰ ∧∰	Bu 20 de Cribel 5)	8	
1	9		nue. Add lunes \$2, 3, 4, 5c, 6c, 7c, and 8		9	145,978.
	40_		ៅទូក្រាជ្យ និក្សិបរាវs paid (attach schedule)		10	
I	11	Renatits pa	ald to or for members]	11	3,598.
% -	12	Salaries, ot	ther compensation, and employee benefits		12	100,513.
denses	13	Professiona	nal fees and other payments to independent contractors		13	1,000.
Εχρ	14	Occupancy,	y, rent, utilities, and maintenance		14	2,382.
ш	15		ublications, postage, and shipping	ļ	15	8,805.
	16		enses (describe See Statement	<u>1</u>)	16	8,933.
	17		enses. Add lines 10 through 16		17	125,231.
s	18	Excess or ((deficit) for the year (Subtract line 17 from line 9)	ļ	18	20,747.
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A))			
As		(must agree	ee with end-of-year figure reported on prior year's return)		19	33,719.
ě	20	Other chan	nges in net assets or fund balances (attach explanation)	Į	20	
_	21		or fund balances at end of year. Combine lines 18 through 20		21	54,466.
P	art II	Balan	nce Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of	Form 9	90-EZ.	·
			(See the instructions for Part II.) (A) Beginning or	f year		(B) End of year
22	Cas	h, savings, a	and investments 21,	835	. 22	54,731.
23	Lan	d and buildi	ings		23	
24	Oth	er assets (de	describe ► See Statement 2) 17,	097	. 24	13,524.
25	Tot	al assets	38,	932	25	68,255.
26	Tot	al liabilities		213		13,789.
27				719		54,466.
832 12-			or Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.			Form 990-EZ (2008)

	m 990-EZ (2008) Encouragement Ministries	, Inc.		62-	18666	24 Page 2
P	art III Statement of Program Service Accomplishme	ents (See the instructions for	Part III.)		E	penses
Wha	at is the organization's primary exempt purpose? See Statemen	t 6			(Required	for 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt purposes. Ir		escribe the services			ganizations and) trusts; optional
	vided, the number of persons benefited, or other relevant information for each j				for others	
28						'
	Dec Beatement 5					
	/On			$\overline{}$	28a	101 220
	(Grants \$) If this amount includes foreign	grants, check here			208	101,330.
29						
						
				_		
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>	Ш	29a	
30						
	(Grants \$) If this amount includes foreign	grants, check here	>		30a	-
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign	grants, check here	>		31a	
	Total program service expenses (add lines 28a through 31a)				32	<u>101,330.</u>
P	art IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensated	(See the	Instructions	for Part IV)
		(L) Talle and average house	4-3-0		ontributions	
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation		employee	(e) Expense account and
	(a) Name and address	per week devoted to	(If not paid, enter -0)		fit plans & eferred	other allowances
		position	0.,		pensation	Other unowanees
J.	Russell Corley	Executive Dir	ector		·	
	rentwood, TN	40.00	77,077.) 2	312.	0.
	eff Costantine	President	7,7077		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.
	rentwood, TN	2.00	0.		0.	0.
	ean Sivley	Director	0.			0.
	shville, TN	1.00	_		^	_
			0.		0.	0.
	rett Holladay	Treasurer			^	
	rentwood, TN	2.00	0.		0.	0.
	rlene Wolfe	Secretary			•	
	shville, TN	1.00	0.	ļ	0.	0.
	oril Ezell	_Director			_	
	shville, TN	1.00	0.		0.	0.
	m Lankes	_Director				
	shville, TN	1.00	0.	ļ	0.	0.
	ohn Cobb	_Director				
	canklin, TN	1.00	0.		0.	0.
Ma	rgaret Wilburn	_Director				
	rentwood, TN	1.00	0.		0.	0.
Er	nie Hyne, Jr.	Director				
	shville, TN	1.00	0.		0.	0.
	ul Smith	Vice Presiden				
Br	rentwood, TN	1.00	0.		0.	0.
	*					
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832	172		L	L		200 55
12-1	7-08				Form	990-EZ (2008)

Were any changes made to the organizing or governing documents but not reported to the IRS? if Yes, * attach a contermed copy of the changes If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on form 990-T, factor from 990-T for this year? If Yes, 'has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, complete applicable parts of Sch. N 36b		Tit V Other Information (Note the statement requirements in the instructions for Part VI.)			
34 We early changes made to the organizing or governing documents but not reported to the IRS? If were, attach a conformed steep of the changes and the organization from business activities, such as those reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. 1 Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and prioxy tax requirements? 1 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes,* complete applicable parts of Sch. N 35 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes,* complete applicable parts of Sch. N 36 X 37 Enter amount of political expenditures, direct or indirect, as described in the instructions. 38 Did the organization file Form 1120-P01. for this year? 39 Did the organization before from, or make any logitical, as described in the instructions. 30 Uniform organization the Form 1120-P01. for this year? 310 Uffeets ground the form 1120-P01. for this year? 311 Uffeets groundation described in the instructions. 312 Uffeet groundation described in the instructions. 313 Uffeet groundation described in the instructions. 314 X 315 X 316 X 317 X 318 X 319 X/A 319 Enter amount of political expenditures, direct or indirect, as described in the instructions. 310 Uffeet groundation organization from 1120-P01. For this year? 317 X 318 X 319 X/A 319 Enter amount of political expenditures, direct or indirect, as described in the instructions. 310 Uffeet groundation from 1120-P01. For this year? 311 Uffeet groundation of the form 1120-P01. For this year? 312 Iffeet groundation of the groundation in the year of the groundation of the groundation of the groundation of the organization in the groundation of the gr				Yes	No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaning your reason for not reporting the income on Form 990-T attach a statement explaning your reason for not reporting the income on Form 990-T attach a statement explaning your reason for not reporting the income on Form 990-T attach a statement explaning your reason for not reporting the income on Form 990-T or this year? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, complete applicable parts of Sch. N 37 Enter amount of political expenditure, director in indical, as described in the instructions. 38 Did the organization file Form 1120-P0L for this year? 39 Did the organization file Form 1120-P0L for this year? 30 Light and provide a reporting and a statement of the political expenditure of the year of the organization file Form 1120-P0L for this year? 30 Light and a statement of the political expenditure of the prodict overed by this return? 30 Light and provided on from 120-P0L for this year? 31 Enter amount of political expenditure and at the start of the period covered by this return? 32 Light and provided on from 90-T1 and enter the total amount involved 33 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: 34 Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year or did it becomes aware of an excess benefit transaction from a prov gray? If Yes, complete Schedule L, Part I 35 Enter amount of tax miposed on organization managers or disqualified persons during the year under: 36 Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year ordid it becomes aware of an excess benefit transaction from 190-T2 and 190-T2 and 190-T2 and 190-T2 and 190-T2 and 190-T2 an	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		
resported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b If Yes, has it filled a tax return on Form 990-T for this year? 37a Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, complete applicable parts of Sch. N 38 Enter amount of political expenditures, direct or indirect, as described in the instructions. □ Did the organization before 1120-P01. for this year? 38 Did the organization before 1120-P01. for this year? 38 Did the organization before from, or make any locates to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? □ If Yes, complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations. Enter: □ Initiation fees and capital contributions included on line 9 □ Gross receipts, included on line 9 (or public use of club to achides 38 N/A 38 N/A 38 N/A 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 (a) organizations. Dut the organization organization and prior year? If Yes,* complete Schedule L, Part I e Enter amount of tax wingsed on organization managers or disqualified persons during the year under: sections 4912, 4955, and 4958 □ C. Section 591(c)(3) and (4) organizations. Dut the organization □ All organizations. At any time during the tax year, was the organization □ All organizations. At any time during the tax year, was the organization □ All organizations. At any time during the tax year, was the organization □ All organizations. At any time during the tax year, was the organization to a provision of the organization of the organization and the organization has a provision of the organization of the organization	34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
a bid the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? b (1/Yes, 1/has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, complete applicable parts of Sch. N 5 A 35	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
tax requirements? If Yes, 'has if filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, 'complete applicable parts of Sch. N 372		reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
b If Yes,* has at filled a tax return on Form 990-T for this year? 378 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes,* complete applicable parts of Sch. N 78 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N ■ N ■ N ■ N ■ N ■ N ■ N ■ N	a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			1
38 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes,* complete applicable parts of Sch. N 27a Enter amount of political expenditures, direct or indirect, as described in the instructions. 27a Enter amount of political expenditures, direct or indirect, as described in the instructions. 27b Did the organization before 1120-Pot. for this year? 38b 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 unpaid at the start of the period covered by this return? 28b Difference and explate contributions included on line 9 38b N/A 38c X 38a X 38b N/A 38b N/A 38c X 38b N/A 38c X 38b N/A 38c X 38		tax requirements?	35a		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
b Did the organization file Form 1120-POL for this year? 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 lumpaid at the start of the period covered by this return? 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 B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public use of club facilities B Gross receipts, included on line 9, for public u	36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
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 unpaid at the start of the period covered by this return? b if Yes; complete Schedule L, Part II and enter the total amount involved 39	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
an a priory year and still unpaid at the start of the period covered by this return? b If Yes," complete Schedule I, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4958 excess benefit transaction during the year or did if become waver of an excess benefit transaction from a prior year? If Yes," complete Schedule I, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization of a prior year? If Yes," complete Schedule I, Part I List the states with which a copy of this return is filed. ▶ TN 42a The books are in care of ▶ Brett Holladay Located at ▶ 216 Centerview Dr, Ste 234, Brentwood, TN 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; ▶ 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.? If Yes," enter the name of the foreign country: ▶ Section 4914(3)(1) nonexpend or a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes, Form 990 must be completed instead of Form 990-EZ	b	Did the organization file Form 1120-POL for this year?	37b		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
39 Section 501(c)(7) organizations. Enter: a Inhalation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If Yes, completed sections 4912, 4955, and 4958 d Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization 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 8866-T List the states with which a copy of this return is filed. ▶ TIN The books are in care of ▶ Brett Holladay Located at ▶ 216 Centerview Dr., Ste 234, Brentwood, TN ZIP+4 ▶ 370.27 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: ▶ 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.? If Yes,* enter the name of the foreign country: ▶ 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 P 43 N/A Yes No 440 List the arganization maintain any donor advised funds? If Yes,* Form 990 must be completed instead of Form 990-EZ If Yes,* Form 990-EZ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amou		in a prior year and still unpaid at the start of the period covered by this return?	38a		X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization 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 lets the states with which a copy of this return is filed. ▶ TN Telephone no. ▶ 615-846-2230 Located at ▶ 216 Centerview Dr, Ste 234, Brentwood, TN Telephone no. ▶ 615-846-2230 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. ▶ 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.? If "Yes," enter the name of the foreign country: ▶ 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 Yes No Yes No Lot the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 386 N/A			
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Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911 ▶ 0.; section 4912 ▶ 0.; section 4915 ▶ 0. b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule I., Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization 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 1 List the states with which a copy of this return is filed. ▶ TN The books are in care of ▶ Brett Holladay Located at ▶ 216 Centerview Dr, Ste 234, Brentwood, TN 2IP+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. ▶ 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.? If "Yes," enter the name of the foreign country: ▶ 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 140	а	Initiation fees and capital contributions included on line 9 39a N/A		,	-
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4956 ★ Cess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If Yes,* complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization 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 8866-T List the states with which a copy of this return is filed. ▶ TN Telephone no. ▶ 615-846-2230 Located at ▶ 216 Centerview Dr, Ste 234, Brentwood, TN 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 account)? 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 All any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,* enter the name of the foreign country: ▶ 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 Yes No Yes No Yes No Yes No Located at Party Interest Party Interest received or accrued during the tax year Yes No Yes No Yes No Yes No Yes No Yes No	b	Gross receipts, included on line 9, for public use of club facilities 39b N/A]		1
b Section 4912	40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			,
did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶	\ \frac{1}{2}	,	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T List the states with which a copy of this return is filed. > TN 1 List the states with which a copy of this return is filed. > TN 1 List the states with which a copy of this return is filed. > TN 2 The books are in care of > Brett Holladay	b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or		-	
sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization 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 List the states with which a copy of this return is filed. ► TN 11 List the states with which a copy of this return is filed. ► TN 12 The books are in care of ► Brett Holladay Located at ► 216 Centerview Dr, Ste 234, Brentwood, TN 13 List the states with which a copy of this return is filed. ► TN 14 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 accounts)? 16 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. 2 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 17 Yes, "enter the name of the foreign country: ► 3 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 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		х
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transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. TN Telephone no. 615-846-2230 Located at 216 Centerview Dr, Ste 234, Brentwood, TN Telephone no. 615-846-2230 ZIP+4 37027 A tany 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: 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.? If "Yes," enter the name of the foreign country: 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 Yes No Yes No Yes No 10 the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 11 s any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	d	Enter amount of tax on line 40c reimbursed by the organization			
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45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X		Form 990-EZ	44		Х
completed instead of Form 990-EZ	45				
			45		X
		 	•	90-EZ	

48	Is the organization operating a school as described in section 170(b)(1)(A)(i	i)? If "Yes," complete Sched	ule E		48	X
49 a	Did the organization make any transfers to an exempt non-charitable related	organization?		Γ.	49a	Х
b	If "Yes," was the related organization(s) a section 527 organization?				49ь	
50	Complete this table for the five highest compensated employees (other than	officers, directors, trustees and	kev employees) who	each received mo	re than \$	100.000
	of compensation from the organization. If there is none, enter "None."	,	,, .,,			,
	·					
			[(D) Contributions		
	(a) Name and address of each ampleuse and mare	(b) Title and average hours	(c) Compensation	to employee	(E) Ex	pense
	(a) Name and address of each employee paid more than \$100,000	per week devoted to position		benefit plans & deferred	1	nt and owances
	NONE	position		compensation	Ollier an	OWAIICES
				Jon pondation		
		\dashv	1			
		_				
		_			1	
					<u> </u>	
Total	I number of other employees paid over \$100,000	-	-			
	IS none, enter "None." NONE (a) Name and address of each independent contractor paid more	than \$100,000	(h) Tuna of par) (a)	Compon	notion
	(a) Name and address of each independent contractor paid more	tilali \$ 100,000	(b) Type of ser	vice (c)	Compens	sauon
		<u> </u>				
Total	number of other independent contractors each receiving over \$100,000	>				
	Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete Declaration of preparer (other Man officer) is based on all	companying scriedules and statemer information of which preparer has any	its, and to the best of my knowledge	knowledge and belie	t, it is true,	
Sigr	1 / Runill Cely	······································		2/16/1	<u> </u>	
Her				Date		
	J. Kussell Corley Exe	c. Piric-10-				
	Type or print name and title					
Paid				arer's Identifying Nur	nber (See ii	nstr)
Prep Use	Only Jama Judin CAA	216 10 emp	oloyed X			
	Firm's name (or yours Tucker & Tucker, PLLC		EIN D	>		

Form 990-EZ (2008)

Yes No

615-846-2238

Phone

Page 4

X

X

rf self-employed),

address, and ZIP + 4

216 Centerview Dr., Suite 234

Brentwood, TN 37027

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

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

_ Type I

supporting organization, check this box

Public Charity Status and Public Support

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

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

Inspection

Yes

11g(i)

11g(ii)

11g(iii)

OMB No 1545-0047

Employer identification number Encouragement Ministries. 62-1866624 Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is. (Please check only one organization) 1 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), (Attach Schedule H.) 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 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) 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 June 30, 1975 See section 509(a)(2), (Complete the Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 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

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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) lis	organization sted in your document?	organizat	notify the ion in col. support?	(vi) Is organizatio (i) organiza U.S.	the on in col. ed in the ?	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
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otal						<u> </u>			

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

b Type II

the governing body of the supported organization?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

(ii) A family member of a person described in (i) above?

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

Schedule A (Form 990 or 990-EZ) 2008

62-1866624 Page 2 Schedule A (Form 990 or 990-EZ) 2008 Encouragement Ministries, 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") 97,545. 94,375. 145,527. 115,623. 145,858. 598,928. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 115,623. 97,545. 94,375 145,527. 145,858. 4 Total, Add lines 1 - 3 598,928. 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) 84,916. 6 Public Support. Subtract line 5 from line 4 514,012. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 97,545 145,527. 94,375. 115,623. 145,858. 598,928. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 75 119. 271 185. 120. and income from similar sources 770. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 599,698. 12 Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 85.71 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 86.00 % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright X$ b 33 1/3% support test - 2007. 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 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more. and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

Schedule A (Form 990 or 990-EZ) 2008

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Sch Pa	edule A (Form 990 or 990 EZ) 2008 art III Support Schedule for G	Organizations	Described in	Section 509(a)	(Complete on	y if you checked the bo	Page 3 ox on line 9 of Part I.)
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	'					
	membership fees received (Do not						
	ınclude any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 - 5						
7a	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 1% of the total of lines 9,						
	10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b	* 4 2 2		× ,			
	Public support (Subtract line 7c from line 6)	. 4 3	·	L		\\	
	ction B. Total Support					1 "	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6						
108	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b				· ·		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is 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. thii	d, fourth, or fifth ta	ax year as a sect	on 501(c)(3) organiz	ation,
	check this box and stop here .		, /·, -····	. ,		\ (-)\(-) = - 3=-/11=	▶ □
Sec							
	ction C. Computation of Publ	ic Support Per	rcentage				
				column (f))		15	%
	ction C. Computation of Publ Public support percentage for 2008 (Public support percentage from 2007	ine 8, column (f) di	vided by line 13, o	column (f))		15	<u>%</u>
15 16	Public support percentage for 2008 (ine 8, column (f) di Schedule A, Part	vided by line 13, o IV-A, line 27g	column (f))			% %
15 16	Public support percentage for 2008 (Public support percentage from 2007	line 8, column (f) di 'Schedule A, Part stment Income	vided by line 13, o IV-A, line 27g e Percentage				
15 16 Sec	Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Investion	line 8, column (f) di 'Schedule A, Part stment Income 108 (line 10c, colun	vided by line 13, o IV-A, line 27g e Percentage nn (f) divided by lii	ne 13, column (f))		16	%
15 16 Sec 17 18	Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Investment income percentage for 20	ine 8, column (f) di 'Schedule A, Part stment Income 108 (line 10c, colun 2007 Schedule A, l	vided by line 13, o IV-A, line 27g e Percentage nn (f) divided by lii Part IV-A, line 27h	ne 13, column (f))	· 15 is more than	16 17 18	% % %
15 16 Sec 17 18	Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Investment income percentage for 20 Investment income percentage from	line 8, column (f) di Schedule A, Part stment Income 108 (line 10c, colun 2007 Schedule A, l organization did n	vided by line 13, on IV-A, line 27g to Percentage on (f) divided by line 27h ot check the box	ne 13, column (f)) on line 14, and line		16 17 18 33 1/3%, and line 1	% % %
15 16 Sec 17 18 19a	Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Investment income percentage from 20 Investment income percentage from 20 a 33 1/3% support tests - 2008. If the	ine 8, column (f) di Schedule A, Part stment Income 108 (line 10c, colun 2007 Schedule A, l organization did n nd stop here. The	vided by line 13, of IV-A, line 27g Percentage In (f) divided by line 27h ot check the box organization qual	ne 13, column (f)) on line 14, and line ifies as a publicly s	supported organi	17 18 33 1/3%, and line 1 zation	% % % 7 is not ▶□
15 16 Sec 17 18 19a	Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Investment income percentage for 20 Investment income percentage from 2 a 33 1/3% support tests - 2008. If the more than 33 1/3%, check this box a	ine 8, column (f) di Schedule A, Part stment Income 108 (line 10c, colum 2007 Schedule A, I organization did n nd stop here. The organization did n	vided by line 13, of IV-A, line 27g e Percentage on (f) divided by line 27h ot check the box organization qual ot check a box or IV-A, line 27h ot check a box or IV-	ne 13, column (f)) . on line 14, and line ifies as a publicly s	supported organi , and line 16 is m	17 18 33 1/3%, and line 1 zation nore than 33 1/3%, a	% % % 7 is not ▶□
15 16 Sec 17 18 19a	Public support percentage for 2008 (Public support percentage from 2007 ction D. Computation of Investment income percentage for 20 Investment income percentage from 33 1/3% support tests - 2008. If the more than 33 1/3%, check this box a 3 3 1/3% support tests - 2007. If the	ine 8, column (f) di Schedule A, Part stment Income 108 (line 10c, colum 2007 Schedule A, I organization did n and stop here. The organization did n ack this box and st	vided by line 13, of IV-A, line 27g e Percentage on (f) divided by line 27h ot check the box organization qual ot check a box or op here. The organization of IV-A in the organization qual of check a box or op here.	ne 13, column (f)) . on line 14, and line ifies as a publicly s i line 14 or line 19a anization qualifies a	supported organi , and line 16 is m as a publicly sup	17 18 33 1/3%, and line 1 zation nore than 33 1/3%, a ported organization	% % % 7 is not ▶□

Form 990-EZ	Other Expenses		Statement	1
Description			Amount	
Supplies Bank charges Dues and subs Licenses and permits Telephone Insurance Depreciation			•	26. 75. 70. 24.
Total to Form 990-EZ, line 16			8,93	33.
Form 990-EZ	Other Assets		Statement	2
Description		Beg. of Year	End of Yea	ar
Pledges receivable Prepaid rent Prepaid retirement plan match Other Depreciable Assets		2,960. 0. 0. 14,137.		97. 17.
Total to Form 990-EZ, line 24		17,097.	13,52	24.
Form 990-EZ	Other Liabilities		Statement	3
Description		Beg. of Year	End of Yea	ar
Accounts payable and accrued ex	xpenses	5,213.	13,78	39.
Total to Form 990-EZ, line 26		5,213.	13,78	39.

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts	Statem	ent
directly o	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal ntract?	[] Yes	[X] No
B) Did the or directly o	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [] Yes	[X] No

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990-EZ Pg 2

Statement

Hospital chaplaincy program working with patients and their families to provide, on a daily basis, compassionate pastoral care and spiritual support for people as they face serious illness.

ancouragement ministries, inc	*Encouragement	Ministries,	Inc.
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62-1866624

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990-EZ Pg 2

Statement

Working with families in crisis in hospitals

Form **8868**

(Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

internal Revenue Service File a separate application for each return.	
 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 on Do not complete Part II unless you have already been granted an automatic 3-month extension on a previous process. 	-
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and Part I only	d complete
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requi to file income tax returns	est an extension of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic exnoted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electrowww.irs gov/efile and click on e-file for Chanties & Nonprofits	ctronically if (1) you want the additional or consolidated Form 990-T. Instead,
Type or Name of Exempt Organization print	Employer identification number
Encouragement Ministries, Inc.	62-1866624
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.	
filing your 216 Centerview Drive, No. 234	
City, town or post office, state, and ZIP code For a foreign address, see instructions Brentwood, TN 37027	
Check type of return to be filed (file a separate application for each return):	
Form 990 Form 990-T (corporation)	rm 4720
	rm 5227
X Form 990-EZ Form 990-T (trust other than above)	rm 6069
Form 990-PF Form 1041-A Fo	rm 8870
Brett Holladay • The books are in the care of ▶ 216 Centerview Dr, Ste 234 - Brentwood Telephone No. ▶ 615-846-2230 FAX No. ▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs	. If this is for the whole group, check this
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time February 15, 2010 and the exempt organization return for the organization name is for the organization's return for: ■ calendar year or ■ X tax year beginning JUL 1, 2008 and ending JUN 30, 200	ned above The extension
2 If this tax year is for less than 12 months, check reason Initial return Final return	Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	00 0
tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	1 7
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	
acposit man no coupon of, intequired, by using Entro (Lieuthonic reactal rax rayificit System).	
See instructions.	3c \$ N/A

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)